

**MINUTES OF IWCC MEDICAL FEE ADVISORY BOARD  
IWCC CHICAGO OFFICE, ORAL ARGUMENT ROOM  
HELD ON SEPTEMBER 4, 2008**

Present at the meeting:

Dennis R. Ruth, Chairman  
Arbitrator Gerald Jutila  
Ms. Elena Butkus, Medical Provider Representative  
Ms. Kim Moreland, Employer Representative  
Mr. Ronald Powell, Employee Representative  
Mr. John Smolk, Employer Representative

Attending the meeting via conference call:

Dr. Jesse Butler, Medical Provider Representative

Participating IWCC Advisory Board Members:

Mr. Mark Flannery, Workers' Compensation Advisory Board (via Conference Call)  
Mr. David Menchetti, Workers' Compensation Advisory Board

IWCC staff present at the meeting:

Mr. Glen Boyle, Medical Fee Schedule Project Manager  
Ms. Kathryn Kelley, General Council  
Ms. Amy Masters, Secretary of the Commission  
Ms. Susan Piha, Manager of Research & Education

Chairman Ruth called the meeting to order at 9:10 a.m.

Revised proposed rules and guidelines were distributed to all attendees.

Chairman Ruth introduced Kim Moreland, Vice President of Rising Medical Solutions, who was appointed as an Employer representative, as former board member Kathryn Tazic recently resigned.

Chairman Ruth also announced his own resignation effective October 1, 2008 due to his pending election as Circuit Court judge in Madison County, and introduced Jerry Jutila, who was appointed to succeed him as Chairman.

The minutes from the June 19, 2008 meeting were unanimously approved as presented.

The Chairman reviewed changes made to the proposed rules and guidelines, and indicated they would be submitted to JCAR for review.

The board discussed anomalies that occurred in physical therapy section of hospital outpatient fee schedule. The board also discussed physical therapy revenue codes used by Ingenix in regards to 15-minute and hour time units and the how to calculate those charges. Mr. Boyle explained how he worked with Ingenix to take into consideration different scenarios, which created minor changes, but overall similar anomalies still existed when the data was reran.

The board also discussed the inclusion of procedures in the Ambulatory Surgical Treatment Center (ASTC) schedule that Medicare has determined to be unsafe. Chairman Ruth explained those codes would be included, and noted the fee schedule itself should be kept separate from utilization. The board also discussed the possibility of potential errors or over-restrictiveness of Medicare, which could make it difficult to determine which fees to remove.

Ms. Butkus requested that additional language be added to the guidelines to ensure the fee schedule is not applied line by line and for consistency purposes. It was agreed the following language would be added to Section 7(D) of the guidelines and subsection h(7)(F)(i) of the rules: "Except for the carve-out revenue codes listed in subsection (h)(7)(F)(ii), this fee schedule shall not be applied on a line item basis."

Chairman Ruth noted that despite some charge anomalies, the statute and rules have been applied and the current outcome is the best result possible.

After a short break, draft access policies submitted by Mark Flannery and Elena Butkus were distributed and the board discussed them. Mr. Flannery noted that he would work on a new draft based upon his recent conversation with Ms. Butkus. The board discussed the importance of developing an access policy and also of a timely resolution. Other issues that were discussed included venue, process, and disclosure and confidentiality protections of contractual proprietary reimbursement rates.

Upon motion, meeting was adjourned at 10:40 a.m.