



2018 Workers' Compensation Ambulatory Surgical Center Payment System

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In developing this presentation, the Department of Labor and Industry (DLI) has made every effort to accurately reflect the 2018 legislation, which is codified as Minnesota Statutes § 176.1363. The statutory language controls in the event of a difference between this presentation and the statute.

ASC Background

- The workers' compensation Ambulatory Surgery Center payment system (ASCPS) is codified as Minnesota Statutes, § 176.1363.
- The ASCPS establishes payment for ASCs using the Medicare ASCPS payment for the services, including the applicable geographic adjustment, times a multiplier of 320 percent.
- ASCPS addenda, instructions and other materials are available on [DLI's website](#).

ASCPS Based on Medicare

The Minnesota workers' compensation ASC fee schedule incorporates Medicare's:

- Geographic adjustment and the multiple surgical procedure reduction rule.
- Annual revisions to the Code of Federal Regulations title 42, part 416.
- Addenda AA, BB, and DD1.
- The Medicare claims processing manual.

Payment for Surgical and Ancillary Services

- Payment for dates of service 10/1/18 to 9/30/19 is:
 - based on most recent addenda AA, BB, and DD1 available on the Medicare website as of 7/1/18, and the corresponding Medicare rules and claims processing manual.
- Payment for dates of service on or after each *subsequent* October 1 is:
 - based on most recent addenda AA, BB, and DD1 available on the Medicare website as of the preceding July 1st, and corresponding Medicare rules and claims processing manual.
- Links to the applicable Medicare addenda and claims processing manual are on [DLI's website](#).

Payment for Surgical and Ancillary Services

Payment for covered surgical procedures and ancillary services is the *lesser* of:

- ASC's U&C charge for all services, supplies and implantable devices provided; or
- The Medicare ASCPS amount times a multiplier of 320 percent.
 - Payment includes implantable devices, even if Medicare ASCPS allows separate payment.

Payments where no payment amount is specified

Payment is 75% of the ASC's usual and customary charge if a surgical procedure or ancillary service *is* listed in addendum AA or BB and:

- The payment indicator provides it is paid at “reasonable cost”;
- The payment indicator provides it is “contractor priced”; or
- A payment rate is not otherwise provided.

Payments for services not listed in Addendum AA or BB

If a surgical procedure is compensable under workers' compensation, but is *not* listed in addendum AA or BB in effect for the date of service:

- Payment is 75% of the ASC's U&C charge for the procedure with the highest charge.
- Payment is 50% of the ASC's U&C charge for each subsequent surgical procedure.

ASC Payments

- Minnesota payment = Medicare payment rate x $((.5 \times \text{wage index}) + .5) \times 320\%$.
For example, a wrist arthroscopy/surgery (HCPCS code 29843) would be:
 - For an ASC in Hennepin County: $\$1,279.91 \times ((.5 \times 1.1295) + .5) \times 320\% = \$4,360.91$.
 - For an ASC in Kandiyohi County: $\$1,279.91 \times ((.5 \times .9001) + .5) \times 320\% = \$3,891.13$
- Optional National Government Services [Tool](#):
 - Use July 1, **2018** for a date of service from Oct. 1, 2018 through Sept. 30, 2019
 - Multiply the “amount column” by 320%.

Payment for multiple procedures

When more than one surgical procedure is performed on the same day and both have a “Y” in the multiple procedure column (column D) of addendum AA:

- The procedure with the highest payment amount is paid using 100% of the payable amount.
- Procedures with a lower payment amount are paid using 50% of the payable amount.

Examples



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK (UNEMP) <input checked="" type="checkbox"/> OTHER (ID#)		PICA <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Injured, Imma		3. PATIENT'S BIRTH DATE MM DD YY 03 01 1980	
5. PATIENT'S ADDRESS (No., Street) 1234 First Ave		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY St. Cloud		CITY St. Cloud	
STATE MN		STATE MN	
ZIP CODE 56303		ZIP CODE 56303	
TELEPHONE (Include Area Code) (320) 123-4567		TELEPHONE (Include Area Code) (320) 765-4321	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED on file DATE 11/10/18		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED on file	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) 11/01/2018		15. OTHER DATE (MM/DD/YY)	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DD/YY) FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Retype A-L to service line below (24E)) A. S92.901A B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPST (Rev) I. ID. QUAL J. RENDERING PROVIDER ID.#		23. PRIOR AUTHORIZATION NUMBER	
1 11 10 18 11 10 18 24 28525 1 5836.00 1 NPI		24. FEDERAL TAX I.D. NUMBER SGN EIN 411111111 <input checked="" type="checkbox"/>	
25. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Dr. Fabulous SIGNED DATE 11/10/18		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO	
28. SERVICE FACILITY LOCATION INFORMATION Stearns County		28. TOTAL CHARGE \$ 5836.00 29. AMOUNT PAID \$	
30. BILLING PROVIDER INFO & PH # Stearns County Surgery Center 45677 Surgery St. St. Cloud, MN 56303		30. Rsvd. for NUCC Use	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED CMB-0038-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CPT Code 28525

MM	DD	YY	MM	DD	YY	SERVICE	EMG	OPT/HCPCS	MODIFIER	PCINTER	\$ CHARGES	OR UNITS	NTW/ Rtn	TH QUAL	PROVIDER ID. #			
1	11	10	11	10	18	24		28525		1	5836.00	1		NPI				
2														NPI				
3														NPI				
4														NPI				
5														NPI				
6														NPI				
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? <small>(For gov. claims, see back)</small>		28. TOTAL CHARGE		29. AMOUNT PAID		30. Psvd. for NUCC Use	
411111111						<input type="checkbox"/> <input checked="" type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>		\$ 5836.00		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part hereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH# ()						
Dr. Fabulous						Stearns County						Stearns County Surgery Center 45677 Surgery St. St. Cloud, MN 55303						
SIGNED						a.						b.						
11/10/18						DATE												

FEE SCHEDULE LOOKUP

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

ENTER SEARCH CRITERIA

*Select a Fee Schedule:

*Result Type: Full Fee Schedule Specific To Fee Code

*Date of Service:

* Procedure Code:

*Region:

*County:

(* indicates a required field)

CODE SEARCH RESULTS

National Government Services, Inc. - Minnesota

ASC Fees Fee Schedule for 07/01/2018

Procedure Code ? : 28525

Modifier ?	Effective Date ?	CBSA ?	Proc Ind ?	Amount ?	FC Mod Amount ?	FB Mod Amount ?
	01/01/2018	41060	S	1,271.14	0.00	0.00

Penalty Price	FC Mod Pen Price	FB Mod Pen Price
1,246.01	0.00	0.00

Example Payment

- From NGS tool
 - $\$1271.14 \times 320\% = \underline{\$4067.65}$
- Manual calculation
 - Minnesota payment = Medicare payment rate x $((.5 \times \text{wage index}) + .5) \times 320\%$.
 - For an ASC in Stearns County: $\$1,279.91 \times ((.5 \times 0.9863) + .5) \times 320\% = \underline{\$4067.65}$
- Payment amount is \$4067.65 because it is less than the U&C charge of \$5836.00

Multiple Procedures Example

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS PCINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER							
1	11	10	18	11	10	18	24		29827			123	9000.00	1	NPI		
2	11	10	18	11	10	18	2		23430			123	8800.00		NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Pswd. for NUCC Use	
4111111111										<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 17800.00		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Dr Fabulous								32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # () Stearns County Surgery Center 45677 Surgery St. St. Cloud, MN 55303					
SIGNED								a.				a.					
11/10/18								b.				b.					
DATE																	

BLDGICAL AND SUPPLIED INFORMATION

Check [Addendum AA](#) if Procedure is Subject to Multiple Procedure Discounting

A	B	C	D	E	F	G
Addendum AA --Final ASC Covered Surgical Procedures for CY 2018 (Including Surgical Procedures for Which Payment is Packaged)						
<i>CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply. Dental codes (D codes) are copyright 2016 American Dental Association. All Rights Reserved.</i>						
HCPCS Code		Short Descriptor	Subject to Multiple Procedure Discounting	July 2018 Payment Indicator	July 2018 Payment Weight	July 2018 Payment Rate
29827		Arthroscop rotator cuff repr	Y	A2	59.7119	\$2,721.37
23430		Repair biceps tendon	Y	A2	59.7119	\$2,721.37

Payment Amount

- NGS Tool “amount” CPT 29827 is $\$2702.73 \times 320\% = \underline{\$8648.74}$
 - NGS tool “amount” includes geographic adjustment for Stearns County.
- NGS Tool “amount” CPT 23430 is $\$2702.73 \times 320\% = \8648.74 .
Multiply $\$8,648.74 \times .5 = \underline{\$4324.37}$
- Total payment for multiple procedures (highest ASC payment amount at 100% and lower ASC payment amount at 50%)
 $\$8648.74 + \$4324.37 = \underline{\$12,973.11}$. This is the total payment because it is less than the total billed charge of \$17,800.

www.dli.mn.gov

Questions

Contact the Medical Policy Line at 651-284-5052

E-mail medical.policy.dli@state.mn.us