

MEMORANDUM

TO: All interested parties

FROM: Charles D. Bond, Workers' Compensation Director

DATE: November 25, 1996

SUBJECT: Clarification of Hospital Reimbursement under Rule 40.000

Maximum Allowable Payment for Professional Services

All claim charges for professional services, **irrespective of treatment setting**, shall be identified by their appropriate CPT codes and submitted to the payer on a HCFA-1500 claim form. The maximum allowable payment for all professional services shall be the lesser of the amount listed in Appendix I of the workers' compensation fee schedule, or the claim charge amount.

Maximum Allowable Payment for Technical Services, Articles, Supplies and Facility Fees

All claim charges for technical services, articles, supplies and facility fees shall be identified by their appropriate revenue codes and submitted to the payer on the HCFA-1450 (UB-92) claim form. The maximum allowable payment for technical services, articles, supplies and facility fees shall be 90% of the claim charge amount.

When the professional service is for an unscheduled initial visit or an emergency follow-up visit, as supported by medical records, both the professional and facility charges will be paid at 90%. If the charge is not for an unscheduled initial visit or an emergency follow-up visit and the professional services are listed in Appendix II, the professional charge will be paid in accord with Appendix I and there will be no reimbursement for the facility charge.

Should the carrier challenge the legitimacy of the charge, payment must be made to the provider and the carrier may then request a hearing before the Commissioner.