

DATE: December 15, 2016

SUBJECT: Pennsylvania Workers' Compensation Medical Fee Schedule
December 15, 2016 Update

TO: Medical Fee Schedule Users

FROM: Healthcare Services Review Division

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WCAIS CUSTOMER SERVICE FEATURE

Customer Service Center feature in the upper right hand corner of the Dashboard in WCAIS will direct users to the central hub for all WCAIS information such as Frequently Asked Questions; Process Guides and Video Simulations; and Previously Recorded Trainings. Registered users have the ability to submit inquiries via the Customer Service Center and also interact with WC staff via a chat feature.

To register in WCAIS go to www.wcais.pa.gov and click on "I am new user" and follow the prompts. *Please note that you must first register as an administrator, receive a PIN number, then go back into WCAIS and register as a user.

RECEIVE AN EMAIL / RESPOND VIA WCAIS

Received an email notification from the Bureau of Workers' Compensation requesting that you access **WCAIS** and provide a response to a Med Fee? To benefit from this feature it is important that 1) you are registered in WCAIS and 2) the correct email(s) are on record in your organization's profile.

NOTICE TO ALL INSURERS

If you have received an acknowledgement letter regarding a fee review and would like to respond with payment or denial information, please respond via WCAIS.

INSURERS, TPAS, AND SI EMPLOYERS

Update the email(s) on record for responses by selecting **Profile Change Profile** from the Dashboard. Select the **View/Edit Organization Address** link near the bottom of the Profile page. Scroll to the **Med Fee Email Contact(s)** section where new emails can be added and incorrect emails can be deleted. By reviewing and updating your email contact list you can ensure that the appropriate individual(s) are receiving notification of a request for a response to a Med Fee.

ATTENTION WC PROVIDERS AND INSURERS

Read the Bureau's response to questions regarding ICD-10

http://www.dli.pa.gov/Businesses/Compensation/WC/HCSR/Pages/ICD-10-Information.aspx#.V1a8s_DD-po

DRG GROUPER

As indicated in the regulations, 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' comp medical claims. All DRG charged admissions must be crosswalked by the provider to a Grouper 12 DRG.

THE WCAIS SYSTEM relies on providers' and professionals' NPI numbers to identify such persons and entities. It is strongly recommend all such persons and entities submit their NPI number to the Bureau. If you need to supply information regarding your facility, contact Karla Henneman at khenneman@pa.gov

AREAS OF INTEREST ON THE DLI WEBSITE

Announcements:

<http://www.dli.pa.gov/Businesses/Compensation/WC/Pages/default.aspx#.V1a9HfDD-po>

Pa WC Act

<http://www.dli.pa.gov/Individuals/Workers-Compensation/publications/Pages/default.aspx#.V1a9LfDD-po>

Locate Bureau Code Listings

<http://www.dli.pa.gov/Businesses/Compensation/WC/insurance/Pages/Bureau-Code-Listings.aspx#.V1bbgfDD-po>

Training Resources-WCAIS

<http://www.dli.pa.gov/BUSINESSES/COMPENSATION/WC/CLAIMS/WCAIS/TRAINING/Pages/default.aspx#.V1HY-DD-po>

Bureau Forms via WCAIS

<http://www.dli.pa.gov/Businesses/Compensation/WC/claims/wcais/Pages/Workers'-Compensation-Forms.aspx#.V1bbnPDD-po>

Questions or concerns regarding the WCAIS project can be directed to the resource account at ra-li-pa-wcais-up@pa.gov

All forms for Health Care Services are to be mailed to 1171 South Cameron Street Harrisburg, Pa. 17104 Room 310; please note a Fee Review, UR Request, and an IRE Request can be filed online via WCAIS.

2017 FEE SCHEDULE

The 2017 fee schedule has been updated by the percentage of change of the statewide average weekly wage, which is **1.7 (%) percent**. All payers are reminded that this percentage of change applies to all services rendered on or after January 1, 2017.

Note: Tables A, C, D, E, F, G and I (Cost Allowance Table) are for calendar years 2016 and 2017 only. It is your responsibility to maintain prior versions of the Medical Fee Schedule for processing payment for treatments rendered before 2016.

ATTENTION ALL PROVIDERS

If you have filed an Application for Fee Review (by paper or online through WCAIS) and receive payment before the fee review decision is issued, and you are satisfied with that payment, please contact the Bureau by facsimile at **717.783.6365 or 717.783.6366** and withdraw your fee review application. If the fee review application was filed online in WCAIS, then it may be withdrawn via WCAIS.

Per 34 Pa. Code Section 127.253(a)(1) the applicable bills in a medical fee dispute are the bills as submitted to an insurer by a provider for consideration and determination of payment for services rendered to an injured worker pursuant to the Act.

Per 34 Pa. Code Section 127.201(a) requests for payment of medical bills shall be made either on the HCFA Form 1500 or the UB92 Form (HCFA Form 1450), or any successor forms, required by HCFA for submission of Medicare claims. If HCFA accepts a form for submission of Medicare claims by a certain provider, that form shall be acceptable under the Act.

TEMPORARY CODES

The Workers' Compensation Act does not recognize the use of temporary codes; therefore, temporary codes will not be found on the 2017 fee schedule. When determining a code for reimbursement please refer to the 2017 CPT or HCPCS book for a valid code. **Reimbursement for workers' compensation services should be pursuant to the bill type (inpatient/outpatient) submitted.**

TENS SUPPLIES

Per CMS guidelines, Transcutaneous Electronic Nerve Stimulator (Tens) Supplies (billed under HCPCS code A4595) should not be unbundled. HCPCS code A4595 is for all supplies, per month. Providers and payers may wish to refer to CMS for further guidance.

PPO NETWORKS IN PENNSYLVANIA WORKERS' COMPENSATION

Please be advised neither the Workers' Compensation Act nor the Department regulations address PPO. The Fee Review section cannot address the parties' obligation under such private agreement.

PROVIDER SUBMISSION CLARIFICATION

1. For those providers that submitted an update, the enclosed CD 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. **Please note:** If you have a BWC registered subunit (39S and/or 39T), we **are not** mailing a separate CD for these subunits as the information is identical to the Acute-Care Hospital. We will indicate the subunits on the CD label of the Acute-Care hospital.
2. 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 BWC.
3. Medicare Acute Care Hospitals that have an inpatient sub-unit, either rehab and/or psych (Medicare numbers 39T and 39S respectively), must submit to the Bureau the chargemaster data unique to the sub-unit under their assigned 39T and 39S Medicare Part A provider number (i.e. room & board, etc.) in order to be reimbursed for these services. Failure to identify specialty hospitals with the "S" or "T" on chargemaster data and on all bills will result in payment at DRG rate.
4. Outpatient PPS C1000-C9999 codes need to be crosswalked back to the appropriate CPT codes by the provider, if applicable. However, reimbursement for workers' compensation services should be pursuant to the bill type submitted.

2017 QUARTERLY UPDATES are scheduled for distribution on the following dates:

December 15th March 15th June 15th September 15th

A provider's Chagemaster will only be updated on the dates above when the provider adheres to following submission dates:

| Submission | Distribution |
|-------------------|---------------------|
| November 1st | December 15th |
| February 1st | March 15th |
| May 1st | June 15th |
| August 1st | September 15th |

**** All submissions are accepted on a diskette, compact disk, or flash drive. ****

PLEASE NOTE: Even though the submission and distribution dates are one (1) month earlier than in years prior to 2015, the effective dates of all new or revised service codes **will remain the same for all quarters**. For instance, the December 15, 2016 distribution will be effective for dates of service on or after January 1, 2017.

All BWC registered vendors will receive a revised Part B fee schedule, by email, no later than January 15, 2017 for any updates after this distribution. The revised Part B fee schedule will also be effective for dates of service on or after January 1, 2017.

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:

Karla Henneman
khenneman@pa.gov
Telephone: 717.787.3486

EXTERNAL LABELS

The Bureau may not accept quarterly submissions unless each electronic medium (CD, diskettes or ZipDisks) is labeled with the provider name, employer identification number (EIN), provider number and total number of records.

SPECIAL NOTICE - 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 Section 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 |

NEW HCPCS AND CPT CODES

Any new 2017 HCPCS and CPT codes that represent an entirely new service have been established based upon the 2017 Medicare fee with the 113 (%) percent adjustment to establish the workers' compensation allowance for 2017. Please refer to the 2017 AMA CPT and HCPCS books for new and deleted codes.

The remaining HCPCS and CPT codes will receive a 2017 workers' compensation allowance based upon the 2016 workers' compensation allowance adjusted for 2017 by the percentage change in the statewide average weekly wage (**1.7 (%) percent**).

TABLES USED TO PRICE PART A SERVICES

For all new 2017 fields in each fee schedule, please refer to the table structures and the Work Comp Manual in PDF format provided on the Distribution CD. **For the 2017 Distribution:** The Part A fee schedule includes only the 2016 and 2017 payment rates. It is your responsibility to maintain prior versions of the fee schedule/chargemaster for processing payment for treatments rendered before 2016.

In addition, the tables and schedules used in the pricing of Part A services have been updated to reflect the 2017 percentage change in the statewide average weekly wage (1.7 (%) percent) along with NPI updates.

The Bureau of Workers' Compensation provides Tables A through H in an ASCII comma delimited format, on a CD. The specific provider **additions or deletions for this quarter** are identified below:

Table A Prospective Payment System Table

NPI #1396194197 (390330) Added

NPI #1750488995 (390019) Deleted

NPI #1740298017 (390043) Deleted

Table B Federal Register Table

No Changes

Table C Skilled Nursing Facility Table

Provider #396076 Added

Provider #395296 Deleted

Provider #395297 Deleted

Provider #395343 Deleted

Provider #395399 Deleted

Provider #395412 Deleted

Provider #395522 Deleted

Provider #395530 Deleted

Provider #395532 Deleted

Provider #395533 Deleted

Provider #395538 Deleted

Provider #395709 Deleted

Provider #395722 Deleted

Provider #395723 Deleted

Provider #395737 Deleted

Provider #395744 Deleted

Provider #395747 Deleted

Provider #395748 Deleted

Provider #395776 Deleted

Provider #395777 Deleted

Provider #395789 Deleted

Provider #395799 Deleted

Provider #395811 Deleted

Provider #395814 Deleted

Table D Home Health Care Agency Table

NPI #1841514023 (398247) Added

(397010) Deleted

(397068) Deleted

Table E Ambulatory Surgical Center of Payments

The Bureau reminds all payers and providers that reimbursement rates, pursuant to Act 44 of 1993, were capped based upon 1994 allowances. The CMS Special Payment Rule for ASC multiple procedures (56 FR 23021 May 20, 1991), which was in effect in 1994, provides that when **two or more procedures** are performed, the ASC will be reimbursed at the full rate for the procedure classified in the highest payment group. Any other procedures performed during the same session will be reimbursed at 50 (%) percent of the procedure's applicable group rate. If the procedures are within the same group, the ASC will be reimbursed at the full rate for one procedure and at 50 (%) percent of the rate for the others.

Table F Ambulatory Surgical Center Table of Providers by Region

NPI #1821485442 (462351) Added

NPI #1568416105 (102272) Deleted

(391034) Deleted

NPI #1295901445 (391268) Deleted

NPI #1821485442 (391319) Deleted

Table EF-1

New 2017 Procedure Codes Added

Discontinued Procedures Codes Deleted

Table G Physical Therapy/Renal Dialysis/Hospice Table

No Changes

Table H Pharmacy RCC Table

NPI #1396194197 (390330) Added
NPI #1740298017 (391316) Added

NPI #1750488995 (390019) Deleted
NPI #1740298017 (390043) Deleted
NPI #1659469328 (392032) Deleted
NPI #1659469328 (392034) Deleted
NPI #1659469328 (392042) Deleted
NPI #1659469328 (392049) Deleted

REVENUE CODES PAID FROM PART B FEE SCHEDULE OR APPROPRIATE PRICING TABLE EXCLUDING TABLE I

When applicable, the claims payment systems for workers' compensation insurers, self-insured employers and third-party administrators should be structured in such a manner so as to ensure access to the appropriate pricing table or Part B fee schedule; rather than Table I of the Part A fee schedule package, when service codes within that following revenue code ranges are reported by providers:

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.

REVENUE CODES THAT ARE NON-REIMBURSED

Patient Convenience Items (Revenue Codes 990-999)

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

OTHER REVENUE CODES OR SERVICES REQUIRING SPECIAL ATTENTION

Emergency Room (Revenue Code 450)

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

PLEASE NOTE:

If there are any questions concerning the December 15, 2016 update data, please contact:

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