

Fee Schedule - Home Health Care- 2015

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**North Dakota Workforce
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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.

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Workforce Safety & Insurance

Home Health Care Payment Methodology

The WSI Home Care Fee Schedule provides for payment of most Home Care services on a per visit amount. The Home Care fee schedule amounts are updated each year by the Home Health Market Basket increase published by CMS in the Federal Register. The increase is applied to the prior year's un-rounded amounts and the result is rounded to the nearest 50 cents.

In addition, certain home care services that are approved by the claims analyst are paid at an hourly rate. Generally, the claims analyst will not approve an hourly payment unless the expected length of the visits is, on the average, greater than three hours. The hourly rates will be updated annually based on the same percentage of increase that is applied to those services that are paid on a per visit basis (i.e., the per visit limits).

The amounts on the Home Care Fee Schedule represent the maximum that will be paid for the services provided. WSI pays the lesser of the billed charge or the fee schedule amount.

Many Home Care services are provided to claimants by private individuals or entities (i.e., not licensed as a Home Health Agency). The claimants in turn provide WSI with a monthly billing for these services. The implementation of the Home Care Fee Schedule does not change WSI policy that only certain services may be "purchased" by a claimant from a private individual or entity that is not licensed as a Home Health Agency. The following is a list of Home Care services and the WSI policy on how they may be provided and billed.

- Physical Therapy, Occupational Therapy, Speech Language Pathology, and Clinical Social Worker services must be provided only by a Home Health Agency on a per visit basis.
 - The HCPCS codes used to bill for these services reflect either "each 15 minutes" or "per hour". However, these codes are to be billed as per visit codes and will be paid on a per visit basis.
- Skilled nursing services must be provided by a Home Health Agency and should be primarily provided on a per visit basis. If the condition and needs of a patient are such that he or she is not a candidate for a HHA visit payment (primarily because of the length of the visits), the claims analyst may allow the HHA to bill on an hourly basis.
 - The HCPCS codes used to bill for these services reflect either "each 15 minutes" or "per hour". However, these codes are to be billed as per visit codes and will be paid on a per visit basis.
 - The skilled nursing hourly rate is only to be used when a patient does not fit into a traditional HHA visit.
 - The HCPCS codes used to bill for these services reflect "each 15 minutes". However, these codes are to be billed as per visit codes and will be paid on a per visit basis.
 - As a guideline, the claims analyst should only allow the hourly payment for these services if the visits are expected to last longer than 3 hours, on the average

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- Home IV services that are approved by the claims analyst will be paid at the established Home Health Aide per visit rate. These services are paid in addition to the visit for that day. Home IV services must be provided by a Home Health Agency.
 - The HCPCS codes used to bill for these services reflect “per diem”. However, these codes are to be billed as per visit codes and will be paid on a per visit basis.
- Home Health Aide services should be primarily provided by a Home Health Agency on a per visit basis. If the condition and needs of a patient are such that he or she is not a candidate for a HHA visit payment (primarily because of the length of the visits), the claims analyst may either 1) allow the HHA to bill for the services as private duty nursing services on an hourly basis, or 2) allow the claimant to privately contract for the nursing services at an hourly rate that is capped by WSI.
 - The HCPCS codes used to bill for these services reflect either “each 15 minutes” or “per hour”. However, these codes are to be billed as per visit codes and will be paid on a per visit basis.
 - The private duty nursing hourly rate is only to be used when a patient does not fit into a traditional HHA visit.
 - The HCPCS codes used to bill for these services reflect “each 15 minutes”. However, these codes are to be billed as per hour codes and will be paid on a per hour basis.
 - As a guideline, the claims analyst should only allow the hourly payment for these services if the visits are expected to last longer than 3 hours, on the average.
- Private duty nursing services (either credentialed or non-credentialed) may be provided by either a HHA or by private individuals or entities. These services will be paid at an hourly rate.
 - The HCPCS codes used to bill for Credentialed Private duty services reflect “each 15 minutes”. However, these codes are to be billed as per hour codes and will be paid on a per hour basis.
- Homemaking services may be provided by either a HHA or by private individuals or entities. The services must be approved by the claims analyst and will only be allowed in special circumstances. These services will be paid at an hourly rate.
- The payment for supplies will be packaged into the payment for the per visit services or the per hour services noted above.
- Separately billable Durable Medical Equipment and other supplies on the WSI DME fee schedule will continue to be paid, if submitted on a separate claim form.

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
Home Health

**TOTAL
FEE (\$)**

| Rev Code | HCPCS Code | Home Health Codes G0151-G0164 | |
|-----------------|-------------------|--------------------------------------|--------|
| 421 | G0151* | | 169.50 |
| 421 | G0157* | | 169.50 |
| 421 | G0159* | | 169.50 |
| 431 | G0152* | | 170.50 |
| 431 | G0158* | | 170.50 |
| 431 | G0160* | | 170.50 |
| 441 | G0153* | | 184.00 |
| 441 | G0161* | | 184.00 |
| 551 | G0154* | | 155.00 |
| 551 | G0162* | | 155.00 |
| 551 | G0163* | | 155.00 |
| 551 | G0164* | | 155.00 |
| 561 | G0155* | | 248.50 |
| 571 | G0156* | | 70.00 |
| 552 | G0154** | | 61.50 |
| 572 | G0156** | | 21.50 |
| 582 | none | | 15.50 |
| 589 | none | | 11.50 |
| | | | |

* HCPCS code reflects "each 15 minutes". Billings are to be made on a **per visit basis** and the payment amount reflects a per visit amount.

** HCPCS code reflects "each 15 minutes". Billings are to be made on an **hourly basis** and the payment amount reflects an hourly amount

| Rev Code | HCPCS Code | Home Health Codes S9122-S9502 | |
|---|------------|-------------------------------|--------|
| 571, 572 | S9122*** | | 70.00 |
| 551, 552 | S9123*** | | 155.00 |
| 551, 552 | S9124*** | | 155.00 |
| 431, 432 | S9129**** | | 170.50 |
| 421, 422 | S9131**** | | 169.50 |
| 570, 571 | S9325**** | | 70.00 |
| 570, 571 | S9326**** | | 70.00 |
| 570, 571 | S9327**** | | 70.00 |
| 570, 571 | S9328**** | | 70.00 |
| 570, 571 | S9497**** | | 70.00 |
| 570, 571 | S9500**** | | 70.00 |
| 570, 571 | S9501**** | | 70.00 |
| 570, 571 | S9502**** | | 70.00 |
| 570, 571 | S9503**** | | 70.00 |
| 570, 571 | S9504**** | | 70.00 |
| *** HCPCS code reflects "per diem". Billings are to be made on a per visit basis and the payment amount reflects a per visit amount | | | |
| **** HCPCS code reflects "per diem". Billings are to be made on a per visit basis and the payment amount reflects a per visit amount | | | |