Highlights: 2020 Hospital Inpatient and Professional Provider Fee Schedules

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Objectives

- Access online fee schedules
- Understand key changes for 2020
  - Hospital Inpatient Services
  - Professional Provider and Medical Services
- Review skilled nursing facilities (SNF) updates
  - New short term, post-acute SNF code
  - Policy
Where do I find BWC’s fee schedule?
Accessing Online Fee Schedules

Making workplaces safer; Helping injured workers recover; Providing service and savings for Ohio businesses.
Accessing Online Fee Schedules

Provider

- Understanding the Provider
- Network
- Reporting Injuries
- Providing Medical Treatment
- Understanding Medical Management
- Pharmacy Benefits
- Billing and Reimbursement

Find a fee schedule

Billing and reimbursement
User Agreement

- Review terms and scroll down to the agreement.

This agreement will terminate upon notice if you violate its term. The AMA is a third party beneficiary to the agreement.

Should the forgoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by clicking I accept.

I accept the terms of the above agreement and want to use the Fee schedule look-up.

I accept the terms of the above agreement and want to view, download and print a copy of the fee schedule.
Access All Fee Schedules

- Current, proposed and expired fee schedules
- Word and Excel formats
Fee Schedule Look-Up

- View current **professional provider fees** by code

Fee schedule look-up

The fees in this table are for services rendered under BWC’s current Professional Provider Medical Services Fee Schedule. The table also contains fees for services where just the professional or technical components were rendered. To look up fees from previous schedules or to see the effective date of the current fee schedule, visit our Fee schedules page.

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Please enter the procedure codes and click **search**.

![Procedure Code](99213)
## Fee Schedule Look-Up

**OhioBWC - Provider - Service:** (Fee Schedule look-up) - Results

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Non-Facility Fee</th>
<th>Facility Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>--</td>
<td>$100.31</td>
<td>$71.91</td>
</tr>
<tr>
<td>99213</td>
<td>95</td>
<td>$100.31</td>
<td>$71.91</td>
</tr>
</tbody>
</table>
Hospital Inpatient Services
Hospital Inpatient Services

- Ohio Administrative Code (OAC) 4123-6-37.1
- Effective for discharge dates on/after Feb. 1 of each year
- Updated yearly
  - Rates effective for the entire rate year
  - No quarterly updates adopted
Hospital Inpatient Services

- Reimbursement based on BWC provider type

<table>
<thead>
<tr>
<th>Facility enrollment type</th>
<th>Reimbursement methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 34 Acute Care Hospital</td>
<td>Medicare’s Inpatient Prospective Payment System (IPPS) based methodology (i.e., MS-DRG methodology with BWC adjustments)</td>
</tr>
<tr>
<td>Type 35 Detoxification Hospital</td>
<td>All-inclusive per diem in accordance with Rule 4123-6-21.7, <em>Utilization of opioids in the subacute or chronic phases of pain treatment for a work-related injury or occupational disease</em></td>
</tr>
<tr>
<td>Type 36 Psychiatric Hospital</td>
<td>IPPS-exempt methodology</td>
</tr>
<tr>
<td>Type 37 Rehabilitation Hospital</td>
<td>IPPS-exempt methodology</td>
</tr>
</tbody>
</table>
Type 34 – Acute Care Hospitals

- 2020 payment adjustment factor (PAF) = 1.127 applied to:
  - Medicare IPPS rates.
  - Direct graduate medical education (DGME) per diem.

\[
\text{Medicare Diagnosis Related Group (DRG) payment} \times \text{BWC PAF}
\]
Type 34 – Acute Care Hospitals

- Payments not subject to PAF
  - Outlier add-on payment
  - New technology add-on payment

\[(\text{Medicare DRG payment } \times \text{PAF}) + \text{outlier add on}\]

\[(\text{Medicare DRG payment } \times \text{PAF}) + \text{new technology add on}\]
Type 34 – Acute Care Hospitals

- Important Reminders
  - Medicare quarterly updates are not adopted
    - July 2019 cost-to-charge ratios (CCRs)
Type 36 – Psychiatric
Type 37 - Rehabilitation Hospitals

- Reimbursement is 114% of cost for each bill.

\[ \text{Allowed charges} \times \text{hospital CCR} \times 1.14 \]

(Capped at 70% of charges)
Inpatient Detox Services
Payment Options

- OAC 4123-6-21.7 and related policy
- Type 34 - IPPS methodology
- Type 35 - Detox per diem methodology
- Type 36 - IPPS exempt methodology
Type 35 – Detox Hospitals

- Per diem rates are all-inclusive for facility services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Revenue Code</th>
<th>Per Diem Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute inpatient detoxification services</td>
<td>0126</td>
<td>$786</td>
</tr>
<tr>
<td>Subacute inpatient detoxification services</td>
<td>1002</td>
<td>$597</td>
</tr>
</tbody>
</table>
Revenue Code Coverage

- Excerpt from Table 2 of the rule appendix

<table>
<thead>
<tr>
<th>General Category</th>
<th>Code Category</th>
<th>Code</th>
<th>Revenue Code</th>
<th>Revenue Code Description</th>
<th>Inpatient Coverage Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance - PPS</td>
<td>002</td>
<td>0022</td>
<td>Skilled Nursing Facility PPS</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0023</td>
<td>0023</td>
<td>Home Health PPS</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0024</td>
<td>0024</td>
<td>Inpatient Rehabilitation Facility PPS</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td>All Inclusive Rate</td>
<td>010</td>
<td>0100</td>
<td>All-inclusive Room and Board Plus Ancillary</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0101</td>
<td>All-Inclusive Room and Board</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Room &amp; Board - Private (Medical or General)</td>
<td>011</td>
<td>0110</td>
<td>General Classification</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0111</td>
<td>0111</td>
<td>Medical/Surgical/Gyn</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>
One and Three-Day Window

- BWC follows Medicare’s payment window policies for outpatient services followed by inpatient admission.
- Policy details can be found in Medicare’s Claims Processing Manual and in other resources.
2020 Professional Provider and Medical Services Fee Schedule

- OAC 4123-6-08
- Effective for dates of service on or after 01/01/2020
- Updated annually
What is on the Professional Provider Fee Schedule?

- Preamble
- Fees
- Always Therapy
- Medically Unlikely Edits
- Anesthesia Base Units
Fee Schedule Tabs
Preamble

- Coverage statuses
  - Not routinely covered (NRC)
  - By report (BR)
- Reimbursement impact modifiers
  - Modifier AS
  - Modifier 54
- Multiple procedure methodologies
- Non-physician practitioner reimbursement
Fees Tab

- Codes
- Code modifier combinations
- Descriptions for BWC local codes
- Current coverages
- Current rates
Always Therapy Tab

- Codes that are eligible for always therapy methodology
- Rates available for initial and subsequent services
Medically Unlikely Edits

- Defined as number of units that would be billed in **most** circumstances
- Verbiage update from max unit to medically unlikely edit (MUE)
- Can be overridden when medical documentation supports necessity
Anesthesia Base Units

- Anesthesia codes and their related base units per procedure
- Reminder: Providers should not be including these units in the number of units they submit for billing.
  - These are applied by BWC.
2020 Professional Provider Fee Schedule Key Changes
Incontinence Supplies

- S5199 - Personal care item, NOS
  - Expired: Dec. 31, 2019

- A4335 - Incontinence supplies, misc.
  - For supplies indicated for incontinence

- A9286 - Hygienic item or device, disposable or non-disposable, any type
  - For supplies not indicated for incontinence
  - Example: Wound care
Chiropractic or Osteopathic Manipulation Services in Multiple Claims

- **PC/SC modifier**
  - PC-CMT or OMT services in primary claim
  - SC-CMT or OMT services in secondary claim
- Reimbursement made at 50% of the fee schedule amount per claim
- Policy located in the [Billing and Reimbursement Manual](#)
Nursing Home and Assisted Living Services Updates
Important Changes for 2020

- Addition of new short term, post-acute SNF services code to the fee schedule
- Related updates to the Nursing Home and Assisted Living Services Policy (Policy # BRM-01)
Short Term Post-Acute SNF Services

- New BWC local level code
  - W0171 - Short term post-acute SNF services, all-inclusive per diem
  - SNF care immediately following an inpatient admission
  - Follow-up treatment of the conditions that necessitated the inpatient admission
Short Term Post-Acute SNF Services

- Prior Authorization
  - Authorization period limited to 30 days
  - Additional days may be approved when medically necessary
Short Term Post-Acute SNF Services

- Billing and Reimbursement
  - All-inclusive per diem rate
  - Pursuant to OAC 4123-6-10, reimbursement may be negotiated
  - Medicare SNF Patient Driven Payment Model (PDPM) rate basis for reimbursement negotiations
- PDPM adjustments will be considered
Short Term Post-Acute SNF Services

- Medicare PDPM HIPPS code and corresponding PDPM rate
  - Communicate to the MCO to facilitate negotiations.
  - Must be documented in the medical record.
Short Term Post-Acute SNF Services

- For changes that would impact reimbursement, managed care organizations (MCOs) must be notified of a change in the injured worker’s care needs within **six business days**.
  - MCOs’ medical-management responsibilities
  - Possible re-negotiation of reimbursement rate
Check www.bwc.ohio.gov for an updated nursing home and assisted living policy in the coming weeks.
Questions
BWC Contacts

Contact information following today’s webinar

- BWCPProviderContactCenter@bwc.state.oh.us
- 1-800-477-2292
- Via chat from our website, www.bwc.ohio.gov
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