

Fee Schedule Guidelines

Home Health

Care

For use with the following codes: G0151-G0164 &
S9122-S9502

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).

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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 (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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North Dakota Workforce Safety & Insurance 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 four (4) status indicators to each HCPCS code within the Home Health Care 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:

$$\text{Prior Year's Rate} \quad \times \quad \begin{array}{c} \text{Home Health} \\ \text{Market Basket} \\ \text{Increase} \end{array} \quad = \quad \text{Reimbursement Rate}^*$$

For 2016, the Home Health Market Basket Increase is 2.3%.

*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. Providers are encouraged to carefully review WSI's Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unnecessary delays and denials of payment.

North Dakota Workforce Safety & Insurance

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. Providers may contact the claims adjuster for prior authorization at 800-777-5033.

Clinical Social Worker- WSI requires providers who perform 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. Providers should refer to the DME Payment Policy 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 private individuals or entities, providers should refer to "Private Duty Home Health Care Services".

Home IV Services- WSI requires providers who perform these 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- Home Health Agencies and private individuals or entities may provide homemaking services, and WSI reimburses for them on an "hourly rate" basis.

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

"Lesser of" Payments- The rates presented on the Home Health Care Fee Schedule represent the maximum WSI pays for the services provided; 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 providers who perform these services be employed by or contracted with a Home Health Agency, and reimburses for them on a "per visit" basis.

Private Duty Home Health Care Services- Certain Home Health Care services (home health aide and homemaking services) may be provided to claimants by private individuals or entities (i.e., not licensed as a Home Health Agency), whether credentialed or non-credentialed. The implementation of the Home Care Fee Schedule does not change WSI policy that only certain services may be "purchased" by a claimant from a private individual or entity not licensed as a Home Health Agency.

Skilled Nursing- WSI requires providers who perform these services be employed by a Home Health Agency, and reimburses for them on a “per visit” basis.

Supplies- WSI packages the payment for supplies into the payment for the per visit services or the per hour services noted above.

Speech Language Pathology- WSI requires providers who perform these services be employed by a Home Health Agency, and reimburses for them on a “per visit” basis.

North Dakota Workforce Safety & Insurance

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 providers of inappropriately submitted bills via a return letter or remittance advice. Providers must correct any returned bills prior to resubmission.

Bill Form- Agency providers must submit medical bills for home health care services on a standard CMS 1500 form, UB-04, or via EDI. Non-agency providers must submit for applicable home health care services on a voucher or invoice.

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.

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, providers 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. Providers should refer to the [Home Health Fee Schedule](#), located on page 10, for additional information.

Coding- Providers are 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, providers 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, providers 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, providers 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. Providers 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, providers 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, providers should bill this code as a “per hour” code as WSI pays for it on a “per hour” basis. For non-credentialed services, providers 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, providers 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, providers 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, providers should bill this code as a “per hour” code as WSI pays for it on a “per hour” basis. For non-credentialed services, providers approved for hourly rate services must bill using revenue code 582.

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.

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, providers 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, providers must bill these codes as “per visit” codes as WSI pays for them on a “per visit” basis.

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

North Dakota Workforce Safety & Insurance

Home Health Care Reimbursement Procedures

Home Health Care 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.

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.

North Dakota Workforce Safety & Insurance Home Health Care Fee Schedule

HCPCS Code	Revenue Code	Status Indicator	Code Use Indicator	Payment Amount
99601	570, 571	A		72.00
99602	570, 571	A		30.00
G0151	421	A	1	173.50
G0152	431	A	1	174.50
G0153	441	A	1	188.50
G0154	551	D	N/A	0.00
G0154	552	D	N/A	0.00
G0155	561	A	1	254.00
G0156	571	A	1	72.00
G0156*	572*	A	2	22.00
G0157	421	A	1	173.50
G0158	431	A	1	174.50
G0159	421	A	1	173.50
G0160	431	A	1	174.50
G0161	441	A	1	188.50
G0162	551	A	1	158.50
G0163	551	A	1	158.50
G0164	551	A	1	158.50
G0299	551	A	1	158.50
G0299	552	A	2	63.00
G0300	551	A	1	158.50
G0300	552	A	2	63.00
N/A**	582**	A	N/A	16.00
N/A***	589***	A	N/A	11.50
S9122	571, 572	A	3	72.00
S9123	551, 552	A	3	158.50
S9124	551, 552	A	3	158.50
S9129	431, 432	A	4	174.50
S9131	421, 422	A	4	173.50

Code Use Indicator	Description
1	The HCPCS code used to bill for these services reflects "each 15 minutes"; however, providers 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, providers 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, providers 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, providers 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.



**North Dakota Workforce
Safety & Insurance**

1600 E Century Ave, Suite 1
PO Box 5585
Bismarck, ND 58506-5585
701-328-3800
800-777-5033
Fax: 701-328-3820

www.workforcesafety.com

WSI's UR Department
701-328-5990
1-888-777-5871
Fax: 701-328-3820