Fee Schedule Guidelines

Home Health Care

WSI
North Dakota Workforce Safety & Insurance

January 2024

Notice

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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 (N.D.A.C.) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The complete N.D.A.C. is accessible on the North Dakota Legislative Council website: http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code.

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Home Health Care Pricing Methodology

Home Health Care Fee Schedule Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Home Health Care Fee Schedule. The Home Health Care 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 Home Health Care Fee Schedule.

Status Indicators

WSI assigns one of the following status indicators to each HCPCS code within the Home Health Care Fee Schedule:

Indicator	Description	Pricing Methodology
A	Active Code	Service is payable under the applicable WSI Fee Schedule.
D	Discontinued Code	Service is not payable. Code was discontinued effective beginning of the calendar year.

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	Home Health Market Basket Increase	=	Reimbursement Rate*

For 2024, the Home Health Market Basket Increase is 3.3%.

*WSI rounds the Reimbursement Rates represented on the Home Health Care Fee Schedule to the nearest $0.50. WSI applies the Home Health Market Basket Increase to the prior year's unrounded amounts.

Annual Updates

WSI updates the Home Health Care Fee Schedule each year based on the Home Health Market Basket increase published by Medicare in the Home Health Agency final rule.

Limitations of the Home Health Care Fee Schedule

The payment rates listed on the Home Health Care 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. A provider is 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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Home Health Care Payment Parameters

Home Health Care Payment Parameters outline 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:

Advanced Beneficiary Notice (ABN) – A provider may utilize the ABN form to notify an injured employee of the costs associated with a recommended procedure that is: statutorily excluded from coverage, statutorily limited in quantity, deemed by WSI as not medically necessary to treat the work injury. To identify a charge accompanied with a signed ABN, a provider should append modifier GA to each applicable bill line. A provider should then submit the signed ABN along with the bill and medical documentation to WSI.

Authorization – All Home Health Care services must be authorized by the claims adjuster. A provider may contact the claims adjuster for prior authorization at 800-777-5033.

Clinical Social Worker – WSI requires a provider who performs these services be employed by an agency, and reimbursement is made on a "per visit" basis.

Durable Medical Equipment (DME) – WSI pays for separately allowable DME per the WSI DME fee schedule, if submitted on a separate claim form. A provider should refer to the DME Fee Schedule Guideline for additional information.

Home Health Aide – Home health aide services provided by a Home Health Agency are reimbursed on a "per visit" basis. For information on home health aide services provided by a private individual or entity refer to "Private Duty Home Health Care Services" within this Fee Schedule Guideline. For information on home health aide services approved at an hourly rate basis, refer to "Hourly Rate Payments" within this Fee Schedule Guideline.

Home IV Services – WSI requires a provider who performs home IV services be employed by an agency. WSI reimburses these services at the established Home Health Aide "per visit" rate, in addition to the reimbursement for that day's visit.

Homemaking Services – A home health agency, a private individual, or a private entity may provide homemaking services. The hourly rate of reimbursement for homemaking services is $14.50.

"Hourly Rate" Payments – A WSI claim adjuster may approve payment of certain home health care services at an hourly rate when the expected length of the visit is, on the average, greater than three hours. All services submitted for reimbursement at an hourly rate must be pre-approved as such by the claims adjuster.

"Lesser of" Payments" – The rates listed on the Home Health Fee Schedule represent the maximum amount payable for services rendered. WSI pays the "lesser of" the billed charge or the Fee Schedule amount. This is done at the line level rather than the bill level.

NCCI Edits – WSI incorporates all applicable NCCI edits.

Physical and Occupational Therapy – WSI requires a provider who performs physical or occupational therapy services in the home be employed by or contracted with a Home Health Agency. Reimbursement for these services is on a "per visit" basis. After an initial or post-surgical window period of 10 visits or 60 days of care, whichever comes first, further home health care physical or occupation therapy services will require prior authorization from the Utilization Review department, which may be requested by completing the UR-C form.

Private Duty Home Health Care Services – A private individual or entity (i.e., not a licensed Home Health Agency) may provide home health aid and homemaking services to an injured employee if the claims adjuster pre-approves the service(s). If approved, submit the bill for services rendered on the Request for Payment for Home Health Care form. Reimbursement for these services is as follows:

- **Credentialed Home Health Aide** – The hourly rate of reimbursement is $27.50.
- **Non-Credentialed Home Health Aide** – The hourly rate of reimbursement is $20.50.
- **Homemaking Services** – The hourly rate of reimbursement is $14.50.

Skilled Nursing – WSI requires a provider who performs skilled nursing services in the home be employed by a Home Health Agency and reimburses for these services on a "per visit" basis. For information on skilled nursing services approved at an hourly rate basis, refer to "Hourly Rate Payments" within this Fee Schedule Guideline.

Supplies – WSI packages the payment for supplies into the payment for the home health care services present on the Home Health Care Fee Schedule.

Speech Language Pathology – WSI requires a provider who performs speech language pathology services be employed by a Home Health Agency and reimburses for these services on a "per visit" basis.

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Home Health Care Billing Requirements

Home Health Care Billing Requirements outline the rules for billing adopted by WSI. WSI returns or denies inappropriately submitted bills. WSI notifies a provider of inappropriately submitted bills via a return letter or remittance advice. A provider must correct any returned bills prior to resubmission.

Bill Form – A Home Health Care agency provider must submit medical bills for home health care services on a standard CMS 1500 form, UB-04, or via EDI. A non-agency home health care provider must submit a request for the reimbursement of applicable home health care services on a voucher or invoice.

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

Electronic Billing – A provider submitting more than 50 bills per year to WSI must send charges electronically through Carisk Intelligent Clearinghouse. This option allows for the electronic submission of professional (837p) and institutional (837i) charges along with supporting medical documentation. Contact Carisk at 888-238-4792 for additional information.

Paper Billing – A provider submitting less than 50 bills per year to WSI may send charges in red and white paper format with supporting medical documentation at the following address:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Clinical Social Worker – The HCPCS codes used to bill for these services reflect “each 15 minutes”; however, a provider must bill these codes as “per visit” codes as WSI pays for them on a “per visit” basis.

Coding – A provider is required to bill using only current and appropriate HCPCS codes.

Home Health Aide – The HCPCS codes used to bill for these services reflect “each 15 minutes”; however, a provider must bill these codes as “per visit” codes as WSI pays for them on a “per visit” basis. For information on home health aide services provided by private individuals or entities, a provider should refer to “Private Duty Home Health Care Services”. For information on home health aide services approved at an hourly rate basis, refer to “Hourly Rate Payments” within this Fee Schedule Guideline.

Homemaking Services – Homemaking services may only be submitted to WSI for reimbursement on the Request for Payment for Home Health Care form.

Hourly Rate Payments – A credentialed provider employed through an agency with approval for hourly rate payments may bill on the CMS-1500 or UB-04 using HCPCS codes S9122-S9124. For information on private duty services, refer to “Private Duty Home Health Care Services” within this Fee Schedule Guideline.

Physical and Occupational Therapy – The HCPCS codes used to bill for these services reflect “each 15 minutes”; however, a provider must bill these codes as “per visit” codes as WSI pays for them on a “per visit” basis.

Private Duty Home Health Care Services – Private duty home health care services (both credentialed and non-credentialed) may only be submitted to WSI for reimbursement on the Request for Payment for Home Health Care form.

Medical Documentation – A provider must submit medical documentation to support all billed charges. WSI's Documentation Policies are available for detailed information on documentation requirements.

Medical Necessity – A provider is required to bill using the same medical necessity guidelines used 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 a provider to include the NPI at both the rendering provider and billing provider levels.

Skilled Nursing – The HCPCS codes used to bill for these services reflect "each 15 minutes"; however, a provider must bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis. For information on skilled nursing services approved at an hourly rate basis, refer to "Hourly Rate Payments" within this Fee Schedule Guideline.

Speech Language Pathology – The HCPCS codes used to bill for these services reflect "each 15 minutes"; however, a provider must bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis.

Timely Filing – A provider must submit bills to WSI within 365 days of the date of service.

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Home Health Care Reimbursement Procedures

Home Health Care Reimbursement Procedures outline how WSI communicates bill processing information and issues payment to a medical provider. In addition, it outlines WSI requirements for reimbursement. A provider is encouraged to follow WSI Reimbursement Procedures to prevent delays in the payment processing of medical charges submitted to WSI.

Provider Registration – Prior to reimbursement for treatment, a provider is required to register the applicable Billing NPIs with WSI by completing the Medical Provider Payee Registration form. For additional information, visit the Provider Registration section of WSI's website.

Payment Address – WSI issues payment to the Pay-to Address registered on the Medical Provider Payee Registration form, regardless of the address submitted on the bill form. To update a payment address, a provider must resubmit the registration form for each applicable Billing NPI.

Remittance Advice – WSI issues remittance advices for processed medical bills each Friday. The remittance advice includes important information about a medical charge, including: patient name, date of service, procedure billed, billed amount, paid amount, and remittance advice reason codes. A provider should refer to the How to Read the WSI Remittance Advice document for assistance with interpretation of the remittance advice. This reference includes a sample remittance advice, along with definitions for significant fields within the remittance advice. Contact customer service at 1-800-777-5033 with questions or to obtain a duplicate remittance advice.

Reason Codes – The WSI Remittance Advice Reason Codes document provides a comprehensive listing and description of the reason codes utilized by WSI. Each reason code identifies a cause for the adjudication of a medical charge and specifies whether a provider may bill a patient. When a reason code specifies a provider may bill a patient, WSI sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charge. In accordance with North Dakota Administrative Code 92-01-02-45.1, if a reason code does not state that a provider may bill a patient, the provider cannot bill the charge for the reduced or denied service to the patient, the employer, or another insurer.

Bill Status Inquiries – Bill status information is available 24/7 via myWSI. The Provider Bill Status application permits a registered user to view bill receipt status and processing details as well as export results. For access, a practice must submit a myWSI Portal Registration (M14) form for each group/billing NPI. With the availability of this resource, a provider or their TPA will not need to contact WSI via phone or email to inquire on the status of a billed charge.

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 a 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 withhold the overpayment from future payments.

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

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