



North Dakota Workforce
Safety & Insurance

Payment Policy

Ambulance

01/01/2015

1600 E Century Ave Ste 1
PO Box 5585
Bismarck ND 58506-5585
701-328-3800
800-777-5033

www.workforcesafety.com

Copyright Notice

The five character codes included in the North Dakota Fee Schedule are obtained from the Current Procedural Terminology (CPT®), copyright 2014 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 responsibility for the content of North Dakota Fee Schedules 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 Schedule. Fee Schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending 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 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.

ADA codes are copyright © 2014 American Dental Association. All Rights Reserved. Reproduced and distributed under ADA License #2002460.

Disclaimer Language

The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI, but indicates only how the procedure or service may be paid if covered by the program. The existence of a procedure code on this list is not a guarantee that the code is covered.

For reference purposes, the sections of the North Dakota Administrative Code that regulate medical services are **92-01-02-27 through 92-01-02-46**. The NDAC can be viewed at the North Dakota Legislative Council web site: <http://www.state.nd.us/lr/information/acdata/html/92-01.html>

Table of Contents

Ambulance Payment Methodology.....	4
Ambulance Payment Parameters.....	5
Provider Remittance Advice	6

Workforce Safety & Insurance

Ambulance Payment Methodology

WSI fee schedules use the procedure codes and descriptions found in the American Medical Association's Current Procedural Terminology (CPT®) manual. The WSI Ambulance Fee Schedule is based on the Medicare Ambulance Fee Schedule with some exceptions, which are identified in [Ambulance Payment Parameters](#).

Historically, WSI payment was based on the Unadjusted Base Payment Amounts. As a result, it does not incorporate the current Medicare adjustments for rural origin vs. urban origin, rural mileage vs. urban mileage, payment adjustments for longer miles, etc. The WSI Ambulance Fee Schedule also does not incorporate Medicare's regional rate to full national rate transition.

Ambulance Payment amounts are updated annually based on the CPI-U published by CMS. The increases are applied to the prior year's payment amount. The update will apply to both ground ambulance services and air ambulance services. Appropriate adjustments are also made for base rate weight changes (if necessary).

WSI will assign one of the following 4 status codes to each HCPCS code:

A	Active Code	Will be paid under the WSI fee schedule
B	Bundled Code	Payment is bundled into the payment for other services
C	WSI Priced Code	Payment is made under WSI negotiated amounts or U&C amounts
P	Excluded Code	No payment is made for these codes

Workforce Safety & Insurance

Ambulance Payment Parameters

The payments on the WSI Ambulance Fee Schedule are based largely on Medicare's Ambulance Fee Schedule. Therefore, WSI has adopted many of the Medicare ambulance payment parameters. However, some differences between the Medicare ambulance payment provisions and the WSI ambulance payment provisions exist. These are listed below:

- Providers will be required to use the current established HCPCS codes for ambulance services
- Providers will be required to bill using the same medical necessity guidelines as they use for Medicare
- WSI will follow Medicare's payment reduction rules for ambulance runs with multiple patients on board
- WSI will follow Medicare's payment provisions when a patient is pronounced dead after the ambulance has been called but before the ambulance arrives
- WSI will make payment for the base service and loaded mileage only
 - The payment for supplies, drugs, oxygen and miscellaneous services will be bundled into the payment for the base service
 - Waiting time charges will be bundled into the payment for the base service
- WSI will accept, but will not require, ZIP Code reporting
- WSI will accept, but will not require, fractional mileage billing
- WSI will require the use of modifiers as follows
 - WSI will require the use of the GM and QL modifiers
 - WSI will accept, but will not require, the use of origin and destination modifiers
 - WSI will accept, but will not require, the use of "under arrangement" modifiers.

Workforce Safety & Insurance

Provider Remittance Advice

WSI processes medical service billings weekly. A remittance advice is sent to the provider with the reimbursement check, providing information to the provider about the service, including the patient's name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes reason codes or explanation of benefits (EOB) codes, to explain any reductions in payment of a service or denial of payment.

Some EOB codes allow the patient to be billed for the denied charges, or for the balance of reduced charges. These instances are identified by the statement "CONTACT CLAIMANT FOR PAYMENT". When these EOB codes occur, WSI also sends a "NOTICE OF NON-PAYMENT" EOB to the patient regarding the reduced or denied charges, to inform the patient of their responsibility for the charges.

If an EOB code does not state the patient may be contacted for payment, any reduction or denial of services is not billable to the patient, the employer, or another insurer.

The complete listing of our EOB codes can be found on our website under the forms library, or by following the link provided below.

http://www.workforcesafety.com/library/Documents/other/EOB_Codes.pdf

Copies of remittance advice can be obtained by calling 1-800-777-5033.