

### Proposed 2021 Fee Schedule Updates: Professional Provider Services and Hospital Inpatient Services

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### Webinar instructions



If you dial in using your phone, mute the sound on your computer to avoid feedback.



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We will automatically mute all participants

### How to ask questions



Anytime during the webinar, participants can use the "chat" box to submit written questions or comments.

Select "All Panelists" when submitting chat questions.

### **Objectives**

- Recall the 2021 updates for BWC's hospital inpatient service reimbursement
- Understand the key changes for the 2021 Professional Provider Fee Schedule
  - Important fee-schedule modifier updates
  - Newly developed BWC-specific local codes
  - Updates to multiple-procedure payment reductions

### 2021 Hospital Inpatient Reimbursement

## 2021 Hospital inpatient reimbursement goals

- Maintain a simplified reimbursement methodology
- Appropriately remain current with the Medicare inpatient reimbursement methodology
- Maintain competitive reimbursement in order to ensure and promote:
  - Injured workers' access to quality care.
  - System efficiency.

### Hospital inpatient services

#### Ohio Administrative Code 4123-6-37.1

BWC inpatient reimbursement methodology	BWC enrollment type and
	Medicare IPPS status
Medicare IPPS-based methodology (i.e., MS-DRG	Type 34 – Acute care hospital and
methodology) plus BWC payment adjustment factor	Medicare IPPS eligible
IPPS-exempt methodology - Allowed billed charges	Type 34 – Acute care hospital and
multiplied by Medicare cost-to-charge ratio (CCR);	Medicare IPPS exempt hospital or unit
further multiplied by 1.14, not to exceed 70% of	Type 36 – Psychological hospital
allowed billed charges	Type 37 – Rehabilitation hospital
All-inclusive per diem payment	Type 35 – Detoxification hospital

## 2021 Hospital inpatient fee schedule updates

- Inpatient Prospective Payment System (IPPS) eligible hospitals
  - Adopting the Medicare 2021 IPPS methodology changes
  - Maintaining the current payment adjustment factor of 1.127

### 2021 IPPS-based reimbursement

- Includes discharges between Feb. 1, 2021 and Jan. 31, 2022
- BWC uses version 38.0 of the Medicare code edits and grouper software.
- New or updated 2021 codes cross walked back to 2020 codes for discharges from Oct. 1, 2020 Jan. 31, 2021.
- Medicare quarterly updates not adopted
- Adopting July 2020 cost-to-charge ratios (CCRs)

### 2021 IPPS-based reimbursement reminder

- One and three-day window
  - BWC follows Medicare's payment window policy for outpatient services followed by inpatient admission.
  - Policy details can be found in Medicare's Claims Processing Manual and other resources.

### **IPPS-exempt hospitals**

- Applies to Medicare IPPS-exempt facilities and units
- Reimbursement 114% of cost for each bill
  - Allowed charges x hospital CCR x 1.14
  - Capped at 70% of charges
- Adopting July 2020 cost-to-charge ratios

### Inpatient detox per diem

#### All-inclusive per diem rates

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

### 2021 Hospital inpatient fee schedule

- Approved by BWC's Board of Directors in September
- Rule to follow the Chapter 119 rule-making process
- Effective for discharges beginning Feb. 1, 2021

# 2021 Professional Provider and Medical Service Fee Schedule

## 2021 Professional Provider Fee Schedule file

- Preamble
- Fees
- Always therapy rates
- Medically unlikely edits
- Anesthesia base units

### **Preamble**

- Important reimbursement impacts
  - Coverage definitions
  - Modifiers with reimbursement impacts
  - Provider-type impacts
  - Multiple procedure reduction specifications

### **Preamble**

- Reimbursement impact modifiers
  - Modifier 52 Reduced Services Clarifying this modifier cannot be appended to any timed therapy service.

 Modifiers GO/GP/GN – Always-therapy modifiers must be appended to any always-therapy procedure code when billing.

### **Preamble**

- 2021 Skilled nursing facility 2% reduction for failure to submit Medicare quality data
- Multiple procedure payment reduction updates
  - Adding reductions for Indicators 3, 6, and 7

	When an endoscopic procedure is billed with another endoscopy in the same family (i.e. same base procedure), the highest valued endoscopy code in the family is paid at 100%, and any additional endoscopy codes in the same family are paid at a reduced amount based on the value of the
Special rules for multiple endoscopic	endoscopic base code. If endoscopy codes are billed on the same day as other procedures, subject to MPPR, endoscopy codes may be subject to both endoscopic and multiple surgery reductions.
Diagnostic cardiovascular services	Subject to 25% reduction of the second highest and subsequent procedures to the TC of diagnostic
1	cardiovascular services.
	Subject to 20% reduction of the second highest and subsequent procedures to the TC of diagnostic ophthalmology services.

### **Fees**

- Current rates
- Current coverages
- CPT/HCPCS/BWC-specific local level codes

### BWC-specific local level codes

- Adult day care services
  - W5655 Adult day care level 1 behavioral supervision
    - W5660 Adult day care level 2 skilled medical needs
    - In lieu of home health services
    - All inclusive rate, including transportation
- Hospice Z0570 In Home Hospice continuous health care, RN, per hour during period of crisis to remain at home
  - Must meet Medicare requirements to bill (eight-hours skilled)

### BWC-specific local level codes

- Genium X3 Knee
  - New Code W5670
  - All-inclusive fee
- Long-term skilled nursing facility services
  - 2020 new code short-term post acute
  - 2021 code deletions and five new additions long-term/residential services

### Skilled Nursing Facility/Assisted Living Codes

Old code	Expired date	New code	New effective date
W0170	12/31/2020	W0171	01/01/2020
W0176	12/31/2020	W0204	01/01/2021
W0180	12/31/2020	W0203	01/01/2021
		W0202	01/01/2021
		W0201	01/01/2021
		W0200	01/01/2021
		Z0180	01/01/2021

## Functional Capacity Evaluation (FCE)

- Identified two distinct types of FCEs
  - Treatment based treating provider
    - Measuring treatment-based progress
  - Occupationally focused independent provider
    - Measuring occupationally focused limitations, return-to-work readiness, vocational rehab plan readiness, etc.

### **Functional Capacity Evaluation**

- Treatment based
  - Requires use of always therapy modifier (GO/GP)
  - Only face-to-face time billable
  - Subject to timed therapy documentation requirements

- Occupationally focused
  - Does not use always therapy modifier (GO/GP)
  - Combination of face-to-face and non-face-to-face time with limits:
    - Non-face-to-face limited to no more than one hour.
    - Subject to timed therapy documentation requirements.

### Policy updates expected Q1 2021

- Documentation
- Functional CapacityEvaluation
- HBAI
- Opioid use disorder\*
- \* Rule update

- Adult day care
- Hospice
- Nursing home
- Always-therapy modifier billing requirement

### Provider billing instructions

- National Provider Identifier (NPI) billing requirement
  - If you are eligible for NPI, you must use it to bill as a servicing provider.
  - Refer to new Billing and Reimbursement Manual Policy BRM-26;
     General Provider Billing Instructions identifies BWC-specific billing requirements for submitting bills for services.
  - https://info.bwc.ohio.gov/wps/portal/gov/bwc/forproviders/workers-compensation-provider/media-library-forproviders/provider-videos (link to pre-recorded provider webinars)

### Questions







Appendix

# Where do I find BWC fee schedules and the Billing Reimbursement Manual?







FOR WORKERS

FOR FMPI OYFRS

FOR PROVIDERS

ABOUT BWC NEWS & FVFNTS

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of date. For a better browsing experience, use the latest version of Google Chrome, Mozilla Firefox, Microsoft Edge, or Safari for Apple devices.

Search "fee schedule"

BWC / Search

#### Search results for: Fee schedule

Found 27 Resources

#### Find a Fee Schedule

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BWC / For Providers / Claims & Reimbursement / Find a Fee Schedule



#### For Providers

Workers' Compensation Provider

Understanding Medical Management

Claims & Reimbursement

Medical Treatment & Pharmacy Benefits

Provider Forms

COVID-19 Questions?

#### Find a Fee Schedule

June 30, 2020 BWC

The below table contains information about the fee schedule managed care organizations (MCOs), BWC and self-insuring employers use when reimbursing for services under Ohio's workers' compensation program. Users can download, view and print any of BWC's medical fee schedules.

#### Copyright statement for BWC's Provider Billing and Reimbursement Manual

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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

OhioBWC - Provider - Service: Fee schedules

#### 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	05/01/20	
ASC - Ambulatory Surgical Center Fee Schedule Rule	05/01/20	
IPPS - Hospital Cost-to-Charge Ratios	02/01/20	
IPPS - Hospital Inpatient Reimbursement Rule	02/01/20	
IPPS - Hospital Inpatient Reimbursement Rule Appendix	02/01/20	
OPPS - Determining Hospital Outpatient Cost-to-Charge Ratios	05/01/20	
OPPS - Hospital Outpatient Cost-to-Charge Ratios	05/01/20	
OPPS - Hospital Outpatient Reimbursement Rule	05/01/20	
OPPS - Hospital Outpatient Reimbursement Rule Appendix	05/01/20	<b>□</b>
PPMS - Professional Provider Medical Services Fee Schedule	01/01/20	
VR - Vocational Rehabilitation Fee Schedule and Appendix A	02/01/15	

### Access Billing and Reimbursement Manual

- Medical policy
- Reimbursement limits
- Billing requirements

Search "reimbursement manual"

## Access Billing and Reimbursement Manual

#### Search results for: reimbursement manual

Found 23 Resources

#### **Billing and Reimbursement**

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## Access Billing and Reimbursement Manual

OhioBWC - Provider - Service: (Billing and Reimbursement Manual)

- Policies linked through each chapter and section.
- Policy alerts

Billing and Reimbursement Man	nual	
All BWC-certified providers should have a copy of BWC's Billing and Reimburs explains the billing procedures for medical providers, who are treating injured vartnership Program.		
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Future effective policies To alert providers about upcoming changes, BWC will periodically post policies	with a futur	re effective date.
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To alert providers about upcoming changes, BWC will periodically post policies  Title  Table of Contents  Quarterly Update Highlights	Effective date	Download/Pri

### **BWC Contacts**

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

### Thank you