Fee Schedule Guidelines

Home Health Care

WSI
North Dakota Workforce Safety & Insurance

January 2018

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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 2018, the Home Health Market Basket Increase is 2.5%.

*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 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- 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.

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. WSI reimburses for homemaking services on an "hourly rate" basis.

"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 prior approved as such by the claims adjuster.

"Lesser of" Payments- The rates listed on the Home Health Care Fee Schedule represent the maximum amount payable for services rendered. WSI pays the "lesser of" the billed charge or the Fee Schedule amount.

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, and issues reimbursement for these services on a "per visit" basis.

Private Duty Home Health Care Services- Home health aide and homemaking services may be provided to an injured worker by a private individual or entity (i.e., not licensed as a Home Health Agency), whether credentialed or non-credentialed.

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.

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 outlines 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 may submit medical charges via EDI through one of WSI's clearinghouses:

- **iHCFA:** This option allows a provider to submit professional (CMS-1500/837p) charges along with supporting medical documentation. Contact iHCFA EDI Support Services at 973-795-1641 (option 2) for additional information.
- **Noridian:** This option allows a provider to submit professional (CMS-1500/837p) and institutional (UB-04/837i) charges without medical documentation attachment through Noridian. A provider must mail all supporting medical documentation to WSI at the address provided below or fax it to 701-328-3793. Contact Noridian EDI Support Services at 800-967-7902 for additional information.

Paper Billing- A provider may submit bills in red and white paper format with supporting medical documentation to WSI at the following address:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Clinical Social Worker- WSI has assigned Clinical Social Work services a Code Use Indicator of "1" on the Home Health Care Fee Schedule. 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.

Code Use Indicator- In order to allow payment on the Home Health Care Fee Schedule according to the Calculation of Reimbursement Rate assigned in the Home Health Care Pricing Methodology, WSI has altered the intervals at which the HCPCS codes found within the Home Health Care Fee Schedule should be billed. A provider should refer to the Home Health Fee Schedule, located on page 10, for additional information.

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

Home Health Aide- WSI has assigned Home Health Aide services a Code Use Indicator of "1" on the Home Health Care Fee Schedule. 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".

Home IV Services- WSI has assigned home IV services a Code Use Indicator of "3" on the Home Health Care Fee Schedule. The HCPCS codes used to bill for these services reflect "per diem"; however, a provider should bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis.

Homemaking Services- WSI has assigned Homemaking services a Code Use Indicator of "2" on the Home Health Care Fee Schedule. A Provider must bill for this service using revenue code (589) as a "per hour" code as WSI pays for this service on a "per hour" basis.

"Hourly Rate" Payments- WSI has assigned "Hourly Rate" services a Code Use Indicator of "2" on the Home Health Care Fee Schedule. For credentialed services, a provider approved for hourly rate services must bill using revenue code 572 or HCPCS code G0156. The HCPCS codes used to bill for this service reflects "each 15 minutes"; however, a provider should bill this code as a "per hour" code as WSI pays for it on a "per hour" basis. For non-credentialed services, a provider approved for hourly rate services must bill using revenue code 582.

Physical and Occupational Therapy- WSI has assigned Physical and Occupational Therapy services a Code Use Indicator of "1" on the Home Health Care Fee Schedule. 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- WSI has assigned Private Duty Home Health Care services a Code Use Indicator of "2" on the Home Health Care Fee Schedule. WSI pays for these services based on an hourly rate. For credentialed services, a provider approved for hourly rate services must bill using revenue code 572 or HCPCS code G0156. The HCPCS codes used to bill for this service reflects "each 15 minutes"; however, a provider should bill this code as a "per hour" code as WSI pays for it on a "per hour" basis. For non-credentialed services, a provider approved for hourly rate services must bill using revenue code 582.

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- WSI has assigned Skilled Nursing services a Code Use Indicator of "1" on the Home Health Care Fee Schedule. 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.

Speech Language Pathology- WSI has assigned Speech Language Pathology services a Code Use Indicator of “1” on the Home Health Care Fee Schedule. 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 outlines 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 with WSI. To register, complete the Payee Registration and Substitute W-9 form.

Payment Address- The remittance address submitted on the provider registration form must match the address submitted on the CMS-1500 box 33 or UB 04 box 2. In the event the address submitted on a bill does not match the registered address, WSI will return the bill.

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- A provider must refer to the WSI Remittance Advice for bill status information when possible. WSI requests a provider allow 2 months from the date of bill submission prior to contacting WSI for bill status, which permits adequate time for bill receipt, bill processing, and payment and/or remittance advice mailing. WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills that do not meet the above requirements.

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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Home Health Care Fee Schedule

HCPCS Code	Revenue Code	Status Indicator	Code Use Indicator	Payment Amount
G0151	421	A	1	182.50
G0152	431	A	1	184.00
G0153	441	A	1	198.50
G0299	551	A	1	167.00
G0300	551	A	1	167.00
G0299	552	A	2	66.00
G0300	552	A	2	66.00
G0155	561	A	1	267.50
G0156	571	A	1	75.50
G0156*	572*	A	2	23.00
G0157	421	A	1	182.50
G0158	431	A	1	184.00
G0159	421	A	1	182.50
G0160	431	A	1	184.00
G0161	441	A	1	198.50
G0162	551	A	1	167.00
G0493	551	A	1	167.00
G0494	551	A	1	167.00
G0495	551	A	1	167.00
G0496	551	A	1	167.00
N/A**	582**	A	N/A	17.00
N/A***	589***	A	N/A	12.00
S5130	572	A	2	12.00
S9122	571, 572	A	3	75.50
S9123	551, 552	A	3	167.00
S9124	551, 552	A	3	167.00
S9129	431, 432	A	4	184.00
S9131	421, 422	A	4	182.50

* A provider should use this HCPCS code and revenue code to bill for hourly, credentialed services
** A provider should use this revenue code to bill for hourly, non-credentialed services
*** A provider should use this revenue code to bill for hourly homemaking services

Code Use Indicator	Description
1	The HCPCS code used to bill for these services reflects "each 15 minutes"; however, a provider should bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis. The payment amount displayed above reflects a "per visit" rate of reimbursement.
2	The HCPCS code used to bill for these services reflects "each 15 minutes"; however, a provider should bill these codes as "per hour" codes as WSI pays for them on a "per hour" basis. The payment amount displayed above reflects an hourly rate of reimbursement.
3	The HCPCS code used to bill for these services reflects "per hour"; however, a provider should bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis. The payment amount displayed above reflects a "per visit" rate of reimbursement.
4	The HCPCS code used to bill for these services reflects "per diem"; however, a provider should bill these codes as "per visit" codes as WSI pays for them on a "per visit" basis. The payment amount displayed above reflects a "per visit" rate of reimbursement.

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