Fee Schedule Guidelines

Ambulance

For use with code range: A0080-A0999

WSI
North Dakota Workforce Safety & Insurance

Revised 7/2016

Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from 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 five character alphanumeric codes included in the North Dakota Fee Schedule are obtained from HCPCS Level II, copyright 2014 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 (NDAC) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The NDAC is accessible at the North Dakota Legislative Council web site:
http://www.state.nd.us/lr/information/acdata/html/92-01.html.

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Ambulance Pricing Methodology

Ambulance Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Ambulance Fee Schedule. The Ambulance 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 provider who renders treatment to a claimant under the jurisdiction of WSI is reimbursed according to the rates assigned in the Ambulance Fee Schedule. Providers can access the complete Fee Schedule by visiting the Medical Provider Fee Schedule section of the WSI website: https://www.workforcesafety.com/fee-schedules.

Status Indicators

WSI assigns one of the following four (4) status indicators to each HCPCS code within the Ambulance Fee Schedule:

Indicator	Description	Pricing Methodology
A	Active Code	Pricing is determined under the applicable WSI Fee Schedule.
B	Bundled Code	Payment is bundled into the payment for other services.
C	Custom Priced Code	Pricing is determined using Usual & Customary or WSI negotiated amounts.
D	Discontinued Code	Codes have been discontinued, effective beginning of calendar year.
P	Excluded Code	No payment is made for these codes.

Calculation of the Reimbursement Rate

For HCPCS codes assigned a status indicator “A”, WSI applies the following formula to determine the maximum allowable reimbursement rate:

Prior Year’s Rate	X	Consumer Price Index-Urban (CPI-U)	=	Reimbursement Rate

For 2016, the CPI-U is 0.1%

Annual Updates

WSI updates the Ambulance Fee Schedule annually based on the CPI-U published by The Centers for Medicare and Medicaid (CMS). WSI applies the increases to the prior year’s payment amount for both ground ambulance services and air ambulance services.

Limitations of the Ambulance Fee Schedule

The payment rates listed on the Ambulance Fee Schedule indicate the maximum 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 maximum allowable payment for approved services. The final payment rate may be impacted by the payment parameters and billing requirements enforced by WSI. Providers are encouraged to carefully review WSI’s Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unneccesary delays and denials of payment.

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Ambulance Payment Parameters

Ambulance 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:

Authorization- Non-emergent ambulance transports require prior authorization. Providers must contact the claims adjuster at 800-777-5033 to request prior authorization of non-emergent ambulance transports. Emergent ambulance transports do not require authorization.

"Lesser of" Payments"- The rates presented on the Ambulance Fee Schedule represent the maximum WSI pays for the services provided; WSI pays the "lesser of" the billed charge or the Fee Schedule amount.

Mileage Adjustments- WSI does not incorporate the current Medicare payment adjustments for rural mileage vs. urban mileage or for extensive mileage.

Modifiers- WSI has adopted the following policy on ambulance modifiers:

WSI requires the use of the GM and QL modifiers.
WSI accepts, but does not require, the use of origin and destination modifiers.
WSI accepts, but does not require, the use of "under arrangement" modifiers.

Multiple Patient Reductions- WSI follows Medicare's payment reduction rules for ambulance runs with multiple patients on board.

NCCI Edits-WSI incorporates all applicable NCCI edits.

Origin Adjustments- WSI does not incorporate the current Medicare adjustments for rural origin vs. urban origin.

Patient Death- WSI follows Medicare's payment provisions when a patient is pronounced dead after the ambulance has been called, but before the ambulance arrives.

Payment Bundling- WSI issues payment for the base service and loaded mileage only. Payment for ambulance supplies, drugs, oxygen, waiting time charges, and miscellaneous services are bundled into the payment for the base service. WSI identifies these services with status indicator "B".

Zip Code Reporting- WSI accepts, but does not require, ZIP Code reporting.

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Ambulance Billing Requirements

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

Bill Form- Providers must submit medical bills for ambulance services on a standard CMS 1500 form or via EDI. WSI excludes hospital-owned ambulance charges from this requirement, and providers may bill these charges on the UB-04 or via EDI.

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

Electronic Billing- Providers wishing to submit bills via EDI should contact Noridian EDI Support Services at 800-967-7902 for assistance.

Paper Billing- Providers may submit bills in red and white paper format only to WSI:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Records- WSI does not consider payment for medical services without verification of the services rendered; therefore, providers must submit all relevant medical records to the address listed above. WSI denies medical bills received without supporting medical documentation.

Bill Status Inquiries- WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills. In addition, WSI requests that the provider allow two (2) months from the date of bill submission before inquiring on bill status. This allows adequate time for WSI to process the bill and for the provider to receive the remittance advice.

Coding- Providers are required to bill using only current and appropriate HCPCS Level II codes for ambulance services.

Fractional Mileage Billing- WSI accepts, but does not require, fractional mileage billing.

Medical Necessity- Providers are required to bill using the same medical necessity guidelines as they use for Medicare.

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 providers to include the NPI at both the rendering provider and billing provider levels.

Non-Emergent Transports- Providers must bill non-emergent (taxi, wheel chair van, stretcher van, mini bus, etc.) transportation on an invoice or voucher.

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

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Ambulance Reimbursement Procedures

Ambulance Reimbursement Procedures outlines how WSI communicates bill processing information and issues payment to medical providers. In addition, it outlines the WSI's requirements for reimbursement. Providers are encouraged to familiarize themselves with WSI's Reimbursement Procedures to reduce repetition of bill processing information and delays in payment.

Provider Registration- Providers must register with WSI in order to receive reimbursement. Providers can register by completing and submitting a W9 form or the Payee Registration and Substitute IRS Form W9.

Payment Address- WSI issues payment to the address as indicated on the applicable payment bill form. If WSI has not received a W9 or Payee Registration and Substitute IRS Form W9 with the address indicated on the bill form, WSI will not issue payment until WSI receives the W9 or Payee Registration and Substitute IRS Form.

Remittance Advice- WSI issues remittance advices for processed medical bills each week on Friday. Providers must refer to the remittance advice for bill status information. Information contained on the remittance advice includes patient name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes reason codes, which explain any reductions or denials of payment for a service. Providers in need of a duplicate remittance advice can request these by contacting our customer service department at 1-800-777-5033.

> **Reason Codes-** Certain reason codes allow the provider to bill the patient for the denied charges, or for the balance of reduced charges. The remittance advice reason codes identify the cause for the determination and specifically state that the provider may bill the patient. When these reason codes occur, WSI also sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charges.
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> **In accordance with North Dakota Administrative Code 92-01-02-45.1, if a reason 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.**

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 the 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 begin withholding the overpayment from future payments.

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

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