

**Fee Schedule Guidelines**

# **Physician- Administered Drugs**



**North Dakota Workforce  
Safety & Insurance**

January 2026

## Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2025 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 2025 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](http://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): <http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code>.

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## North Dakota Workforce Safety & Insurance

### Physician-Administered Drug Pricing Methodology

Physician-Administered Drug Fee Schedule Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Physician-Administered Drug Fee Schedule. The Physician-Administered Drug 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 WSI Fee Schedule. A provider may access the complete [Physician-Administered Drug Fee Schedule](#) and other resources referenced within this document by visiting the Medical Provider section of the WSI website: [www.workforcesafety.com](http://www.workforcesafety.com).

#### Status Codes

WSI assigns one of the following status indicators to each HCPCS code within the Physician-Administered Drug Fee Schedule:

Indicator	Description	Pricing Methodology
A	Active Code	Service is payable under the applicable WSI Fee Schedule.
B	Packaged Code	Service is not separately payable. Payment is packaged into the payment for another service.
C	Custom Priced Code	Service is payable using usual and customary or WSI-negotiated rates.
D	Discontinued Code	Service is not payable. Code was discontinued effective beginning of the calendar year.
P	Excluded Code	Service is not payable under the WSI Fee Schedule.

#### Calculation of the Reimbursement Rate

- WSI prices drugs billed with HCPCS (Healthcare Common Procedure Coding System) codes listed in the Medicare Part B ASP Drug Pricing file at 105% of the Medicare payment limit amount. WSI identifies these codes with status indicator “A”.
- WSI prices drugs administered in conjunction with the use of approved Durable Medical Equipment at 105% of the Medicare DME Infusion Limit amount listed in the Medicare Part B ASP Drug Pricing file. WSI identifies these codes with status indicator “A”.
- WSI prices drugs billed with HCPCS codes not listed in the Medicare Part B ASP Drug Pricing file at the 50<sup>th</sup> percentile of the Ingenix usual and customary database for the geographic area. WSI identifies these codes with status indicator “C”.
- WSI prices drugs billed with HCPCS codes not listed in either the Medicare Part B Drug ASP Pricing file or the usual and customary database for the geographic area at 85% of billed charges. WSI identifies these codes with status indicator “C”.
- WSI prices drugs billed with an “unclassified” HCPCS code not listed in the Medicare Part B NOC ASP Drug Pricing file at 85% of billed charges. WSI identifies these codes with status indicator “C”.

**Annual Updates**

WSI updates the Physician-Administered Drug Fee Schedule on a quarterly basis, as quarterly updates to the Medicare Part B Drug Average Sales Price files become available.

**Limitations of the Physician-Administered Drug Fee Schedule**

The payment rates listed on the Physician-Administered Drug 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 unnecessary delays and denials of payment.

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### Physician-Administered Drug Payment Parameters

Physician-Administered Drug 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** – A provider should refer to the [Utilization Review Guide](#) for information on WSI prior authorization requirements.

**“Lesser of” Payments** – The rates listed on the Physician-Administered Drug 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.

**Payment Packaging** – WSI packages the payment of HCPCS codes assigned a status indicator “B” into the pricing for other related services.

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### Physician-Administered Drug Billing Requirements

Physician-Administered Drug 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 provider must submit medical bills for physician-administered drugs on a standard CMS 1500 form or via EDI.

**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

**Coding** – A provider is required to bill using only current and appropriate HCPCS Level 1 (CPT) and HCPCS Level II codes for physician-administered drug services.

**Discarded Drugs/Biologicals** – In the event a provider discards a portion of a separately payable drug or biological, a provider may bill for the entire amount of drug. To be eligible for payment, a provider must:

- Clearly document the amount of drug administered
- Clearly document the amount of drug discarded or wasted
- Bill the amount of drug administered as a single line item
- Bill the amount of drug discarded as a single line item with modifier -JW

**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

**Modifier Usage** – A provider must bill drugs administered in conjunction with the use of approved DME using modifier “KD”.

**National Provider Identification (NPI)** – WSI requires entities who are eligible for NPI to be registered with the National Plan & Provider Enumeration System. When applicable, WSI requires a provider to include the NPI at both the rendering provider and billing provider levels.

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

**Unclassified or Unlisted Codes** – A provider must bill unclassified drugs using HCPCS codes J3490, J3590, or C9399 as appropriate.



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### Physician-Administered Drug Reimbursement Procedures

Physician-Administered Drug Reimbursement Procedures outline how WSI communicates bill processing information and issues payment to a 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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