Payment Policy

Medicine

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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.

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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.

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

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Workforce Safety and Insurance

Medicine Payment Methodology

Workforce Safety & Insurance (WSI) fee schedules use the procedure codes and descriptions found in the American Medical Association's Current Procedural Terminology (CPT®) manual. Fees are calculated using the Resource Based Relative Values (RBRVS) RVU weights established by the Centers for Medicare & Medicaid (CMS)

The conversion factor for medicine used by WSI is **66.39**. WSI uses the conversion factor to determine the maximum allowable fee by multiplying the conversion factor by the relative value unit established in the RBRVS. This conversion factor applies to the following specialties: Medicine, Evaluation and Management, Physical & Occupational Therapy, Radiology, Professional Radiology, Pathology, & Surgery.

WSI will update the Medical Fee Schedule conversion factor each year based on the Medicare Economic Index (MEI) for physician services published each year in the Physician Fee Schedule final rule. WSI will make appropriate adjustments for RVU weight changes when necessary.

Workforce Safety and Insurance

Medicine Payment Parameters

The WSI Medicine payment parameters follow many of the rules for payment under Medicare's Medicine Fee Schedule. Below are the specific payment parameters adopted by WSI:

- The amounts on the Home Health Care Fee Schedule represent the maximum that WSI pays for the services provided; WSI pays the "lesser of" the billed charge or the fee schedule amount.

- WSI adopts Medicare's published Relative Value Units (RVUs) for each year (including quarterly updates). WSI uses the "Transitioned" RVU amounts if Medicare publishes both "Transitioned" and "Fully Implemented" RVU amounts.

- WSI incorporates Medicare's definitions and use of "facility" and "non-facility" sites of service. WSI pays for services provided in a "non-facility" setting using Medicare's non-facility RVUs. WSI pays for services provided in a "facility" setting using Medicare's facility RVUs.

- WSI incorporates transitional weight amounts when Medicare publishes annual updates to the RVU weights.

- WSI does not adjust RVU weights for Geographic Practice Cost Indices (GPCI), for the work RVU floor, or for other RVU adjustments except for transitional periods applied to base RVU amounts.

- For those HCPCS codes with no published RVUs, WSI makes payment determinations based on the Ingenix regional usual and customary charge data.

- WSI does not make payment reductions for mid-level practitioners (NP, PA, CNS, Nurse Midwife, Clinical Psychologist, LCSW and CRNA).

- WSI does not make payment reductions for radiology services provided by Chiropractors.

- WSI does not incorporate Medicare's payment reductions for the technical portions or professional portions of radiology services when multiple procedures in the same "radiology family" are performed on the same day.

- WSI does not incorporate Medicare's payment reductions for multiple endoscopy procedures. Medicare's multiple surgical procedure payment reductions do apply to multiple endoscopy procedures.

- WSI adopts Medicare's payment reductions for the technical portion of diagnostic radiology services. The payment for the technical portion of diagnostic radiology services under the Medical Fee Schedule is limited to the payment amount under the Hospital Outpatient Fee Schedule.

- WSI assigns one of the following four (4) status codes to each HCPCS code:

A	Active Code	Payment is made 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

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
A	A
B	B
C	C
D	P
E	A, C or P
F	P
G	A
H	P
I	A, C or P
M	P
N	A or C
P	P
R	A or C
T	A or C
X	A, C or P

- WSI incorporates Medicare's "global surgical" periods and global surgical payment policies. Procedures subject to either the 10 or 90 day global periods are those published by Medicare in the annual RVU table. When WSI requests a visit with a patient during a global period, that visit can be paid separately if billed with modifier 32. The following indicators will be assigned to each HCPCS code:

~~000~~	~~No Global Period~~
~~010~~	~~10 Day Global Period~~
~~090~~	~~90 Day Global Period~~

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
000	000
010	010
090	090
MMM	000
XXX	000
YYY	000
ZZZ	000

- WSI utilizes Medicare's percentages for pre-operative, operative and post-operative payments and require the use of the appropriate modifiers (56 – preoperative care only, 54 – surgical care only, 55 – postoperative care only).

- WSI utilizes Medicare's multiple procedure discounts for most procedures. The following indicators are assigned to each HCPCS code:

0	No Adjustment Rules Applied
2	Standard Payment Adjustment Rules Applied

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
0	0
1	0
2	2
3	2
4	0
5	0
6	0
7	0
9	0

- WSI utilizes Medicare's bilateral surgery payment adjustments for services billed with Modifier 50. The following indicators are assigned to each HCPCS code:

0	bilateral procedure payment adjustment does not apply
1	150% bilateral procedure payment adjustment applies

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
0	0
1	1
2	0
3	0
9	0

- WSI utilizes Medicare's assistant at surgery payment policies. The policies apply to both physicians (modifiers 80-82) and mid-levels (modifier AS). WSI allows assistants at surgery

for those HCPCS codes that Medicare has indicated as appropriate for assistant at surgery payments. The following indicators are assigned to each HCPCS code:

1	Assistant at surgery payments are not permitted for this procedure
2	Assistant at surgery payments are permitted for this procedure

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
0	1
1	1
2	2
9	1

- WSI utilizes Medicare's co-surgeon payment policies. WSI allows co-surgeon billings and payment for those HCPCS codes that Medicare has indicated as appropriate for co-surgeon payments. The following indicators are assigned to each appropriate HCPCS code:

0	Co-surgeons are not permitted for this procedure
1	Co-surgeons are permitted for this procedure

The following crosswalk is used:

RVU Table Indicator	WSI Indicator
0	0
1	1
2	1
9	0

- WSI does not utilize Medicare's team surgery payment policy and does not pay for services billed with Modifier 66.

- WSI does not utilize Medicare's bundling provisions that apply to "T" status codes. WSI allows separate payment when reported with other services.

- WSI utilizes the National Correct Coding Initiative (NCCI) edits.

Workforce Safety and Insurance

Medicine Modifiers

WSI accepts all Level I and II modifiers on claim forms. WSI disregards modifiers used for purposes other than payment modifications. When applicable, the modifying circumstance(s) against general guidelines should be identified by the addition of the appropriate modifier code(s). WSI modifies payment for codes billed with the accepted modifiers as follows:

Anesthesia by Surgeon (47)
No reimbursement in addition to base payment

Bilateral Procedure secondary procedure (50)

100% of fee schedule (1st procedure)

50% of fee schedule (2nd procedure)

Multiple Procedures (51)
The major or primary procedure is reimbursed at 100% of fee schedule, any additional procedure is reimbursed at 50% of fee schedule

Discontinued Procedure (53)
The reimbursement rate will be 50% of the fee schedule amount

Surgical Care Only (54)
Medicare's percentage based on individually assigned weights

Postoperative Management only (55)
Medicare's percentage based on individually assigned weights

Pre-Operative Care Only (56)
Medicare's percentage based on individually assigned weights

Distint Procedural Service (59)
100% of fee schedule with the appropriate multiple procedure discounts

Assistant Surgeon (80, 82, AS)
Any Physician or non-physician assisting another physician in surgery is reimbursed at 16% of fee schedule.

Co-Surgeons (62)
Based on allowed indicator, 62.5% of fee schedule for each surgeon, if allowed

Waiver of Liability Statement on file (GA)
No reimbursement allowed. Patient will be responsible for the charges.

Workforce Safety and Insurance

WSI Specific Codes

WSI created the codes found below to allow for billing of WSI specific practices and to replace non-descriptive CPT codes. Providers may use these codes only for services billed to WSI, and only when applicable. The diagram below outlines the code, the intended use for the code, and the reimbursement level for each code.

WSI Code	Code Description	Long Description	Fee Schedule Amount
W0200	Telephone call with employer	A telephone call between a health care provider and employer for issues related to work restrictions -May be billed in addition to the E & M charge -Documentation in the medical notes is required and must include reference to the telephone call and the time spent in the call	$59.09
W0300	WSI Case Manager Visit	A face-to-face discussion with a WSI Medical Case Manager, prior to, during, or after an injured worker office visit -Documentation in the medical notes is required	$108.22
W0310	Vocational Case Managers	A face-to-face discussion with a Vocational Case Manager, prior to, during or after injured worker office visit -Documentation in the medical notes is required	$108.22
W0400	Fluidotherapy.	The application of a modality to one or more areas by a licensed provider -Documentation in the medical notes is required and must specify the body area and time spent in the application	$43.22 per 15 minutes
W0410	Phonopheresis	Application of a modality to one or more areas by a licensed provider -Documentation in the medical notes is required and must specify the body area and time spent in the application	$61.08 per 15 minutes
W0500	Independent Medical Examination	Examination conducted on an injured worker at the request of WSI -A detailed report must be submitted to WSI prior to payment being issued	100% of billed amount

WSI Code	Code Description	Long Description	Fee Schedule Amount
W0510	Independent Medical Examination – no show	Reimbursement for a scheduled IME when injured worker does not present to the IME appointment	100% of billed amount
W0520	Independent Medical Review	A review of injured workers' records - A detailed report must be submitted to WSI prior to payment being issued	100% of billed amount
W0540	Functional Capacity Evaluation	An objective, directly observed, measurement of an injured worker's ability to perform a variety of physical tasks combined with subjective analyses of abilities by the claimant and the evaluator - Includes physical tolerance screening and Blankenship's functional evaluations -A detailed report must be submitted to WSI prior to payment being issued	100% of billed amount
W0545	Functional Capacity Evaluation – no show	Reimbursement for a scheduled FCE when injured worker does not present to the FCE appointment	100% of billed amount
W0550	Job Site Analysis	Report of injured worker's job duties at time of injury -Excludes JA done with the Ergo initiative grant program - A detailed report must be submitted to WSI prior to payment being issued	*100% of billed amount when approved by claims adjuster
W0555	Independent Exercise	Exercise program designed to improve overall cardiovascular, pulmonary, and neuromuscular condition of the injured worker prior to or in conjunction with return to work -Prior authorization is required - A detailed report must be submitted to WSI prior to payment being issued	100% of billed amount
W0560	Permanent Partial Impairment (PPI) Evaluation	A detailed clinical report supporting the percentage rating of injury to whole body impairment and apportionment between work and non-work related if appropriate	100% of billed amount
W0561	PPI medical records review	Review of medical records in conjunction with a PPI evaluation	100% of billed amount

WSI Code	Code Description	Long Description	Fee Schedule Amount
W0562	PPI report	Time spent composing a PPI report	100% of billed amount
W0563	PPI- Travel	Reimbursement for the cost of a PPI evaluator traveling to PPI examination site -Paid per mile - Rate is established each January 1st and reimbursed at US General Services Administration rate	$.575 per mile.
W0564	PPI- Lodging	Reimbursement for the cost of a PPI evaluator's lodging when the evaluator is traveling to PPI examination site - Rate is established each January 1st and reimbursed at US General Service Administration rate	$83.00 per night.
W0565	PPI – Meals	Reimbursement for the cost of a PPI evaluator's meals when the evaluator is traveling to PPI examination site -Rate is established each January 1st and reimbursed at state rates	$35 per day.
W0566	PPI –Facility rental	Cost of facility rental for conducting PPI	100% of billed amount
W0567	PPI – No show	Reimbursement for a scheduled PPI evaluation when the injured worker does not present to the PPI appointment	100% of billed amount

Workforce Safety & Insurance

Assistant Surgery Codes

WSI allows additional reimbursement for certain surgical procedures when the use of an assistant surgeon is medically necessary. A provider must bill the CPT® code using the appropriate assistant surgeon modifier (80, 82, AS). Following is an exclusive list of those procedures for which WSI allows additional reimbursement on when an assistant surgeon is medically necessary:

40701	42699	43281	43496	43773
40702	42725	43282	43500	43774
40799	42810	43283	43501	43775
40840	42815	43289	43502	43800
40843	42844	43300	43510	43810
40844	42845	43305	43520	43820
41120	42890	43310	43605	43825
41130	42892	43312	43610	43830
41135	42894	43313	43611	43831
41140	42950	43314	43620	43832
41145	42953	43320	43621	43840
41150	42955	43325	43622	43843
41153	42961	43327	43631	43845
41155	42971	43328	43632	43846
42120	42972	43330	43633	43847
42200	43020	43331	43634	43848
42205	43030	43332	43635	43850
42210	43045	43333	43640	43855
42215	43100	43334	43641	43860
42220	43101	43335	43644	43865
42225	43107	43336	43645	43870
42226	43108	43337	43647	43880
42227	43112	43338	43648	43881
42235	43113	43340	43651	43882
42260	43116	43341	43652	43886
42299	43117	43351	43653	43887
42409	43118	43352	43659	43888
42410	43121	43360	43753	44005
42415	43122	43361	43754	44010
42420	43123	43400	43755	44015
42425	43124	43401	43756	44020
42426	43130	43405	43757	44021
42440	43135	43410	43770	44025
42507	43279	43415	43771	44050
42510	43280	43425	43772	44055

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49320	49650	50405	50845	51980
49321	49651	50500	50860	51990
49322	49652	50520	50900	51992
49323	49653	50525	50920	53085
49324	49654	50526	50930	53210
49325	49655	50540	50940	53215
49326	49656	50541	50945	53230
49327	49657	50542	50947	53235
49329	49659	50543	50948	53400
49425	49900	50544	50949	53405
49435	49905	50545	51020	53410
49436	50010	50546	51040	53415
49491	50045	50547	51045	53425
49492	50060	50548	51050	53430
49495	50065	50549	51060	53431
49496	50070	50562	51080	53440
49500	50075	50593	51500	53442
49501	50081	50600	51520	53444
49505	50100	50605	51525	53445
49507	50120	50610	51530	53446
49520	50125	50620	51535	53447
49521	50130	50630	51550	53448
49525	50135	50650	51555	53449
49540	50205	50660	51565	53500
49550	50220	50700	51570	53505
49553	50225	50715	51575	53510
49555	50230	50722	51580	53515
49557	50234	50725	51585	54110
49560	50236	50727	51590	54111
49561	50240	50728	51595	54112
49565	50250	50740	51596	54115
49566	50280	50750	51597	54120
49568	50290	50760	51800	54125
49570	50320	50770	51820	54130
49572	50323	50780	51840	54135
49580	50325	50782	51841	54205
49582	50327	50783	51845	54300
49585	50328	50785	51860	54304
49587	50329	50800	51865	54308
49590	50340	50810	51880	54312
49600	50360	50815	51900	54316
49605	50365	50820	51920	54318
49606	50370	50825	51925	54322
49610	50380	50830	51940	54324
49611	50400	50840	51960	54326

54328	55821	57287	58291	58805
54332	55831	57288	58292	58820
54336	55840	57289	58293	58822
54340	55842	57291	58294	58825
54344	55845	57292	58345	58900
54348	55862	57295	58356	58920
54352	55865	57296	58400	58925
54360	55866	57300	58410	58940
54380	56620	57305	58520	58943
54385	56625	57307	58540	58950
54390	56630	57308	58541	58951
54405	56631	57310	58542	58952
54406	56632	57311	58543	58953
54408	56633	57320	58544	58954
54410	56634	57330	58545	58956
54411	56637	57335	58546	58957
54415	56640	57423	58548	58958
54416	56700	57425	58550	58960
54417	56800	57426	58552	58974
54420	56805	57530	58553	58976
54430	56810	57531	58554	59070
54440	57106	57540	58560	59074
54522	57107	57545	58570	59076
54530	57109	57550	58571	59100
54535	57110	57555	58572	59120
54550	57111	57556	58573	59121
54560	57112	57720	58578	59136
54650	57120	58140	58579	59140
54680	57130	58145	58600	59150
54690	57200	58146	58605	59151
54699	57210	58150	58611	59350
55150	57220	58152	58615	59514
55400	57230	58180	58660	59525
55520	57240	58200	58661	59620
55535	57250	58210	58662	59866
55550	57260	58240	58672	59870
55559	57265	58260	58673	59898
55650	57267	58262	58679	59899
55706	57268	58263	58700	60200
55720	57270	58267	58720	60210
55725	57280	58270	58740	60212
55801	57282	58275	58750	60220
55810	57283	58280	58752	60225
55812	57284	58285	58760	60240
55815	57285	58290	58770	60252

60254	61501	61590	61868	63046
60260	61510	61591	61880	63047
60270	61512	61592	62005	63048
60271	61514	61596	62010	63050
60280	61516	61597	62100	63051
60281	61518	61598	62115	63055
60500	61519	61600	62117	63056
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60512	61522	61606	62140	63066
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60605	61537	61616	62161	63085
60650	61538	61618	62162	63086
60659	61539	61619	62163	63087
60699	61540	61630	62164	63088
61140	61541	61635	62180	63090
61154	61543	61680	62192	63091
61156	61544	61682	62200	63101
61250	61545	61684	62220	63102
61253	61546	61686	62223	63103
61304	61548	61690	62230	63170
61305	61550	61692	62256	63172
61312	61552	61697	62258	63173
61313	61556	61698	62351	63180
61314	61557	61700	63001	63182
61315	61558	61702	63003	63185
61320	61559	61703	63005	63190
61321	61563	61705	63011	63191
61322	61564	61708	63012	63194
61330	61566	61711	63015	63195
61332	61567	61796	63016	63196
61333	61570	61797	63017	63197
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61345	61576	61800	63035	63200
61450	61582	61850	63040	63250
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61460	61584	61863	63043	63252
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Workforce Safety & Insurance

Provider Remittance Advice

WSI processes medical bills weekly and releases payments for approved services on Fridays. Along with the reimbursement checks, WSI sends remittance advice, which communicates information to the provider about the service. Information contained on the remittance includes patient name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes explanation of benefits (EOB) codes, to explain any reductions or denials of payment for a service.

Certain EOB codes allow the provider to bill the patient for the denied charges, or for the balance of reduced charges. These codes will identify the cause for the determination and specifically state that the provider may bill the patient. When these EOB codes occur, WSI also sends a "Notice of Non-Payment" EOB to the patient regarding the reduced or denied charges, which informs the patient of their responsibility for the charges.

If an EOB code does not state that a provider may bill the patient, the provider cannot bill the charges for reduced or denied services to the patient, the employer, or another insurer.

Providers can access a complete listing of our EOB codes on our website under the forms library: http://www.workforcesafety.com/library/Documents/other/EOB_Codes.pdf

Providers in need of duplicate remittance advice can request these by contacting our customer service department at 1-800-777-5033.