

Highlights: 2020 Hospital Inpatient and Professional Provider Fee Schedules

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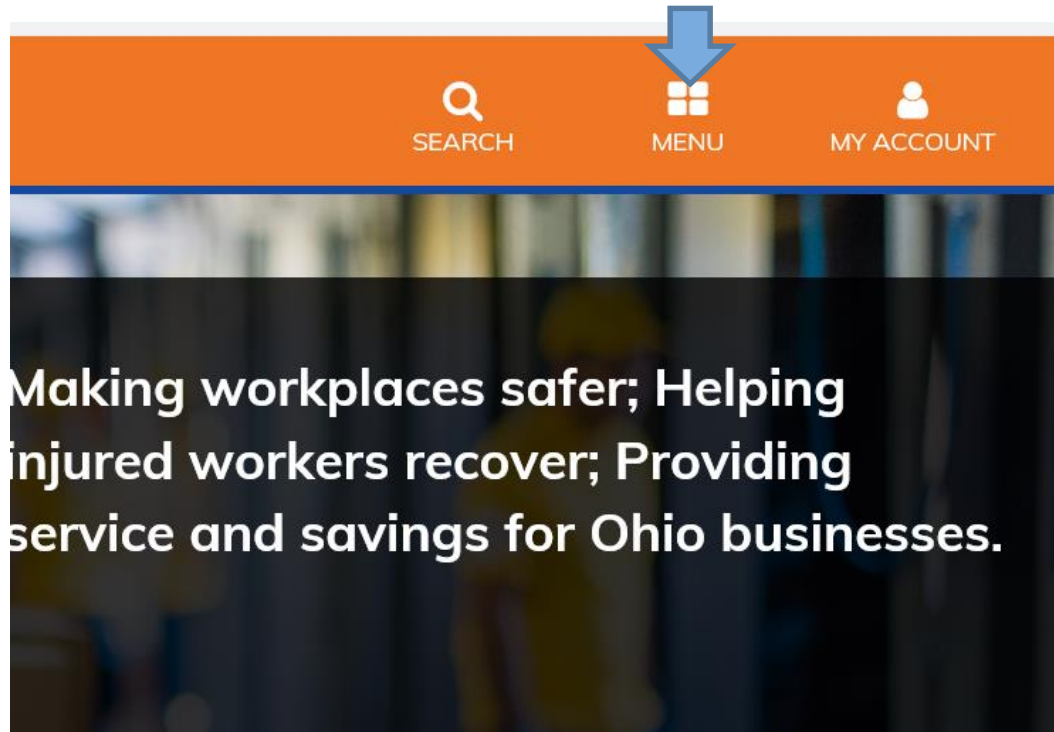
Objectives

- 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

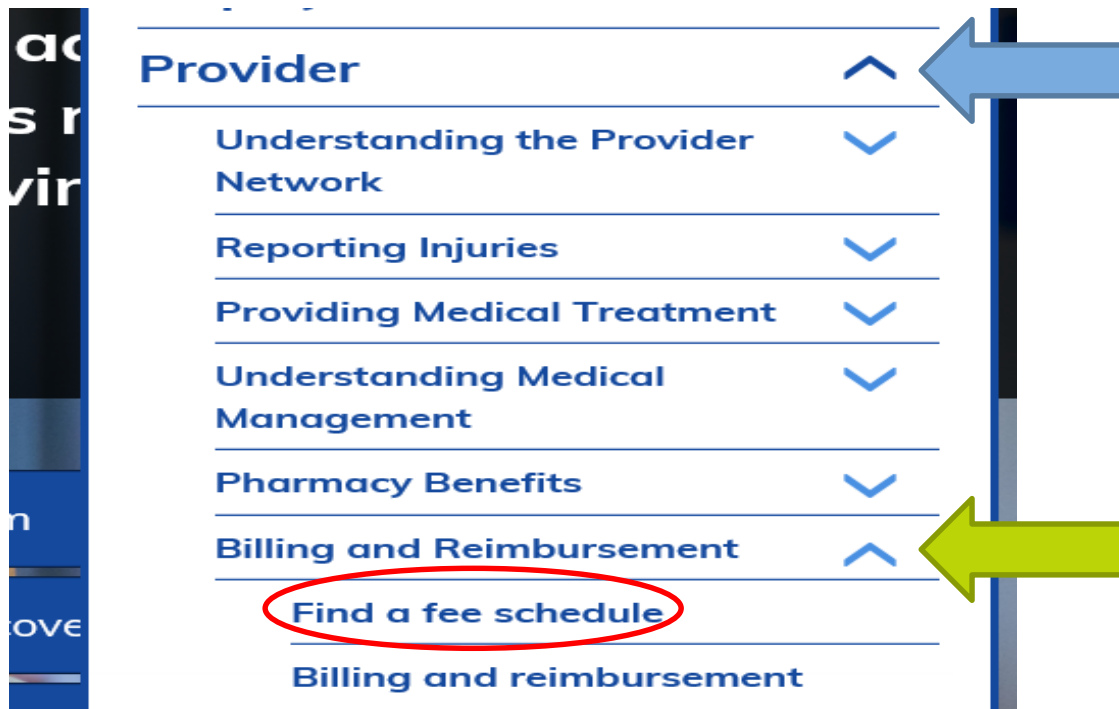
Where do I find BWC's fee schedule?



Accessing Online Fee Schedules



Accessing Online Fee Schedules



The image shows a vertical navigation menu on the left side of a website. The menu items are: 'ac', 's r', 'vir', 'n', and 'OVE'. The main content area displays a list of menu items with expand/collapse arrows:

- Provider ^
- Understanding the Provider Network v
- Reporting Injuries v
- Providing Medical Treatment v
- Understanding Medical Management v
- Pharmacy Benefits v
- Billing and Reimbursement ^
- Find a fee schedule (circled in red)
- Billing and reimbursement

Two arrows point to the right side of the menu: a blue arrow pointing to the 'Provider' item and a green arrow pointing to the 'Billing and Reimbursement' item.

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 schedules

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Users can download, view and print any of BWC's medical fee schedules here. You'll see the page is divided into three sections, Current, Proposed and Expired. To download a particular schedule, simply click on the printer icon next to the title of the schedule.

If you're opening an Excel document, you'll have to maximize the window using the maximize button in the upper, right-hand corner. Then, you'll have to maximize the document itself. This will enable you to see the tabs at the bottom with all the information for the fee schedule.

Current

Title	Effective date	Download/Print
ASC - Ambulatory Surgical Center Fee Schedule	05/01/19	
ASC - Ambulatory Surgical Center Fee Schedule Rule	05/01/19	
ASC - ASCQR Provider List	05/01/19	
IPPS - Determining Hospital Inpatient Cost-to-Charge Ratios	02/01/19	
IPPS - Hospital Cost-to-Charge Ratios	02/01/19	
IPPS - Hospital Inpatient Reimbursement Rule	02/01/19	
IPPS - Hospital Inpatient Reimbursement Rule Appendix	02/01/19	
OPPS - Determining Hospital Outpatient Cost-to-Charge Ratios	05/01/19	
OPPS - Hospital Outpatient Cost-to-Charge Ratios	05/01/19	
OPPS - Hospital Outpatient Reimbursement Rule	05/01/19	
OPPS - Hospital Outpatient Reimbursement Rule Appendix	05/01/19	
PPMS - Professional Provider Medical Services Fee Schedule	01/01/19	
VR - Vocational Rehabilitation Fee Schedule and Appendix A	02/01/15	

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

Fee Schedule Look-Up

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

Procedure Code	Modifier	Non-Facility Fee	Facility Fee
99213	--	\$100.31	\$71.91
99213	95	\$100.31	\$71.91

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

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

Type 34 – Acute Care Hospitals

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

Medicare Diagnosis Related Group (DRG) payment x BWC PAF

Type 34 – Acute Care Hospitals

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

(Medicare DRG payment x PAF) + outlier add on

(Medicare DRG payment x PAF) + new technology add on

Type 34 – Acute Care Hospitals

- Important Reminders
 - New or updated 2020 codes are cross-walked back to 2019 codes for discharges from Oct. 1, 2019 – Jan. 31, 2020.
 - 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.

*Allowed charges x hospital CCR x 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.

Service	Revenue Code	Per Diem Rate
Acute inpatient detoxification services	0126	\$786
Subacute inpatient detoxification services	1002	\$597

Revenue Code Coverage

- Excerpt from Table 2 of the rule appendix

General Category	Code Category	Revenue Code	Revenue Code Description	Inpatient Coverage Code
Health Insurance - PPS	002	0022	Skilled Nursing Facility PPS	NC
		0023	Home Health PPS	NC
		0024	Inpatient Rehabilitation Facility PPS	NC
All Inclusive Rate	010	0100	All-inclusive Room and Board Plus Ancillary	C
		0101	All-Inclusive Room and Board	C
		0110	General Classification	C
Room & Board - Private (Medical or General)	011	0110	General Classification	C
		0111	Medical/Surgical/Gyn	C

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.

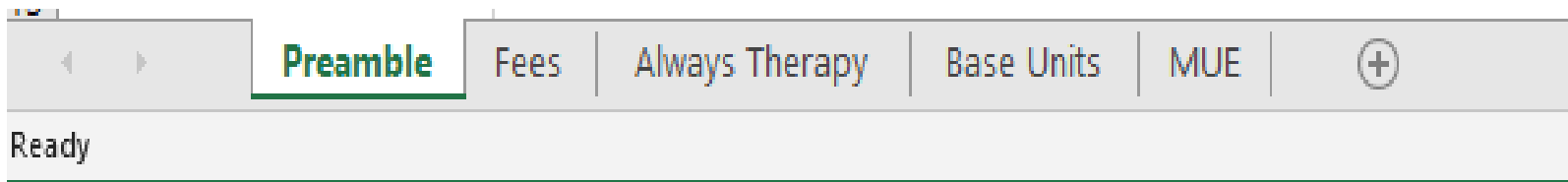
2020 Professional Provider and Medical Services Fee Schedule

- 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

CPT	MOD	DESCRIPTION / NOTES	Coverage Flag	Non-Fac Fee	Fac Fee
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Always Therapy Tab

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

CPT	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
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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

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

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