

Fee Schedule Guidelines

Outpatient

Hospital

Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The five character alphanumeric codes included in the North Dakota Fee Schedule are obtained from HCPCS Level II, copyright 2019 by Optum360, LLC. HCPCS Level II codes are maintained jointly by The Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association (BCBSA), and the Health Insurance Association of America (HIAA).

The responsibility for the content of the North Dakota Fee Schedule is with WSI and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in North Dakota Fee Schedules. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, and are not part of CPT, and the AMA does not recommend their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of North Dakota Fee Schedule should refer to the most current Current Procedural Terminology, which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply. CPT is a registered trademark of the American Medical Association.

The WSI Fee Schedule is not a guarantee of payment. The fact that WSI assigns a procedure or service a HCPCS code and a payment rate does not imply coverage by WSI, but indicates the maximum allowable payment for approved services. Services represented are subject to provisions of WSI including: compensability, claim payment logic, applicable medical policy, benefit limitations and exclusions, bundling logic, and licensing scope of practice limitations.

Any changes made to Pricing Methodology are subject to the North Dakota Public Hearing process. WSI reserves the right to implement changes to the Payment Parameters, Billing Requirements, and Reimbursement Procedures as needed. WSI incorporates all applicable changes into the relevant Fee Schedule Guideline at the time of implementation, and communicates these changes in Medical Providers News, available on the WSI website at www.workforcesafety.com/news/medical-providers. WSI reviews and updates all Fee Schedule rates on an annual basis, with additional updates made on a quarterly basis when applicable.

For reference purposes, the sections of the North Dakota Administrative Code (N.D.A.C.) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The complete N.D.A.C. is accessible on the North Dakota Legislative Council [website](http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code): <http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code>.

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North Dakota Workforce Safety & Insurance Outpatient Hospital Pricing Methodology

Outpatient Hospital Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Outpatient Hospital Fee Schedule. The Outpatient Hospital Fee Schedule uses the applicable procedure codes and descriptions as defined by the Healthcare Common Procedure Coding System (HCPCS), their respective payment status indicators, and payment amounts. In accordance with [North Dakota Administrative Code 92-01-02-29.2](#), any hospital rendering treatment to a claimant under the jurisdiction of WSI is reimbursed according to the rates assigned in the WSI Fee Schedule. A hospital may access the complete [Outpatient Hospital Fee Schedule](#) and other resources referenced within this document by visiting the Medical Provider section of the WSI website: www.workforcesafety.com.

Status Indicators

WSI assigns one of the following status indicators to each HCPCS or APC code within the Outpatient Hospital Fee Schedule:

HCPCS	APC	Description	Pricing Methodology
B		Code that is not recognized when submitted on a UB-04 with bill types 12x, 13x, or 14x	Service is not payable under the Outpatient Hospital Fee Schedule. WSI may recognize an alternate code.
C		Inpatient procedure	Service is not payable under the Outpatient Hospital Fee Schedule. Pricing is determined under the Inpatient Hospital Fee Schedule.
D	D	Discontinued code	Service is not payable. Code was discontinued effective beginning of the calendar year.
E		Code not reportable in an outpatient hospital setting	Service is not payable under the Outpatient Hospital Fee Schedule.
F		Corneal tissue acquisition, Hepatitis B vaccine	Service is payable at 85% of the amount billed.
G	G	Drug/biological pass-through; brachytherapy sources	Service is payable at the rate published on the Outpatient Hospital Fee Schedule.
H	H	Device pass-through categories	Service is payable at 120% of the invoice cost, when provided in conjunction with a covered Outpatient Hospital procedure.
J	J	Service that is payable under a comprehensive APC	Service is payable at the APC rate published on the Outpatient Hospital Fee Schedule, which may be complexity adjusted for secondary and add-on codes. APC payment includes all services provided in an outpatient encounter with the exception of those services with status indicators of F, G or H.
J2		Service that is payable when performed separate from a comprehensive APC	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a comprehensive APC.
K	K	Non pass-through drugs and biologicals; therapeutic radiopharmaceutical agents; blood and blood products	Service is payable at the rate published on the Outpatient Hospital Fee Schedule.
N		Packaged code	Service is not separately payable. Payment is packaged into the payment for another service.

HCPCS	APC	Description	Pricing Methodology
Q1		Service that is packaged when billed with another service that has an J, S, or T status indicator	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a service assigned a status indicator of J, S, or T
Q2		Service that is packaged when billed with another service that has a J or T status indicator	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a service assigned a status indicator of J or T
Q3		Service that is packaged when paid through a Composite APC	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a Composite APC.
Q4		Laboratory service that is packaged when billed with any other payable service	Service is payable at the rate published on the Clinical Laboratory Fee Schedule when performed separate from any other payable service.
S	S	Procedure or service, multiple procedure reductions not applied	Service is payable at the rate published on the Outpatient Hospital Fee Schedule without multiple procedure reductions applied.
T	T	Procedure or service, multiple procedure reductions applied	Service is payable at the rate published on the Outpatient Hospital Fee Schedule with multiple procedure reductions applied.
Y		Non-implantable durable medical equipment	Service is not payable under the Outpatient Hospital Fee Schedule. Service may be payable under another WSI Fee Schedule. Submit charges on a CMS-1500.
Z		Service that is payable under another WSI Fee Schedule	Service is payable in the outpatient setting, however, pricing is determined under the applicable WSI Fee Schedule.

Calculation of the Reimbursement Rate

For HCPCS/APC codes assigned a status indicator of “G”, “J”, “J2”, “K”, “Q1”, “Q2”, “Q3”, “S”, or “T”, WSI applies the following formula to determine the maximum allowable reimbursement rate:

HCPCS/ APC Weight X WSI Conversion Factor

For 2020, the Conversion Factor is \$154.68.

The HCPCS/APC weight is the Medicare weight as indicated in the listing of HCPCS codes and APCs in the final OPSS rule published in the Federal Register each year (commonly known as “Addendums A & B”). WSI calculates the conversion factor based on the prior year’s conversion factor times the Hospital Market Basket increase published by The Centers for Medicare and Medicaid Services (CMS) in the Outpatient Prospective Payment System (OPSS) final rule.

- Where Addendums A & B contain a HCPCS/APC code with a payment amount but no weight, WSI computes the weight by taking the Medicare payment amount divided by the Medicare conversion factor.
- Where Addendums A & B contain a payable HCPCS/APC code with no payment amount or weight (i.e., pass through devices paid at cost), WSI payment is payment based on the invoice cost plus 20%. WSI identifies these services with an “H” status indicator.

Annual Updates

WSI updates the Outpatient Hospital Fee Schedule annually based on the Hospital Market Basket increases and HCPCS/APC weights published by CMS. Any delay by CMS in publishing the Hospital Market Basket increase, in updating its weights, or both, will cause a corresponding delay in the update of the WSI conversion factor and weights. WSI also incorporates the quarterly updates published by CMS into the Outpatient Hospital Fee Schedule.

Limitations of the Outpatient Hospital Fee Schedule

The payment rates listed on the Outpatient Hospital Fee Schedule indicate the allowable payment for approved services only. The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI, but indicates the allowable payment for approved services. The final payment rate may be impacted by the payment parameters and billing requirements enforced by WSI. A hospital is encouraged to carefully review WSI's Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unnecessary delays and denials of payment.

North Dakota Workforce Safety & Insurance Outpatient Hospital Payment Parameters

Outpatient Hospital Payment Parameters outlines the rules for payment adopted by WSI. While WSI has adopted many of Medicare's rules for payment, WSI has developed a set of unique rules that are applied to the final payment of approved services. The complete payment parameters enforced by WSI are as follows:

Advanced Beneficiary Notice (ABN)- A provider may utilize the ABN form to notify an injured worker of the costs associated with a recommended procedure that is: statutorily excluded from coverage, statutorily limited in quantity, deemed by WSI as not medically necessary to treat the work injury. To identify a charge accompanied with a signed ABN, a provider should append modifier GA to each applicable bill line. A provider should then submit the signed ABN along with the bill and medical documentation to WSI.

Authorization- WSI requires prior authorization for most Outpatient Hospital services. A hospital should refer to the [Utilization Review Guide](#) for additional information.

Bilateral Surgery Payment (50)- WSI utilizes Medicare's bilateral surgery payment adjustments for services assigned a status indicator "T" when billed with Modifier 50. WSI issues payment for the primary bilateral procedure at 150% of the fee schedule rate. If a bilateral procedure is a secondary procedure, the service is reimbursable at 75% of the fee schedule rate.

WSI does not apply bilateral procedure discounting to those procedures identified with status indicator "S".

Distinct Procedural Services (59)- WSI applies the standard Outpatient Hospital payment packaging policies to distinct procedural services.

Discontinued Procedure Discounting (73, 74, 52)- For services billed with modifier 73, if the procedure code is the highest weighted code, WSI prices it at 50% of the Outpatient Hospital Fee Schedule rate. If the procedure code is not the highest weighted code, WSI prices it at 25% of the Outpatient Hospital Fee Schedule rate.

WSI prices procedures billed with modifiers 74 and 52 as if no modifier were present (i.e., with normal multiple procedure discounting).

Modifier Usage- WSI does not require, but does permit, the use of all Medicare OPPS required modifiers.

Multiple Procedure Discounting- WSI applies multiple procedure discounting to codes identified with status indicator "T". If the procedure code is the highest weighted code, WSI prices it at 100% of the Outpatient Hospital Fee Schedule rate. If the procedure code is not the highest weighted code, WSI prices it at 50% of the Outpatient Hospital Fee Schedule rate.

WSI does not apply multiple procedure discounting to those procedures identified with status indicator "S".

NCCI Edits- WSI incorporates all applicable NCCI edits.

New Codes with no Payment- WSI pays for new codes that Medicare has not yet assigned a payment for (either through the APC payment system or through the Medicare Part B Fee Schedules) at 85% of billed charges.

Observation Services- A hospital must bill observation services in hourly increments with HCPCS code G0378. WSI allows observation stays of 48 hours or less.

Outlier Payments- WSI does not incorporate outlier provisions into the Outpatient Hospital Fee Schedule

Packaged Drug Offsets- WSI does not incorporate Medicare's "Threshold Packaged" and "Policy Packaged" drug offsets.

Pass-Through Devices- WSI incorporates Medicare's pass-through device offset methodology. WSI uses the offset percentages published by Medicare when determining the appropriate amounts for those procedures involving pass-through devices.

Payment Packaging- WSI has adopted Medicare's Outpatient Hospital payment packaging policies as follows:

Unconditional Packaging- WSI assigns a status indicator of "N" to unconditionally packaged services. WSI includes the reimbursement of these services in the payment for the primary procedure(s).

Conditional Packaging- WSI assigns a status indicator of "Q1", "Q2", "Q3", or "Q4" to conditionally packaged services. Reimbursement for these services is dependent upon whether another qualifying service was provided during any given outpatient hospital service, as described by each status indicator's description. WSI applies additional conditional packaging as follows:

- When multiple Q1 services are performed separate from another S or T service, only the highest weighted Q1 service is payable. WSI packages the payment for all other Q1 services.
- When multiple Q2 services are performed separate from another T service, only the highest weighted Q2 service is payable. WSI packages the payment for all other Q2 services.
- When Q1 and Q2 services are performed separate from another S or T service, only the highest weighted Q1 or Q2 service is payable. WSI packages the payment for all other Q1 and Q2 services.
- Q1 and Q2 services are not separately payable when performed with other services that qualify for a composite APC payment.

Composite APC- WSI packages certain groups of similar, related services into a single composite payment.

Comprehensive APC- WSI assigns a status indicator of "J" to services that qualify for a comprehensive payment. Reimbursement for a comprehensive service incorporates payment for other services provided during an outpatient hospital encounter. WSI does not package services assigned a status indicator of "F", "G", or "H" into a comprehensive APC payment.

Prospective Payments- WSI pays outpatient hospital services at the rate indicated on the WSI Outpatient Hospital Fee Schedule, regardless of the billed charge amount.

Provider-Based Clinics- WSI does not recognize clinics as provider-based. A provider must bill services of a type typically performed in a physician's office on a CMS 1500 claim form, with the following exceptions:

- An Urgent Care center that is located next to an Emergency Department, which shares a common registration or triage area with the Emergency Department and bills a facility fee to all payers. Facility charges for these services can be billed with Revenue Code 456 or 516
- A Pain Clinic located within the hospital's main building. Providers may bill facility charges for these services with Revenue Code 511.

Repeat Procedure Modifiers (76,77,78,79)- Procedures with modifiers 76, 77, 78, or 79 are not subject to multiple procedure discounting and are paid at the Outpatient Hospital fee schedule amount. These modifiers represent a return to the operating room or treatment area and indicate the reported procedures were not completed during the same operative session.

Replacement Device Offsets- WSI incorporates Medicare's device offset methodology for those instances where replacement devices are provided at either no cost by the manufacturer or where the hospital received a credit of 50 percent or more of the estimated cost of the new replacement device. WSI uses the offset percentages published by Medicare when determining the appropriate payment reduction cap for those procedures involving replacement devices. Hospitals must bill using value code FD and the amount of the device credit received when a device is replaced at either no cost or at an amount that is 50 percent or more of the cost of the original device.

Wage Adjustments- WSI does not wage adjust the conversion factor.

North Dakota Workforce Safety & Insurance

Outpatient Hospital Billing Requirements

Outpatient Hospital Billing Requirements outlines the rules for billing adopted by WSI. WSI returns or denies inappropriately submitted bills. WSI notifies a hospital of inappropriately submitted bills via a return letter or remittance advice. A hospital must correct any returned bills prior to resubmission.

Bilateral Surgical Procedures- A hospital is required to bill a bilateral procedure as a single line item with the bilateral procedure modifier (50) appended to the line item.

Bill Form- A hospital must submit a medical bill for outpatient services on a UB-04 form or via EDI.

Bill Form Submission- WSI offers the following options for bill submission:

Electronic Billing- A provider may submit medical charges via EDI through one of WSI's clearinghouses:

- **Carisk (fka iHCFA):** This option allows a provider to electronically submit professional (837p) and institutional (837i) charges along with supporting medical documentation. Contact Carisk EDI Support Services at 973-795-1641 (option 2) for additional information.
- **Noridian:** This option allows a provider to submit professional (837p) and institutional (837i) charges without medical documentation attachment. A provider must mail all supporting medical documentation to WSI at the address provided below or fax it to 701-328-3793. Contact Noridian EDI Support Services at 800-967-7902 for additional information.

Paper Billing- A provider may submit bills in red and white paper format with supporting medical documentation to WSI at the following address:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Coding- A hospital is required to bill using only current and appropriate CPT and HCPCS Level II codes for medicine services.

Discontinued Procedures- When an operative session is terminated either prior to or subsequent of the administration of anesthesia (modifiers 73 or 74), only the primary planned procedure(s) may be reported on the claim. WSI reviews any claim with modifier 73 or 74 containing more than 1 "T" status procedure code, and may request records to substantiate multiple primary planned procedures.

Durable Medical Equipment- A hospital should bill for separately payable DME and supply items, not provided as part of an outpatient encounter, on a CMS-1500 claim form in order for WSI to review for reimbursement based on the WSI DME fee schedule.

Fitness Center Services- When WSI approves an independent exercise program, facilities may bill for the fitness center services using WSI-specific code W0555 on a CMS 1500, or by submitting an invoice for the charges.

Inpatient Hospital vs. Outpatient Hospital Classification- WSI requires a hospital to bill all patient stays of 24 hours or less as outpatient stays unless the surgical procedure performed has a status indicator of “C”. A hospital must bill all patient stays for surgical services where the HCPCS code for the surgery has a status indicator of “C” (inpatient only) as inpatient, regardless of the length of the stay.

Line Item Billing- WSI requires line item date of service billing for all lines, with the exception of observation services.

Medical Documentation- A hospital must submit medical documentation to support all billed charges. WSI’s [Documentation Policies](#) are available for detailed information on documentation requirements.

Medical Necessity- A provider is required to bill using the same medical necessity guidelines used for Medicare.

Multiple Encounters- A hospital may combine multiple outpatient hospital encounters on the same day (i.e., the patient leaves the hospital and returns later in the day for other services) into one bill for that date of service, or each encounter may be billed on separate claims. However, a hospital must bill all services occurring during an individual encounter with a hospital on a single claim.

Multiple Surgical Procedures- A hospital must bill multiple surgical procedures on subsequent lines.

National Provider Identification (NPI)- WSI requires entities who are eligible for NPI to be registered with National Plan & Provider Enumeration System. When applicable, WSI requires a hospital to include the NPI at both the rendering provider and billing provider levels.

Observation Services- A hospital must use revenue code 762 and HCPCS code G0378 to report observation services. A hospital should bill observation services in hourly increments to ensure proper payment.

Orthotics and Prosthetics- A hospital may bill for orthotics (HCPCS codes L0000-L4999) and prosthetics (HCPCS codes L5000-L9999) on either the UB-04 claim form with revenue code 274 or on the CMS 1500 claim form. WSI determines the pricing for these services based on the existing WSI DME fee schedule.

Pain Clinics- WSI allows the reimbursement of a facility fee for a pain clinic located within a hospital. A hospital must bill this fee with Revenue Code 511 and an appropriate HCPCS code.

Phase III Cardiac Rehab Services- A hospital must submit charges for phase III cardiac rehab services separate from all other services, using revenue code 994 to ensure proper reimbursement.

Professional Fees- A hospital must bill all professional services described by revenue codes 96X, 97X, and 98X on the CMS 1500 claim form.

Rural Health Clinic- Rural Health Clinic- WSI does not reimburse for rural health clinic charges submitted on the UB-04. A rural health clinic must submit charges on the CMS-1500.

Services without Valid HCPC Codes- A hospital may combine revenue codes for which there are no valid HCPCS codes into one line.

Take-Home Drugs- WSI does not separately reimburse take-home drugs and packages the payment for this service into the main procedure(s).

Timely Filing- A hospital must submit bills to WSI within 365 days of the date of service.

Units of Service- WSI requires all units of service match the description of the HCPCS code. A hospital must bill surgical HCPCS codes with units that equal the number of times the procedure was performed, as indicated by the code's description.

Urgent Care Centers- WSI allows for the reimbursement of a facility fee for an urgent care centers when the following criteria are met:

- Urgent care center is located next to the emergency department
- Urgent care center shares a registration or triage area with the emergency department
- The hospital bills a facility fee for the urgent care center to all payers

A hospital must bill this facility fee with Revenue Code 456 or 516 accompanied by an appropriate HCPCS or CPT code.

North Dakota Workforce Safety & Insurance

Outpatient Hospital Reimbursement Procedures

Outpatient Hospital Reimbursement Procedures outlines how WSI communicates bill processing information and issues payment to a hospital. In addition, it outlines WSI requirements for reimbursement. A provider is encouraged to follow WSI Reimbursement Procedures to prevent delays in the payment processing of medical charges submitted to WSI.

Provider Registration- Prior to reimbursement for treatment, a provider is required to register the applicable Billing NPIs with WSI by completing the [Medical Provider Payee Registration](#) form. For additional information, visit the [Provider Registration](#) section of WSI's website.

Payment Address- WSI issues payment to the Pay-to Address registered on the [Medical Provider Payee Registration](#) form, regardless of the address submitted on the bill form. To update a payment address, a provider must resubmit the registration form for each applicable Billing NPI.

Remittance Advice- WSI issues remittance advices for processed medical bills each Friday. The remittance advice includes important information about a medical charge, including: patient name, date of service, procedure billed, billed amount, paid amount, and remittance advice reason codes. A provider should refer to the [How to Read the WSI Remittance Advice](#) document for assistance with interpretation of the remittance advice. This reference includes a sample remittance advice, along with definitions for significant fields within the remittance advice. Contact customer service at 1-800-777-5033 with questions or to obtain a duplicate remittance advice.

Reason Codes- The [WSI Remittance Advice Reason Codes](#) document provides a comprehensive listing and description of the reason codes utilized by WSI. Each reason code identifies a cause for the adjudication of a medical charge and specifies whether a provider may bill a patient. When a reason code specifies a provider may bill a patient, WSI sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charge. In accordance with [North Dakota Administrative Code 92-01-02-45.1](#), if a reason code does not state that a provider may bill a patient, the provider cannot bill the charge for the reduced or denied service to the patient, the employer, or another insurer.

Bill Status Inquiries- A provider must refer to the WSI Remittance Advice for bill status information when possible. WSI requests a provider allow 2 months from the date of bill submission prior to contacting WSI for bill status, which permits adequate time for bill receipt, bill processing, and payment and/or remittance advice mailing. WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills that do not meet the above requirements.

Overpayments- When an overpayment occurs on a medical bill, WSI will notify the provider of the overpayment in a letter. WSI allows 30 days from the date of the letter for a provider to issue the requested refund. If a provider does not issue the refund within 30 days of the date of the letter, WSI will withhold the overpayment from future payments.

Medical Services Disputes- [North Dakota Administrative Code 92-01-02-46](#) provides the procedures followed for managed care disputes. A provider who wishes to dispute a denial or reduction of a service charge must submit the [Medical Bill Appeal \(M6\)](#) form, along with supporting documentation, within 30 days of the remittance advice issue date. WSI will not address a provider dispute submitted without the M6 form.

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
0701	Sr89 strontium
0726	Dexrazoxane HCl injection
0731	Sargramostim injection
0736	Amphotericin b liposome inj
0738	Rasburicase
0751	Mechlorethamine hcl inj
0752	Dactinomycin injection
0759	Naltrexone, depot form
0800	Leuprolide acetate
0802	Etoposide oral
0807	Aldesleukin injection
0810	Goserelin acetate implant
0812	Carmustine injection
0820	Daunorubicin injection
0823	Docetaxel injection
0825	Nelarabine injection
0836	Interferon alfa-2b inj
0840	Inj melphalan hydrochl
0843	Pegaspargase injection
0844	Pentostatin injection
0850	Streptozocin injection
0851	Thiotepa injection
0856	Porfimer sodium injection
0858	Inj cladribine
0864	Mitoxantrone hydrochl
0873	Hyalgan supartz visco-3 dose
0874	Synvisc or synvisc-one
0875	Euflexxa inj per dose
0877	Orthovisc inj per dose
0887	Azathioprine parenteral
0890	Lymphocyte immune globulin
0901	Alpha 1 proteinase inhibitor
0902	Injection,onabotulinumtoxinA
0903	Cytomegalovirus imm IV /vial
0910	Interferon beta-1b / .25 MG
0925	Factor viii
0927	Factor viii recombinant
0928	Factor ix complex
0929	Anti-inhibitor
0931	Factor IX non-recombinant
0932	Factor ix recombinant nos
0943	Octagam injection
0944	Gammagard liquid injection
0946	Hepagam b im injection
0947	Flebogamma injection

APC	Description
0948	Gamunex-C/Gammaked
0961	Albumin (human),5%, 50ml
0963	Albumin (human), 5%, 250 ml
0964	Albumin (human), 25%, 20 ml
0965	Albumin (human), 25%, 50ml
1015	Injection glatiramer acetate
1064	I131 iodide cap, rx
1083	Adalimumab injection
1138	Hepagam b intravenous, inj
1139	Protein c concentrate
1142	Supprelin LA implant
1150	I131 iodide sol, rx
1166	Cytarabine liposome inj
1168	Inj, temsirolimus
1178	Busulfan injection
1203	Verteporfin injection
1207	Octreotide injection, depot
1213	Antihemophilic viii/vwf comp
1214	Inj IVIG privenge 500 mg
1232	Mitomycin injection
1235	Valrubicin injection
1236	Inj levoleucovorin nos 0.5mg
1237	Inj iron dextran
1253	Triamcinolone A inj PRS-free
1263	Antithrombin iii injection
1268	Xyntha inj
1274	Edetate calcium disodium inj
1281	Bevacizumab injection
1289	AbobotulinumtoxinA
1295	Sm 153 lexidronam
1296	Degarelix injection
1297	Ferumoxytol, non-esrd
1311	Canakinumab injection
1312	Hizentra injection
1327	Imiglucerase injection
1340	Collagenase, clost hist inj
1341	Amobarbital 125 MG inj
1352	Wilate injection
1353	Belimumab injection
1408	Cyclophosphamide 100 MG inj
1413	Lumizyme injection
1415	Glassia injection
1416	Factor xiii anti-hem factor
1417	Gel-one
1420	Aflibercept injection

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
1421	Imported lipodox inj
1426	Eribulin mesylate injection
1431	Centruroides immune f(ab)
1433	Calcitonin salmon injection
1440	Inj desmopressin acetate
1442	Non-HEU TC-99M add-on/dose
1443	Icatibant injection
1446	Visualization adjunct
1458	Phentolaine mesylate inj
1466	Inj, vincristine sul lip 1mg
1467	Factor ix recombinan rixubis
1468	Inj Aripiprazole Ext Rel 1mg
1469	Inj filgrastim excl biosimil
1471	Injection, Pertuzumab, 1 mg
1472	Inj beta interferon im 1 mcg
1474	Certolizumab pegol inj 1mg
1475	Golimumab for iv use 1mg
1476	Obinutuzumab inj
1478	Inj human fibrinogen con nos
1480	Elosulfase alfa, injection
1482	Darbepoetin alfa, esrd use
1485	Ferumoxytol, esrd use
1486	Factor ix fc fusion recomb
1488	Injection, ramucirumab
1489	Injection, vedolizumab
1490	Inj pembrolizumab
1491	New Technology - Level 1A (\$0-\$10)
1492	New Technology - Level 1B (\$11-\$20)
1493	New Technology - Level 1C (\$21-\$30)
1494	New Technology - Level 1D (\$31-\$40)
1495	New Technology - Level 1E (\$41-\$50)
1496	New Technology - Level 1A (\$0-\$10)
1497	New Technology - Level 1B (\$11-\$20)
1498	New Technology - Level 1C (\$21-\$30)
1499	New Technology - Level 1D (\$31-\$40)
1500	New Technology - Level 1E (\$41-\$50)
1502	New Technology - Level 2 (\$51 - \$100)
1503	New Technology - Level 3 (\$101 - \$200)
1504	New Technology - Level 4 (\$201 - \$300)
1505	New Technology - Level 5 (\$301 - \$400)
1506	New Technology - Level 6 (\$401 - \$500)
1507	New Technology - Level 7 (\$501 - \$600)
1508	New Technology - Level 8 (\$601 - \$700)
1509	New Technology - Level 9 (\$701 - \$800)
1510	New Technology - Level 10 (\$801 - \$900)
1511	New Technology - Level 11 (\$901 - \$1000)
1512	New Technology - Level 12 (\$1001 - \$1100)
1513	New Technology - Level 13 (\$1101 - \$1200)
1514	New Technology - Level 14 (\$1201- \$1300)

APC	Description
1515	New Technology - Level 15 (\$1301 - \$1400)
1516	New Technology - Level 16 (\$1401 - \$1500)
1517	New Technology - Level 17 (\$1501-\$1600)
1518	New Technology - Level 18 (\$1601-\$1700)
1519	New Technology - Level 19 (\$1701-\$1800)
1520	New Technology - Level 20 (\$1801-\$1900)
1521	New Technology - Level 21 (\$1901-\$2000)
1522	New Technology - Level 22 (\$2001-\$2500)
1523	New Technology - Level 23 (\$2501-\$3000)
1524	New Technology - Level 24 (\$3001-\$3500)
1525	New Technology - Level 25 (\$3501-\$4000)
1526	New Technology - Level 26 (\$4001-\$4500)
1527	New Technology - Level 27 (\$4501-\$5000)
1528	New Technology - Level 28 (\$5001-\$5500)
1529	New Technology - Level 29 (\$5501-\$6000)
1530	New Technology - Level 30 (\$6001-\$6500)
1531	New Technology - Level 31 (\$6501-\$7000)
1532	New Technology - Level 32 (\$7001-\$7500)
1533	New Technology - Level 33 (\$7501-\$8000)
1534	New Technology - Level 34 (\$8001-\$8500)
1535	New Technology - Level 35 (\$8501-\$9000)
1536	New Technology - Level 36 (\$9001-\$9500)
1537	New Technology - Level 37 (\$9501-\$10000)
1539	New Technology - Level 2 (\$51 - \$100)
1540	New Technology - Level 3 (\$101 - \$200)
1541	New Technology - Level 4 (\$201 - \$300)
1542	New Technology - Level 5 (\$301 - \$400)
1543	New Technology - Level 6 (\$401 - \$500)
1544	New Technology - Level 7 (\$501 - \$600)
1545	New Technology - Level 8 (\$601 - \$700)
1546	New Technology - Level 9 (\$701 - \$800)
1547	New Technology - Level 10 (\$801 - \$900)
1548	New Technology - Level 11 (\$901 - \$1000)
1549	New Technology - Level 12 (\$1001 - \$1100)
1550	New Technology - Level 13 (\$1101 - \$1200)
1551	New Technology - Level 14 (\$1201- \$1300)
1552	New Technology - Level 15 (\$1301 - \$1400)
1553	New Technology - Level 16 (\$1401 - \$1500)
1554	New Technology - Level 17 (\$1501-\$1600)
1555	New Technology - Level 18 (\$1601-\$1700)
1556	New Technology - Level 19 (\$1701-\$1800)
1557	New Technology - Level 20 (\$1801-\$1900)
1558	New Technology - Level 21 (\$1901-\$2000)
1559	New Technology - Level 22 (\$2001-\$2500)
1560	New Technology - Level 23 (\$2501-\$3000)
1561	New Technology - Level 24 (\$3001-\$3500)
1562	New Technology - Level 25 (\$3501-\$4000)
1563	New Technology - Level 26 (\$4001-\$4500)
1564	New Technology - Level 27 (\$4501-\$5000)

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
1565	New Technology - Level 28 (\$5001-\$5500)
1566	New Technology - Level 29 (\$5501-\$6000)
1567	New Technology - Level 30 (\$6001-\$6500)
1568	New Technology - Level 31 (\$6501-\$7000)
1569	New Technology - Level 32 (\$7001-\$7500)
1570	New Technology - Level 33 (\$7501-\$8000)
1571	New Technology - Level 34 (\$8001-\$8500)
1572	New Technology - Level 35 (\$8501-\$9000)
1573	New Technology - Level 36 (\$9001-\$9500)
1574	New Technology - Level 37 (\$9501-\$10000)
1575	New Technology - Level 38 (\$10,001-\$15,000)
1576	New Technology - Level 39 (\$15,001-\$20,000)
1577	New Technology - Level 40 (\$20,001-\$25,000)
1578	New Technology - Level 41 (\$25,001-\$30,000)
1579	New Technology - Level 42 (\$30,001-\$40,000)
1580	New Technology - Level 43 (\$40,001-\$50,000)
1581	New Technology - Level 44 (\$50,001-\$60,000)
1582	New Technology - Level 45 (\$60,001-\$70,000)
1583	New Technology - Level 46 (\$70,001-\$80,000)
1584	New Technology - Level 47 (\$80,001-\$90,000)
1585	New Technology - Level 48 (\$90,001-\$100,000)
1589	New Technology - Level 38 (\$10,001-\$15,000)
1590	New Technology - Level 39 (\$15,001-\$20,000)
1591	New Technology - Level 40 (\$20,001-\$25,000)
1592	New Technology - Level 41 (\$25,001-\$30,000)
1593	New Technology - Level 42 (\$30,001-\$40,000)
1594	New Technology - Level 43 (\$40,001-\$50,000)
1595	New Technology - Level 44 (\$50,001-\$60,000)
1596	New Technology - Level 45 (\$60,001-\$70,000)
1597	New Technology - Level 46 (\$70,001-\$80,000)
1598	New Technology - Level 47 (\$80,001-\$90,000)
1599	New Technology - Level 48 (\$90,001-\$100,000)
1607	Eptifibatide injection
1608	Etanercept injection
1609	Rho(D) immune globulin h, sd
1613	Trastuzumab injection
1630	Hep b ig, im
1643	Y90 ibritumomab, rx
1656	Factor viii fc fusion recomb
1658	Injection, belinostat, 10mg
1660	Injection, oritavancin
1662	Inj tedizolid phosphate
1669	Erythro lactobionate /500 mg
1670	Tetanus immune globulin inj
1675	P32 Na phosphate
1683	Basiliximab
1684	Corticotropin ovine triflutal
1685	Darbepoetin alfa, non-esrd
1686	Epoetin alfa, non-esrd

APC	Description
1687	Digoxin immune fab (ovine)
1688	Ethanolamine oleate
1689	Fomepizole
1690	Hemin
1694	Ziconotide injection
1695	Nesiritide injection
1696	Palifermin injection
1700	Inj secretin synthetic human
1701	Treprostinil injection
1704	Humate-P, inj
1705	Factor viia
1709	Azacitidine injection
1710	Clofarabine injection
1711	Vantas implant
1712	Paclitaxel protein bound
1739	Pegademase bovine, 25 iu
1743	Nandrolone decanoate 50 mg
1745	Radium ra223 dichloride ther
1746	Factor xiii recomb a-subunit
1747	Monovisc inj per dose
1748	Inj tbo filgrastim 1 microg
1761	Rolapitant, oral, 1mg
1809	Injection, alemtuzumab
1822	Injection, zarxio
1823	Injection, dalbavancin
1824	Ceftaroline fosamil inj
1825	Ceftazidime and avibactam
1826	Hyqvia 100mg immunoglobulin
1827	Factor viii recomb obizur
1829	Penicillin g benzathine inj
1832	Dimethyl sulfoxide 50% 50 ml
1844	Factor viii pegylated recomb
1846	Factor viii nuwiq recomb 1iu
1847	Injection, inflectra
1848	Artiss fibrin sealant
1849	Foscarnet sodium injection
1850	Gamma globulin 1 cc inj
1851	Gamma globulin > 10 cc inj
1852	Interferon beta-1a inj
1853	Minocycline hydrochloride
1854	Pentobarbital sodium inj
1856	Factor viii recomb novoeight
1857	Inj, factor x, (human), 1iu
1859	Argatroban nonesrd use 1mg
1861	Inj., bendeka 1 mg
1862	Gelsyn-3 injection 0.1 mg
1901	New Technology - Level 49 (\$100,001-\$115,000)
1902	New Technology - Level 49 (\$100,001-\$115,000)
1903	New Technology - Level 50 (\$115,001-\$130,000)

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APC	Description
1904	New Technology - Level 50 (\$115,001-\$130,000)
1905	New Technology - Level 51 (\$130,001-\$145,000)
1906	New Technology - Level 51 (\$130,001-\$145,000)
1907	New Technology - Level 52 (\$145,001-\$160,000)
1908	New Technology - Level 52 (\$145,001-\$160,000)
2024	Generator, CCM, implant
2025	Cath, pressure, valve-occlu
2026	Orth/devic/drug bn/bn,tis/bn
2027	Probe, robotic, water-jet
2028	Iris prosthesis
2616	Brachytx, non-str, Yttrium-90
2632	Iodine I-125 sodium iodide
2634	Brachytx, non-str, HA, I-125
2635	Brachytx, non-str, HA, P-103
2636	Brachy linear, non-str, P-103
2638	Brachytx, stranded, I-125
2639	Brachytx, non-stranded, I-125
2640	Brachytx, stranded, P-103
2641	Brachytx, non-stranded, P-103
2642	Brachytx, stranded, C-131
2643	Brachytx, non-stranded, C-131
2645	Brachytx, non-str, Gold-198
2646	Brachytx, non-str, HDR Ir-192
2647	Brachytx, NS, Non-HDR Ir-192
2648	Brachytx planar, p-103
2698	Brachytx, stranded, NOS
2699	Brachytx, non-stranded, NOS
2731	Immune globulin, powder
2770	Quinupristin/dalfopristin
2993	Gen, neuro, trans sen/stim
4001	Echo guidance radiotherapy
4002	Stereoscopic x-ray guidance
4003	Radiation treatment delivery, MeV <= 5; simple
4004	Radiation treatment delivery, 6-10 MeV; simple
4005	Radiation treatment delivery, 11-19 MeV; simple
4006	Radiation treatment delivery, MeV >=20; simple
4007	Radiation treatment delivery, MeV <=5; intermediate
4008	Radiation treatment delivery, 6-10 MeV; intermediate
4009	Radiation treatment delivery, 11-19 MeV; intermediate
4010	Radiation treatment delivery, MeV >=20; intermediate
4011	Radiation treatment delivery, MeV <=5; complex
4012	Radiation treatment delivery, 6-10 MeV; complex
4013	Radiation treatment delivery, 11-19 MeV; complex
4014	Radiation treatment delivery, MeV >=20; complex
4015	Radiation tx delivery imrt
4016	Delivery comp imrt
5012	Clinic Visits and Related Services
5021	Level 1 Type A ED Visits
5022	Level 2 Type A ED Visits

APC	Description
5023	Level 3 Type A ED Visits
5024	Level 4 Type A ED Visits
5025	Level 5 Type A ED Visits
5031	Level 1 Type B ED Visits
5032	Level 2 Type B ED Visits
5033	Level 3 Type B ED Visits
5034	Level 4 Type B ED Visits
5035	Level 5 Type B ED Visits
5041	Critical Care
5045	Trauma Response with Critical Care
5051	Level 1 Skin Procedures
5052	Level 2 Skin Procedures
5053	Level 3 Skin Procedures
5054	Level 4 Skin Procedures
5055	Level 5 Skin Procedures
5061	Hyperbaric Oxygen
5071	Level 1 Excision/ Biopsy/ Incision and Drainage
5072	Level 2 Excision/ Biopsy/ Incision and Drainage
5073	Level 3 Excision/ Biopsy/ Incision and Drainage
5091	Level 1 Breast/Lymphatic Surgery and Related Procedures
5092	Level 2 Breast/Lymphatic Surgery and Related Procedures
5093	Level 3 Breast/Lymphatic Surgery and Related Procedures
5094	Level 4 Breast/Lymphatic Surgery and Related Procedures
5101	Level 1 Strapping and Cast Application
5102	Level 2 Strapping and Cast Application
5111	Level 1 Musculoskeletal Procedures
5112	Level 2 Musculoskeletal Procedures
5113	Level 3 Musculoskeletal Procedures
5114	Level 4 Musculoskeletal Procedures
5115	Level 5 Musculoskeletal Procedures
5116	Level 6 Musculoskeletal Procedures
5151	Level 1 Airway Endoscopy
5152	Level 2 Airway Endoscopy
5153	Level 3 Airway Endoscopy
5154	Level 4 Airway Endoscopy
5155	Level 5 Airway Endoscopy
5161	Level 1 ENT Procedures
5162	Level 2 ENT Procedures
5163	Level 3 ENT Procedures
5164	Level 4 ENT Procedures
5165	Level 5 ENT Procedures
5166	Cochlear Implant Procedure
5181	Level 1 Vascular Procedures
5182	Level 2 Vascular Procedures
5183	Level 3 Vascular Procedures
5184	Level 4 Vascular Procedures
5191	Level 1 Endovascular Procedures

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APC	Description
5192	Level 2 Endovascular Procedures
5193	Level 3 Endovascular Procedures
5194	Level 4 Endovascular Procedures
5200	Implantation Wireless PA Pressure Monitor
5211	Level 1 Electrophysiologic Procedures
5212	Level 2 Electrophysiologic Procedures
5213	Level 3 Electrophysiologic Procedures
5221	Level 1 Pacemaker and Similar Procedures
5222	Level 2 Pacemaker and Similar Procedures
5223	Level 3 Pacemaker and Similar Procedures
5224	Level 4 Pacemaker and Similar Procedures
5231	Level 1 ICD and Similar Procedures
5232	Level 2 ICD and Similar Procedures
5241	Level 1 Blood Product Exchange and Related Services
5242	Level 2 Blood Product Exchange and Related Services
5243	Level 3 Blood Product Exchange and Related Services
5244	Level 4 Blood Product Exchange and Related Services
5301	Level 1 Upper GI Procedures
5302	Level 2 Upper GI Procedures
5303	Level 3 Upper GI Procedures
5311	Level 1 Lower GI Procedures
5312	Level 2 Lower GI Procedures
5313	Level 3 Lower GI Procedures
5331	Complex GI Procedures
5341	Abdominal/Peritoneal/Biliary and Related Procedures
5361	Level 1 Laparoscopy and Related Services
5362	Level 2 Laparoscopy and Related Services
5371	Level 1 Urology and Related Services
5372	Level 2 Urology and Related Services
5373	Level 3 Urology and Related Services
5374	Level 4 Urology and Related Services
5375	Level 5 Urology and Related Services
5376	Level 6 Urology and Related Services
5377	Level 7 Urology and Related Services
5401	Dialysis
5411	Level 1 Gynecologic Procedures
5412	Level 2 Gynecologic Procedures
5413	Level 3 Gynecologic Procedures
5414	Level 4 Gynecologic Procedures
5415	Level 5 Gynecologic Procedures
5416	Level 6 Gynecologic Procedures
5431	Level 1 Nerve Procedures
5432	Level 2 Nerve Procedures
5441	Level 1 Nerve Injections
5442	Level 2 Nerve Injections
5443	Level 3 Nerve Injections
5461	Level 1 Neurostimulator and Related Procedures

APC	Description
5462	Level 2 Neurostimulator and Related Procedures
5463	Level 3 Neurostimulator and Related Procedures
5464	Level 4 Neurostimulator and Related Procedures
5471	Implantation of Drug Infusion Device
5481	Laser Eye Procedures
5491	Level 1 Intraocular Procedures
5492	Level 2 Intraocular Procedures
5493	Level 3 Intraocular Procedures
5494	Level 4 Intraocular Procedures
5495	Level 5 Intraocular Procedures
5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures
5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures
5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures
5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures
5521	Level 1 Imaging without Contrast
5522	Level 2 Imaging without Contrast
5523	Level 3 Imaging without Contrast
5524	Level 4 Imaging without Contrast
5571	Level 1 Imaging with Contrast
5572	Level 2 Imaging with Contrast
5573	Level 3 Imaging with Contrast
5591	Level 1 Nuclear Medicine and Related Services
5592	Level 2 Nuclear Medicine and Related Services
5593	Level 3 Nuclear Medicine and Related Services
5594	Level 4 Nuclear Medicine and Related Services
5611	Level 1 Therapeutic Radiation Treatment Preparation
5612	Level 2 Therapeutic Radiation Treatment Preparation
5613	Level 3 Therapeutic Radiation Treatment Preparation
5621	Level 1 Radiation Therapy
5622	Level 2 Radiation Therapy
5623	Level 3 Radiation Therapy
5624	Level 4 Radiation Therapy
5625	Level 5 Radiation Therapy
5626	Level 6 Radiation Therapy
5627	Level 7 Radiation Therapy
5661	Therapeutic Nuclear Medicine
5671	Level 1 Pathology
5672	Level 2 Pathology
5673	Level 3 Pathology
5674	Level 4 Pathology
5691	Level 1 Drug Administration
5692	Level 2 Drug Administration
5693	Level 3 Drug Administration
5694	Level 4 Drug Administration
5721	Level 1 Diagnostic Tests and Related Services
5722	Level 2 Diagnostic Tests and Related Services
5723	Level 3 Diagnostic Tests and Related Services

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
5724	Level 4 Diagnostic Tests and Related Services
5731	Level 1 Minor Procedures
5732	Level 2 Minor Procedures
5733	Level 3 Minor Procedures
5734	Level 4 Minor Procedures
5735	Level 5 Minor Procedures
5741	Level 1 Electronic Analysis of Devices
5742	Level 2 Electronic Analysis of Devices
5743	Level 3 Electronic Analysis of Devices
5771	Cardiac Rehabilitation
5781	Resuscitation and Cardioversion
5791	Pulmonary Treatment
5801	Ventilation Initiation and Management
5811	Manipulation Therapy
5821	Level 1 Health and Behavior Services
5822	Level 2 Health and Behavior Services
5823	Level 3 Health and Behavior Services
5853	Partial Hospitalization (3 or more services) for CMHCs
5863	Partial Hospitalization (3 or more services) for Hospital-based PHPs
5871	Dental Procedures
5881	Ancillary Outpatient Services When Patient Dies
7000	Amifostine
7011	Oprelvekin injection
7035	Teniposide
7041	Tirofiban HCl
7043	Infliximab not biosimil 10mg
7046	Doxorubicin inj 10mg
7048	Alteplase recombinant
7308	Aminolevulinic acid hcl top
8004	Ultrasound Composite
8005	CT and CTA without Contrast Composite
8006	CT and CTA with Contrast Composite
8007	MRI and MRA without Contrast Composite
8008	MRI and MRA with Contrast Composite
8010	Mental Health Services Composite
8011	Comprehensive Observation Services
9002	Tenecteplase injection
9003	Palivizumab
9005	Retepase injection
9006	Tacrolimus injection
9012	Arsenic trioxide injection
9014	Inj., cerliponase alfa 1 mg
9015	Inj., haegarda 10 units
9016	Inj., triptorelin xr 3.75 mg
9018	Inj, rimabotulinumtoxinB
9019	Caspofungin acetate
9024	Amphotericin b lipid complex
9028	Inj inotuzumab ozogam 0.1 mg
9029	Inj., guselkumab, 1 mg

APC	Description
9030	Inj., copanlisib, 1 mg
9031	Inj, etelcalcetide, 0.1 mg
9032	Baclofen 10 MG injection
9033	Cidofovir injection
9034	Inj cuvitru, 100 mg
9035	Axicabtagene ciloleuce car+
9036	Injection, renflexis
9038	Inj estrogen conjugate
9042	Glucagon hydrochloride
9043	Inj, afstyla, 1 i.u.
9044	Ibutilide fumarate injection
9052	Fluciovine F-18
9056	Gallium Ga-68
9058	Buprenorphine implant 74.2mg
9059	Vonvendi inj 1 iu vwf:rc0
9065	Argatroban esrd dialysis 1mg
9067	Lutetium lu 177 dotatat ther
9070	Inj luxturna 1 billion vec g
9071	Capsaicin 8% patch
9073	Buprenorph xr 100 mg or less
9074	Makena, 10 mg
9075	Inj, kovaltry, 1 i.u.
9078	Testosterone undecanoate 1mg
9079	Genvisc 850, inj, 1mg
9084	Florbetapir f18
9085	Inj sulf hexa lipid microsph
9086	Hepa vacc ped/adol 3 dose
9087	Inj, clevidipine butyrate
9088	Peng benzathine/procaine inj
9089	Oral fludarabine phosphate
9090	Melphalan oral 2 mg
9091	Daunorubicin citrate inj
9092	Interferon alfa-2a inj
9093	Plicamycin (mithramycin) inj
9094	Radiesse injection
9095	Inj, sculptra, 0.5mg
9096	Inj retacrit esrd on dialysi
9097	Inj retacrit non-esrd use
9098	Chorionic gonadotropin/1000u
9099	Inj fosnetupitant, palonoset
9104	Antithymocyte globuln rabbit
9108	Thyrotropin injection
9119	Injection, pegfilgrastim 6mg
9120	Injection, Fulvestrant
9122	Triptorelin pamoate
9124	Daptomycin injection
9125	Risperidone, long acting
9126	Natalizumab injection
9130	Inj, Imm Glob Bivigam, 500mg

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
9131	Inj, Ado-trastuzumab Emt 1mg
9132	Kcentra, per i.u.
9133	Rabies ig, im/sc
9134	Rabies ig, heat treated
9135	Varicella-zoster ig, im
9139	Rabies vaccine, im
9140	Rabies vaccine, id
9171	Factor ix idelvion inj
9172	Injection, dexamethasone 9%
9173	Injection, fulphila
9174	Inj, durolane 1 mg
9175	Puraply 1 sq cm
9176	Puraply am 1 sq cm
9177	Antithrombin recombinant
9178	Inj., meropenem, vaborbactam
9179	Injection, Aristada Initio
9180	Inj., patisiran, 0.1 mg
9181	Inj., perseris, 0.5 mg
9182	Inj mogamulizumab-kpkc, 1 mg
9183	Inj., plazomicin, 5 mg
9184	Iodine i-131 iobenguane, dx
9185	Iodine i-131 iobenguane, tx
9186	Inj., rituximab, 10 mg
9187	Injection, burosumab-twza 1m
9188	Inj crotalidae im f(ab')2 eq
9189	Inj., ibalizumab-uyk, 10 mg
9190	Inj., vestronidase alfa-vjvk
9191	Inj., fibryga, 1 mg
9192	Inj, bortezomib, nos, 0.1 mg
9193	Nivestym
9194	Tisagenlecleucel car-pos t
9195	Injection, udenyca 0.5 mg
9196	Inj, trivisc 1 mg
9197	Inj., fremanezumab-vfrm 1 mg
9198	Inj, coagulation factor Xa
9199	Injection, caplacizumab-yhdp
9207	Inj., velcade 0.1 mg
9208	Agalsidase beta injection
9209	Laronidase injection
9210	Palonosetron hcl
9213	Pemetrexed injection
9214	Bevacizumab injection
9215	Cetuximab injection
9217	Leuprolide acetate suspnsion
9224	Galsulfase injection
9225	Fluocinolone acetone implt
9228	Tigecycline injection
9229	Ibandronate sodium injection
9230	Abatacept injection

APC	Description
9231	Decitabine injection
9232	Idursulfase injection
9233	Ranibizumab injection
9234	Alglucosidase alfa injection
9235	Panitumumab injection
9236	Eculizumab injection
9237	Inj, lanreotide acetate
9239	Buprenorphine xr over 100 mg
9240	Injection, ixabepilone
9242	Injection, fosaprepitant
9243	Inj., treanda 1 mg
9245	Romiplostim injection
9251	C1 esterase inhibitor inj
9252	Plerixafor injection
9253	Temozolomide injection
9255	Paliperidone palmitate inj
9256	Dexamethasone intra implant
9257	Inj., emicizumab-kxwh 0.5 mg
9258	Telavancin injection
9259	Pralatrexate injection
9260	Ofatumumab injection
9261	Ustekinumab sub cu inj, 1 mg
9263	Ecallantide injection
9264	Tocilizumab injection
9265	Romidepsin injection
9269	C-1 esterase, berinert
9270	Gammaplex IVIG
9271	Velaglucerase alfa
9272	Inj, denosumab
9273	Sipuleucel-T auto CD54+
9274	Crotalidae Poly Immune Fab
9276	Cabazitaxel injection
9278	Incobotulinumtoxin A
9281	Injection, pegloticase
9284	Ipilimumab injection
9286	Belatacept injection
9287	Brentuximab vedotin inj
9289	Erwinaze injection
9293	Injection, glucarpidase
9294	Inj, taliglucerase alfa 10 u
9295	Injection, Carfilzomib, 1 mg
9296	Inj, ziv-aflibercept, 1mg
9297	Inj, Omacetaxine Mep, 0.01mg
9298	Inj, Ocriplasmin, 0.125 mg
9299	Inj. jivi 1 iu
9300	Omalizumab injection
9301	Aminolevulinic acid, 10% gel
9302	Inj daunorubicin, cytarabine
9303	Injection, levoleucovorin

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
9304	Inj., cemiplimab-rwlc, 1 mg
9305	Inj., lumoxiti, 0.01 mg
9306	Inj., tildrakizumab, 1 mg
9307	Cocaine hcl nasal solution
9308	Dexametha opth insert 0.1 mg
9309	Inj. tagraxofusp-erzs 10 mcg
9310	Inj., emapalumab-lzsg, 1 mg
9311	Inj., omadacycline, 1 mg
9312	Inj., ravulizumab-cwvz 10 mg
9313	Inj. belrapzo/bendamustine
9314	Inj. herceptin hylecta, 10mg
9315	Diphtheria antitoxin
9316	Corticotropin injection
9317	Doripenem injection
9318	Inj hydroxyprogst capoaat nos
9319	Somatropin injection
9320	Carbidopa levodopa ent 100ml
9321	Fosphenytoin inj pe
9322	Bcg live intravesical 1mg
9323	Inj., levoleucovorin, 0.5 mg
9324	Phenylep ketorolac opth soln
9325	Inj., eravacycline, 1 mg
9326	Inj., lanadelumab-flyo, 1 mg
9327	Inj. romosozumab-aqqg 1 mg
9328	Inj., yutiq, 0.01 mg
9329	Inj mvasi 10 mg
9330	Inj., kanjinti, 10 mg
9331	Inj, polatuzumab vedotin 1mg
9332	Injection, lefamulin
9333	Inj, brexanolone
9334	Injection, khapzory, 0.5 mg
9335	Oral busulfan
9337	Synojoynt, inj., 1 mg
9338	Inj., triluron, 1 mg
9339	Iodine i-131 iobenguane 1mci
9340	Inj, brotuzumab-dbl, 1 mg
9441	Inj ferric carboxymaltos 1mg
9445	Injection, ruconest
9448	Oral netupitant, palonosetro
9449	Injection, blinatumomab
9450	Fluocinol acet intravit imp
9451	Injection, peramivir
9452	Inj ceftolozane tazobactam
9453	Injection, nivolumab
9454	Inj, pasireotide long acting
9455	Injection, siltuximab
9456	Injection, isavuconazonium
9460	Injection, cangrelor
9462	Injection, delafloxacin

APC	Description
9463	Inj., aprepitant, 1 mg
9464	Inj., rolapitant, 0.5 mg
9466	Inj., benralizumab, 1 mg
9467	Inj rituximab, hyaluronidase
9468	Factor ix recomb gly rebiny
9469	Inj triamcinolone ace xr 1mg
9470	Aripirazole lauroxil 1 mg
9471	Hymovis injection 1 mg
9472	Inj talimogene laherparepvec
9473	Injection, mepolizumab, 1mg
9474	Inj irinotecan liposome 1 mg
9475	Injection, necitumumab, 1 mg
9476	Injection, daratumumab 10 mg
9477	Injection, elotuzumab, 1mg
9478	Inj sebelipase alfa 1 mg
9479	Instill, ciprofloxacin otic
9480	Injection trabectedin 0.1mg
9481	Injection, reslizumab
9482	Sotalol hydrochloride IV
9483	Inj, atezolizumab,10 mg
9484	Inj, eteplisen, 10 mg
9485	Inj, olaratumab, 10 mg
9486	Inj, granisetron, xr, 0.1 mg
9487	Ustekinumab, iv inject,1 mg
9488	Conivaptan hcl
9489	Inj, nusinersen, 0.1mg
9490	Inj, bezlotoxumab, 10 mg
9491	Injection, avelumab, 10 mg
9492	Inj., durvalumab, 10 mg
9493	Injection, edaravone, 1 mg
9494	Injection, ocrelizumab
9495	Gemtuzumab ozogamicin inj
9497	Loxapine for inhalation 1 mg
9500	Platelets, irradiated
9501	Platelet pheres leukoreduced
9502	Platelet pheresis irradiated
9503	Fr frz plasma donor retested
9504	RBC deglycerolized
9505	RBC irradiated
9507	Platelets, pheresis
9508	Plasma 1 donor frz w/in 8 hr
9509	Frozen plasma, pooled, sd
9510	Whole blood for transfusion
9511	Cryoprecipitate each unit
9512	RBC leukocytes reduced
9513	Plasma, frz between 8-24hour
9514	Plasma protein fract,5%,50ml
9515	Platelets, each unit
9516	Plaelet rich plasma unit

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Descriptions

APC	Description
9517	Red blood cells unit
9518	Washed red blood cells unit
9519	Plasmaprotein fract,5%,250ml
9520	Blood split unit
9521	Platelets leukoreduced irrad
9522	RBC leukoreduced irradiated
9523	Cryoprecipitatereducedplasma
9524	Blood, l/r, cmv-neg
9525	Platelets, hla-m, l/r, unit
9526	Platelets leukocytes reduced
9527	Blood, l/r, froz/degly/wash
9528	Plt, aph/pher, l/r, cmv-neg
9529	Blood, l/r, irradiated
9530	Plate pheres leukoredu irrad
9531	Plt, pher, l/r cmv-neg, irr
9532	RBC, frz/deg/wsh, l/r, irrad
9533	RBC, l/r, cmv-neg, irrad
9534	Pathogen reduced plasma pool
9535	Pathogen reduced plasma sing
9536	Platelets pheresis path redu

North Dakota Workforce Safety & Insurance Outpatient Hospital APC Grouper Returns

Return	Description
19900	Incidental services packaged into APC rate
19901	Clinical diagnostic laboratory services
19902	Physical, occupational and speech-related services
19903	Ambulance Service
19904	Durable medical equipment, prosthetics, orthotics and supplies
19905	ERSD related drugs
19906	Physician service for ERSD
19907	Screening Mammography
19908	Diabetic Education
19909	Pulmonary rehabilitation clinical trial
19911	Diagnostic mammography
19914	Prenatal care
19915	Electrocardiogram report
19916	Medical Nutrition
19917	Ultrasound Bone stimulation
19918	Cochlear implant services
19919	Orphan drugs
19920	Activity therapy for partial hospitalization
19921	Occupational therapy for partial hospitalization
19922	Partial hospital program services
19923	Miscellaneous physician services
19924	CRNA anesthetist services
19925	Corneal tissue pass through
19926	Telehealth Services
19927	Flu/PPV vaccine
19928	Flu/PPV vaccine administration
19929	Neuromodulation Services
19930	Self-Administration Drugs

Return	Description
19932	Miscellaneous Non-Opps Services
19933	Demonstration Project
19934	Other vaccines not payable under OPPS
19935	New procedure code - not included in grouping or editing - pending for review
19936	Conditionally packaged service - item packaged into APC rate
19937	Packaged service included in Composite APC rate
19944	Implanted prosthetic device for Part B hospital inpatient
19945	Chronic Kidney disease educational services
19946	Preventive medicine services
19947	Non Payable functional therapy code
19948	Separately payable clinical diagnostic laboratory services
19949	Packaged clinical diagnostic laboratory services
19950	Packaged Service included in Comprehensive APC rate
19990	Invalid procedure code
19991	Inpatient procedure
19992	Medicare non-covered item or service
19993	Non-Allowed item or service for OPPS
19994	must bill code to DMERC
19995	Service no billable to the MAC
19996	Payment status not determined - criteria not met for payment or packaging
19997	Medicare non-covered, no payment info available



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