

**SUBJECT: Pennsylvania Workers' Compensation Medical Fee Schedule Second Quarter Update**

CHARGEMASTER DISTRIBUTION DATE: **March 15, 2024**

TO: Medical Fee Schedule Users

FROM: Bureau of Workers' Compensation Healthcare Services Review Division (bureau)

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**COVID-19**

The end of the COVID-19 Public Health Emergency was declared on May 11, 2023.

**DRG Grouper**

As indicated in §127.154(b), the DRG Grouper was frozen for purposes of workers' compensation inpatient claims. Medicare Grouper 12 was the version in effect on December 31, 1994 and will remain the authorized grouper for all inpatient workers' compensation medical claims. Additions, deletions or modifications to the ICD-9 codes used to determine the DRG shall be mapped to the appropriate DRG within the frozen grouper. ICD-10 codes must be cross walked as needed to ICD-9 in order to allow for all DRG charged admissions to be cross walked to a Grouper 12 DRG for the purposes of billing and down coding.

**National Provider Identifier (NPI)**

WCAIS relies on healthcare providers' and professionals' NPI numbers for identification.

- Please verify your WCAIS profile includes your NPI. If you do not have an NPI, you may obtain one at <https://npiregistry.cms.hhs.gov/search>
- If you are having difficulty entering NPI information, please email your information to [RA-LI-BWC-HCSRd@pa.gov](mailto:RA-LI-BWC-HCSRd@pa.gov).

**Medicare Provider Number Availability**

Per § 127.101(e), medical fee caps based on Medicare will apply to all health care providers licensed in this Commonwealth who treat injured workers, regardless of whether the health care provider participates in the Medicare Program. When a Part A provider enrolls in the Pennsylvania Workers' Compensation Chargemaster, if the Medicare Provider Number is available, it will be identified in the Chargemaster. When a Part A provider does not participate with Medicare, the organization will be assigned a surrogate number beginning with the letters BWC and followed by a three-digit numerical extension (i.e., BWC001, BWC002). This number solely serves as a place holder as the NPI number is the Bureau's primary identifier within the Chargemaster.

### **2024 Fee Schedule**

The 2024 fee schedule has been updated by the percentage of change of the statewide average weekly wage, which is **4.0 (%) percent**. All payers are reminded that this percentage of change applies to all services rendered on or after January 1, 2024.

### **To all Registered BWC Chagemaster Subscribers and Recipients**

Tables A, C, D, F, G and I (Cost Allowance Table) are for calendar years 2023 and 2024 only. It is your responsibility to maintain prior versions of the Medical Fee Schedule for processing payment for treatments rendered before 2023.

### **For all BWC Fee Schedule Website Users**

The fee schedule examples published online are courtesy copies and contain only the calendar year 2024. It is your responsibility to maintain prior versions of the Medical Fee Schedule for processing payment for treatments rendered before 2024. The complete fee schedule can be purchased from the Bureau's vendor by contacting MM Associates, LLC at [mmassociatesllc@aol.com](mailto:mmassociatesllc@aol.com).

### **Red Book**

The Bureau is aware of the Commonwealth Court's decision in the Federated Insurance case on January 2, 2024. The decision is being reviewed. The Bureau will take appropriate steps to comply with the court's decision.

### **FAIR Health**

According to §127.102, if a Medicare payment mechanism does not exist for a particular treatment, accommodation, product or service, the amount of the payment made to a health care provider shall be either 80 percent of the usual and customary charge in the geographic region where rendered, or the actual charge, whichever is lower. The Bureau currently utilizes the 85th percentile of the medical data retrieval (MDR) database published by FAIR Health to determine the usual and customary charge.

### **2024 Quarterly Updates**

Please note that the availability of code sets, CMS corrections, and/or other administrative issues may result in a delay in the anticipated distribution date or the need for an updated version of the Medical Fee Schedules to be issued.

A provider's Chagemaster can only be guaranteed to be updated in time for the quarterly distribution when the provider adheres to following submission date schedule:

<b>Submission</b>	<b>Anticipated Distribution</b>
November 1st	December 15th
February 1st	March 15 <sup>th</sup>
May 1st	June 17 <sup>th</sup>
August 1st	September 16th

Chargemaster file submissions must be submitted electronically.

**Important Provider Information**

1. If a provider has deactivated a service code that is currently in the official BWC’s Chargemaster, the provider may **not** re-use this code for a new service. For any new service, the provider must create an entirely new service code that was never previously provided to the bureau.
2. Medicare Acute Care Hospitals that have an inpatient subunit, either rehab and/or psych (Medicare numbers 39T and 39S respectively), must submit to the bureau the Chargemaster data unique to the subunit under their assigned 39T and 39S Medicare Part A provider number (i.e., room & board, etc.) to be reimbursed for these services. Failure to identify specialty hospitals with the “S” or “T” on Chargemaster data may result in payment delays or incorrect reimbursement.
3. For those providers that submitted an update, the electronic distribution will include two (2) tables: BASE.TXT and SUBMIT.TXT. The **BASE.TXT** is your official BWC Base File and the **SUBMIT.TXT** is your submission file for this quarter. If you have a BWC registered subunit (39S and/or 39T), you will not receive a separate distribution for these subunits as the information is identical to the Acute-Care Hospital.

**Help with Submission**

For provider instructions on how to submit information to the bureau for future updates, obtain a schedule of submission deadlines, fee schedule distributions, and/or an order form to purchase the fee schedule(s), please contact the bureau’s vendor, MM Associates, LLC, at [mmassociatesllc@aol.com](mailto:mmassociatesllc@aol.com).

**Out of State Providers**

Medical fee caps for out of state providers have been included in this update based on the Medicare reimbursement rates applicable in **Harrisburg, Pennsylvania**. Payment is to be made pursuant to §127.129. The following schedule indicates the provider number that has been assigned to the out of state provider in each individual fee schedule:

<u>Provider Number</u>	<u>Fee Schedule</u>	
999993	Table A	PPS Table
999995	Table C	Skilled Nursing Facility Table
999991	Table D	Home Health Agency Table
999990	Table F	ASC Table
999996	Table G	Physical Therapy per Visit, Outpatient End-Renal Dialysis and Hospice Table
999994	Table J	Out-of-State Frozen RCC and Per Diem

**Tables Used to Price Part A Services**

For all new 2024 fields in each fee schedule, please refer to the table structures in the Workers' Compensation Manual in PDF format provided on the electronic distribution (email).

Please remember, your Part A fee schedule distribution will only include the 2023 and 2024 payment rates. It is your responsibility to maintain prior versions of the fee schedule/Chargemaster for processing payment for treatments rendered before 2023.

In addition, the tables and schedules used in the pricing of Part A services have been updated to reflect the 2024 percentage change in the statewide average weekly wage (**4.0 (%) percent**) along with NPI updates.

The bureau provides Tables A through H in an ASCII comma delimited format. The specific provider **additions or deletions for this quarter** are identified below:

**Table A      Prospective Payment System Table**

NPI #1073598439 (390037) Added.

NPI #1073598439 (390157) Deleted

**Table B      Federal Register Table**

No Changes.

**Table C Skilled Nursing Facility Table**

No Changes.

**Table D Home Health Care Agency Table**

No Changes.

**Table E Ambulatory Surgical Center of Payments**

Note: This table has been discontinued.

**Table F Ambulatory Surgical Center Table of Providers**

NPI #1639158058 (097081) Deleted.

NPI #1881899284 (339012) Deleted.

**Table EF-1 ASC Approved Procedure Listing**

No Changes

**Table G Physical Therapy/Renal Dialysis/Hospice Table**

No Changes.

**Table H Pharmacy RCC Table**

NPI #1073598439 (390037) Added.

NPI #1073598439 (390157) Deleted

## **Revenue Code Alerts**

When service codes within the following revenue code ranges are reported by providers, payers shall, when applicable, utilize the Part B fee schedule or other appropriate pricing tables rather than Table I of the Part A fee schedule package:

### *Pharmacy Items (Revenue Codes 250-259 and 630-639)*

Reimbursement for pharmacy items is based upon the multiplication of the submitted charge by the frozen Pharmacy RCC (Table H) and then by 113 (%) percent.

### *DME and Clinical Laboratory Services (Revenue Codes 290-309)*

Reimbursement based on the Part B physician fee schedule using the reported CPT/HCPCS procedure codes.

### *Professional Fees (Revenue Codes 960-989)*

Reimbursement based on the Part B physician fee schedule using the reported CPT procedure codes.

## **Non-reimbursable Revenue Codes**

### *Patient Convenience Items (Revenue Codes 990-999)*

Patient convenience items are non-reimbursed for workers' compensation purposes.

## **Other Revenue Code Requiring Special Attention**

### *Emergency Room (Revenue Code 450)*

The only Emergency Room services billable under workers' compensation are the Level of Care (99281-99285 and 99291-99292) and their corresponding service codes as found in the official Bureau Chargemaster.

**PLEASE NOTE:**

If there are any questions concerning the second quarter distribution data, please contact:

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*2024 Second Quarter Update Memo Version 1 of 1*