

WSI Bill Review System Information

As of May1, 2012 (Initial posting January 2012)

A new bill review system was deployed by WSI in July 2011 with some unfortunate obstacles. The following information is presented to help inform providers of the most significant system updates. This document is updated as needed, so providers are encouraged to check the website often to ensure they are aware of the latest information. For any questions please contact WSI at 701-328-3800 or email at wsipr@nd.gov.

Payment timelines

The current turnaround time for new charges is 90 days from the date received.

Duplicate charges

Providers may receive a bill denied as a duplicate charge(s), even though the original bill submitted has not been processed or paid. Please do not resubmit bills as resubmissions create duplicates in our system resulting in further delays.

In addition, some bills are denied inappropriately as a duplicate charge(s). Examples include: the professional and technical components of an x-ray; ER visit; or surgical procedure.

Reason Codes

There have been instances where reason codes on the remittance advices are missing or incorrect.

Adjustments

WSI is able to reprocess most denied or inaccurately paid charge(s), if appropriate, usually within five weeks of notification.

Display of payment decisions on remittance advices

Remittance prior to January 18, 2012

The new system created two bills each time a denied charge was reprocessed and both bills printed on the remittance (Example 1). One line reflected the revised "Amount Paid" as a result of the adjustment. The other line displayed an "Amount Paid" of either \$0.00 (indicating nonpayment of the original submission) or an amount previously paid.

Example 1

Injured Worker Claim Number	Bill Nbr/Rx Nbr SA Bill Number Pt. Acct #/DOB	Date of Service	Procedure/ Other Code	Amount Submitted	Amount Approved	Amount Paid	Reason Codes
LAST NAME, FIRST 2012-12345678 N	12345678 456789 LASFI	03-FEB-12	97035	\$20.00	\$20.00	\$20.00	31 165 -
	Adjusted bill						
	12345679 456790 LASFI	03-FEB-12	97035	\$-20.00	\$0.00	\$0.00	1 - -
	Original bill						

Remittance after January 18, 2012

The new system creates one bill, indicated with a "-2" behind the original bill number (Examples 2, 3). One line reflects the revised "Amount Paid" as a result of the adjustment. The other line displays an "Amount Paid" of either \$0.00 (indicating nonpayment of the original submission) or an amount previously paid.

Example 2: Bill with single line adjustment

Injured Worker	Bill Nbr/Rx Nbr SA Bill Number		Procedure/ Other Code	Amount Submitted	Amount Approved	Amount Paid	Reason Codes	
Claim Number	Pt. Acct #/DOB							
LAST NAME, FIRST	12345678-2	03-FEB-12	97035	\$-20.00	\$0.00	\$0.00	1	- -
2012-12345678 N	456789	03-FEB-12	97035	\$20.00	\$20.00	\$20.00	31	165 -
	LASFI							

Example 3: Bill with adjustment made to one (or more) lines where other line charges were previously paid

Injured Worker	Bill Nbr/Rx Nbr SA Bill Number	Date of Service	Procedure/ Other Code	Amount Submitted	Amount Approved	Amount Paid	Reason Codes	
Claim Number	Pt. Acct #/DOB							
LAST NAME, FIRST	12345678-2	01-AUG-11	20610-LT	\$91.00	\$90.43	\$90.43	54	- -
2012-12345678 N	456789	01-AUG-11	20610-LT	-\$91.00	-\$90.43	-\$90.43	54	- -
	LASFI	01-AUG-11	20552	-\$65.00	\$0.00	\$0.00	222	- -
		01-AUG-11	20552	\$65.00	\$65.00	\$65.00	31	165 -

An EOB commonly associated with adjusted payments is 31 ("Adjustment to Previous Charge") accompanied by other EOBs, as appropriate, e.g., 54 ("Fee Schedule Applied"), 165 ("Adjustment-Reversed Decision").

National Correct Coding Initiative (NCCI) Edits

In 2008, WSI adopted NCCI Edits to promote appropriate coding and control improper coding that might lead to inappropriate payment of bills. The bill review system in place at that time had some functionality to apply the edits. With the new bill review system, NCCI edits are fully applied. This may result in charges that were previously paid now being denied.

NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances, e.g. two procedures performed at different anatomic sites or different patient encounters. Modifier -59 can be added to codes if the proper criteria for use of the modifier is met, but should not be used to bypass an NCCI edit. Documentation in the medical record must satisfy the criteria required by use of a NCCI-associated modifier.

The complete list of NCCI edit can be found at http://www.cms.gov/NationalCorrectCodInitEd/01_overview.asp.