



North Dakota Workforce
Safety & Insurance

Payment Policy

Medicine

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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

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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.

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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

Distinct 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.

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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	Phonophoresis	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

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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

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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 1 st 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 1 st 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 1 st 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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63267	63707	64837	65756	68720
63268	63709	64840	65770	68745
63270	63710	64857	65781	68750
63271	63740	64858	65900	69155
63272	63741	64859	66170	69320
63273	63744	64861	66172	69530
63275	64490	64862	66174	69550
63276	64491	64864	66175	69552
63277	64492	64865	66179	69554
63278	64493	64866	66180	69605
63280	64494	64868	66183	69670
63281	64495	64872	66184	69711
63282	64580	64874	66185	69725
63283	64704	64876	66220	69740
63285	64708	64885	67027	69745
63286	64712	64886	67036	69805
63287	64713	64890	67039	69820
63290	64714	64891	67040	69840
63295	64716	64892	67041	69915
63300	64722	64893	67042	69950
63301	64732	64895	67043	69955
63302	64736	64896	67107	69960
63303	64738	64897	67108	69970
63304	64740	64898	67112	69990
63305	64742	64901	67113	92992
63306	64746	64902	67121	92993
63307	64755	64905	67255	G0276
63308	64760	64907	67340	G0342
63620	64763	64910	67399	G0343
63621	64766	64911	67413	G0412
63655	64771	65105	67414	G0413
63661	64772	65110	67420	G0414
63662	64786	65112	67430	G0415
63663	64792	65114	67440	
63664	64802	65260	67445	
63685	64804	65265	67450	
63700	64809	65710	67570	
63702	64818	65730	67599	
63704	64835	65750	67973	
63706	64836	65755	67974	

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.