



**Service:** MSACP (Medicare Set-Aside Certified Planner)  
**Module:** LEARNING MODULE 11  
*Workers' Compensation Medicare Set-Aside Sample*  
**Faculty:** Deanna Lawrence, AVP Clinical Services, Sanderson Firm

### **Summary**

In Module 11, Deanna Lawrence provides a comprehensive walkthrough of preparing a Workers' Compensation Medicare Set-Aside (WCMSA) using a sample case. This module ties together principles and processes from previous modules to illustrate how to extract and organize critical information, determine allocations, and prepare a defensible WCMSA report.

**Referral Review and Medical Records:** The process begins with a detailed review of the referral and initial medical records. This includes verifying claimant demographics, injury details, accepted and denied conditions, and aligning them with the medical records. In the sample case, the claimant sustained a lumbar spine injury with left-sided sciatica, while a right knee condition was excluded due to its unrelated cause. Medical records from the last two years are summarized to create a treatment history. This involves extracting relevant dates, diagnoses, treatments, and physician recommendations. Any discrepancies, such as denied conditions or unrelated complaints, are clearly noted to avoid confusion during allocation.

**Future Care Planning:** The next step involves projecting future medical needs based on past treatments, treating conditions, and physician recommendations. Categories addressed include:

- **Physician Visits:** Frequency is determined by historical data and future care recommendations. In the sample, neurosurgeon and pain management visits were allocated based on past treatment patterns.
- **Diagnostics:** Allocations are made for routine testing like MRIs and X-rays. For instance, lumbar spine imaging every five years and X-rays every three years.
- **Medications:** Prescriptions like Gabapentin are projected based on usage patterns, ensuring consistency with medical and pharmacy records.
- **Therapies and Durable Medical Equipment (DME):** Physical therapy and items like heating pads are included when shown to provide documented relief.

**Pricing and Allocations:** Jurisdiction-specific fee schedules are used to price all future care components. This ensures compliance with local regulations and accuracy in projecting costs. The module emphasizes the importance of detailing allocation categories, such as separating physician visits, diagnostics, and medication costs. In the sample case, physician visits were allocated at \$119.10 each, diagnostic MRIs at



\$590.71, and physical therapy sessions at \$38.77 per unit. These costs were multiplied by the claimant's rated life expectancy to calculate the total allocation.

**Addressing Denied Conditions and Non-Covered Items:** In this example, denied conditions, such as the claimant's right knee injury, are explicitly excluded from the WCMSA. The module demonstrates the importance of clearly documenting such exclusions to avoid misinterpretation. Non-covered items, like over-the-counter medications, are similarly excluded.

**Cost Mitigation Opportunities:** Potential cost-saving measures are explored, such as challenging the need for high-frequency visits or redundant procedures. For example, lumbar Epidural Steroid Injections (ESIs) were questioned due to poor outcomes in previous treatments.

Module 11 provides a step-by-step guide to creating a WCMSA, emphasizing thorough documentation, accurate pricing, and clear distinction of covered and non-covered treatments. By following these practices, practitioners can ensure CMS compliance and defensible allocations while optimizing costs. This module serves as a practical capstone to the MSACP certification program, preparing participants for real-world WCMSA planning.

### **Learning Objectives**

1. Understand the step-by-step process of creating a WCMSA, including referral and medical record review.
2. Learn how to extract and summarize essential information from medical records to prepare a comprehensive WCMSA report.
3. Identify methods for pricing medical treatments, diagnostics, medications, and DME using fee schedules.
4. Explore the role of rated ages and their impact on life expectancy and future care allocations.
5. Develop skills for addressing denied body parts and conditions within a WCMSA to ensure clear allocation distinctions.

### **Primary Takeaways**

1. A complete referral includes demographic information, injury details, and accepted or denied conditions, forming the foundation of the WCMSA process.
2. Extracting two years of medical records and summarizing treatment histories ensures accurate and defensible allocations.



3. Allocations must reflect the ongoing needs, including physician visits, diagnostics, therapies, and medications, while excluding unsupported or non-Medicare-covered treatments.
4. Using jurisdiction-specific fee schedules for procedures, diagnostics, and medications ensures accurate future cost projections.
5. Explicitly documenting denied body parts or conditions in the WCMSA report avoids potential misinterpretation or disputes during settlement.

## **Course Outline**

- 1) Introduction to WCMSA Preparation
  - a) Overview of Module Goals
    - i) Applying concepts from previous modules.
    - ii) Producing a comprehensive WCMSA report.
  - b) Initial Referral Review
    - i) Claimant demographics, injury details, and employer information.
    - ii) Accepted vs. denied conditions and their implications.
- 2) Medical Records and Treatment Summarization
  - a) Record Review Process
    - i) Extracting treatment dates, diagnoses, and provider details.
    - ii) Summarizing relevant medical histories for the narrative report.
  - b) Diagnostic Findings and Recommendations
    - i) Incorporating imaging results, such as MRIs and CT scans.
    - ii) Highlighting significant treatment milestones (e.g., surgeries, injections).
- 3) Pricing and Allocation
  - a) Future Care Projections
    - i) Physicians, diagnostics, and therapies.
    - ii) Medications and laboratory monitoring.
  - b) Fee Schedules and Pricing
    - i) Utilizing jurisdictional fee schedules.
    - ii) Ensuring accurate pricing for DME and other treatments.
- 4) Rated Ages and Life Expectancy
  - a) Impact of Rated Ages
    - i) Adjusting life expectancy to refine future care projections.
  - b) Using Vital Statistics
    - i) Calculating allocations based on rated life expectancy.



This document is the property of MSPCollege  
(a service of Sanderson Firm and WorkCompCollege.com)  
and cannot be reproduced or distributed without authorization.

- 5) Addressing Denied Conditions and Challenges
  - a) Documenting Denied Body Parts
    - i) Ensuring clarity in excluded conditions.
  - b) Handling Disputes
    - i) Mitigating risks through robust documentation.
  
- 6) Final Steps in WCMSA Preparation
  - a) Assembling the WCMSA Report
    - i) Including a narrative summary, allocation breakdown, and pricing.
  - b) Ensuring Compliance
    - i) Double-checking all details to meet CMS standards.

NOTE: Artificial Intelligence was used in the creation of this document.