

A D V A N C E D
HAND & WRIST
S P E C I A L I S T S

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22 July 2021

Dale L Schultz, Chairman
Industrial Commission of Arizona
800 W. Washington Street
Phoenix AZ 85007

Dear Chairman Schultz:

As part of the public comment process, I am writing to express concern regarding two items currently before the Commission.

As you may know, I have been a hand surgeon in private practice in the Valley for 26 years. My practice focus is the evaluation and treatment of injured Arizona workers. In the recent past, I served the Commission on a panel of experts that reviewed ODG applicability to Arizona workers compensation cases. I am also an employer paying into the workers compensation system.

A proposal currently before the Commission imposes an across the board 25% reduction in the surgical fee schedule.

Since at least 1995, the Commission had recognized the vital need to attract and retain efficient, ethical and technically proficient surgeons who are willing to treat injured workers and who understand how to participate fully in the workers compensation community. The Commission has been successful in doing this by recognizing the added burdens, baggage and stress associated with treating work related injuries and providing for adequate compensation to these surgeons for doing so.

This drastic, poorly conceived and illogical attempt to divert healthcare dollars from treatment and to carrier/self-insured profits is an overt carpet bombing attack on the worker community and on those of us who diligently and ethically work to enhance the quality and efficiency of care.

It should seem obvious that such draconian reduction in fees will make the added stress and baggage incurred in treating injured workers unacceptable. That, in turn will cause the very providers our workers need to make the obvious choice to limit or eliminate industrial cases from our schedules. This in turn will adversely affect the high quality of care required by statute.

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It should be equally obvious that the correct way to control claims costs is more rigorous attention to ODG treatment recommendations as provided by law. I review upward of 10 cases each week in which adjusters repeatedly failed to use these guidelines. That is wasteful, could easily be addressed and would lead to dramatic cost savings while improving the quality of care.

I therefore urge the Commission to fulfill its mandate to see that Arizona injured workers continue to have access to high quality care by rejecting the 25% surgical fee reduction proposal.

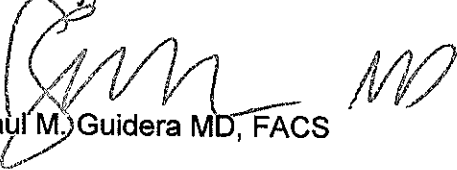
The second matter is regarding AZ099-005. The language was changed for 2020-2021. We are seeing numerous cases in which the payor is declining reimbursement unless an employer or payor written request for completion of an employer-specific work status form is attached to the invoice and completed form itself. This is not consistent with the coding guideline and in fact is completely illogical. The mere transmission of the employer- or insurer-specific form to the provider for completion (either electronically or during a patient visit) very clearly constitutes that party's request that it be completed. Why else would we complete it?

These forms take additional provider time and that is why the code was developed. If payors are using this technique as a ploy to circumvent payment, it has backfired. Until this matter is addressed by the Commission, we are providing the offending payors only our quick and easy in-house generic work status form and withholding completion of employer- or insurer-specific forms until payment in advance is received.

Your data will show that we use this code sparingly and only in the spirit of the intent behind development of the code. Two examples of payor denials are attached. Others are available upon request.

Arizona's workers compensation system is a precious and fragile resource for which I have the utmost respect and gratitude. I therefore thank you for taking time to review my letter and for the work you do on behalf of injured workers in Arizona.

Sincerely,


Paul M. Guidera MD, FACS