

OVERVIEW OF ILLINOIS WORKERS' COMPENSATION FEE SCHEDULE

Effective February 1, 2006

Pursuant to Section 8.2 of the Illinois Workers' Compensation Act (820 ILCS 305/8.2; Public Act 94-277), the Illinois Workers' Compensation Commission established a comprehensive fee schedule to create maximum medical payments for both professional and facility fees generated on workers' compensation claims. Fee schedule amounts were established for 29 geo-zips in Illinois. The table on the right outlines the key features of the new fee schedule.

INTRACORP SPECIALTY REVIEW

Intracorp's specialty review process will provide the following services which are subject to a percentage of billed charges re-pricing method per the Illinois fee schedule.

- Ambulatory Surgical Treatment Center (ASTC)
- Emergency Room Services
- Hospital Inpatient Services
- Pass-through Charges
- Bill Check Analysis

OTHER FEATURES OF THE ILLINOIS WORKERS' COMPENSATION ACT

UR Rule: Effective 7/20/05 all UR programs for workers' compensation must register with the State and certify compliance with WC UM URAC standards. Intracorp is certified by URAC for WC UR.

Balance Billing Rule: Effective 7/20/05 the employer is required to pay the bill directly to the provider within 60 days of receipt of the bill, provided all necessary information has been received. The employee is not liable for costs related to non-disputed services for a compensable injury. The provider is prohibited from seeking payment of bills from the employee for compensable injuries.

Key Features of the Illinois Fee Schedule

Billed Services/Reimbursement Description

Ambulatory Surgical Centers (ASC)

76% of Billed Charges

Surgical Implants

65% of Billed Charges

By Report Codes

76% of Billed Charges

Hospital Inpatient

IL Standard DRG Fee Schedule

IL Trauma DRG Fee Schedule

Cost Outliers – 76% of portion of charges > Fee Schedule

Outpatient Hospital

76% of Billed Charges

Professional Services

IL Professional Fee Schedule

Surgical Services

IL Surgical Fee Schedule

Anesthesia Services

IL Anesthesia reimbursed according to base value and time units for each zip code region's assigned conversion factor

Radiology/Pathology/ Laboratory Services

IL Fee schedule

Total (global) component

Professional component

Technical components

Pharmacy Services

No published IL Fee Schedule

Intracorp will utilize Medispan for pharmacy bills

Out-of-state Treatment

Reimbursement - the greater of 76% of billed amount or the amount set forth in the out-of-state Fee Schedule

FREQUENTLY BILLED PROCEDURES IN THE STATE OF ILLINOIS

CPT Description	UCR Rate 80th Percentile	3-digit Zip Code	New Fee Schedule Rate	Savings Plus/Minus
Arthroscopy, knee, debridement	\$3,994.80	606	\$3,126.76	\$868.04
Consult, comprehensive, separate identifiable procedure	\$391.87	605	\$345.74	\$46.13
Disability exam, work/medical	\$1,500.00	605	\$566.78	\$933.22
Emergency visit, separate identifiable procedure	\$209.27	617	\$185.15	\$24.12
Immunization administration	\$39.29	601	\$22.67	\$16.62
Inpatient hospital, pharmacy, medical/surgical supplies, lab, radiology, ER, diagnostics, PPO provider	\$6,364.94	629	\$6,364.94	\$0.00
Office visit, detailed	\$163.58	601	\$141.70	\$21.88
Office visit, detailed	\$131.15	616	\$126.58	\$4.57
Office visit, detailed	\$126.50	627	\$107.69	\$18.81
Office visit, expanded	\$100.33	606	\$91.63	\$8.70
Office visit, expanded	\$109.05	612	\$91.63	\$17.42
Office visit, expanded	\$78.25	616	\$68.96	\$9.29
Office visit, expanded	\$83.49	625	\$68.96	\$14.53
Outpatient hospital, ER visit, lab, radiology, PPO provider	\$622.03	611	\$622.03	\$0.00
Outpatient hospital, treatment room, PPO provider	\$107.20	611	\$107.20	\$0.00
Surgical excision, benign lesion	\$186.27	605	\$170.04	\$16.23
Surgical repair, complex	\$678.84	605	\$642.36	\$36.48
Surgical repair, simple	\$347.51	617	\$283.39	\$64.12
Vaccine, tetanus	\$24.93	601	\$29.28	\$4.35
Wrist brace	\$36.44	601	\$27.69	\$8.75
X-ray, elbow, global	\$127.14	601	\$118.08	\$9.06
X-ray, foot, global	\$120.23	616	\$110.52	\$9.71
X-ray, shoulder, profee	\$49.70	622	\$56.11	(\$6.41)