

Chapter 2

BWC LOCAL LEVEL CODED SERVICES

A. BWC LOCAL LEVEL CODED SERVICES

The following is a listing of BWC's local level coded professional services. These 2009 codes are effective for dates of service on or after Jan. 1, 2009.

The list below includes the service and procedure codes along with descriptions, for services exclusive to BWC for which no standard HCPCS or CPT code applies. These local codes are only covered by BWC or an Ohio self-insuring employer.

Please note: the current edition of HCPCS (Health Care Procedure Coding System), National Level II Medicare Codes, represents a listing of standardized codes and terminology used for reporting the supplies and equipment, injections and select services and procedures performed by health care professionals on an outpatient basis. The HCPCS codes, along with the CPT procedure codes from the American Medical Association for reporting medical services performed by physicians and other health care providers, will provide further resource information for claims processing, billing and reimbursement in addition to serving as a guideline for medical care review.

1. Column Headings

a) Code

This listing utilizes the local level codes specific to BWC, for services not otherwise classified.

b) Description

A description is included for each BWC local level code.

W0100	Home Health Agency Registered Nurse Per 15 Minutes	
W0101	Outcome, assessment, information set/documentation to MCO	
W0105	Home Health Agency Skilled RN Visit (initial daily assessment up to 2 hours)	
W0110	Home Health Agency LPN Per 15 Minutes	
W0120	Home Health Agency Nurse's Aide Per Hour	
W0168	Intermediate Care Nursing Facility LOA	
W0169	Skilled Nursing Facility LOA	
W0170	Skilled Nursing Care Facility, Daily All Inclusive Rate	
W0174	TBI Lab And Diagnostic Services	
W0176	Nursing Care Facility Negotiated Per Diem Rate	
W0177	Acute Brain Injury Freestanding Facility, all inclusive per day	
W0178	Acute Brain Injury Hospital Based Facility, all inclusive per day	
W0179	Post Acute Brain Injury Freestanding Facility, all inclusive per day	
W0180	Intermediate Nursing Care Facility Daily All Inclusive Rate	
W0181	Post Acute Brain Injury Hospital Based Facility, all inclusive per day	
W0182	Life Long Living TBI Services, all inclusive per day	
W0183	TBI In-house pharmacy services 85% billed amount	
W0184	Therapeutic Leave of Absence 25% daily rate	
W0185	Transitional Living Services, all inclusive per day	
W0270	Specialty bed service and maintenance, per month (after capped fee has been reached E0193-E0194-E0277)	
W0271	Dynamic Air Therapy (active low air loss), DAILY RENTAL	
W0500	Driving evaluation PT, OT, or certified driving instructor NON-FACILITY. Bill BWC directly	
W0513	Ergonomic Implementation, 15 minute unit, up to 16 units or 4 hours	
W0549	Driving instruction for modified vehicle-PT,OT, or certified driving instructor NON-FACILITY. Bill BWC directly	
W0610	Comprehensive Vocational Evaluation, per 6 minute unit, max 120 units or 12 hrs.	
W0620	Work Adjustment -- Employer Based, per hour, maximum 35 hours per week for 4 weeks	
W0631	Vocational Screening, per 6 minute unit, maximum of 40 units or 4 hrs.	
W0635	Situational Work Assessment, per hour maximum of 40 hours	
W0637	Transitional Work Services, per 15 minute units, maximum 192 units or 48 hours	
W0638	Body Mechanics Education, per hour, maximum of 6 hours	
W0641	Job club, per session, minimum session 1-2 hours per day, up to 20 sessions	
W0644	Ergonomic Study per 15 minute unit, up to 28 units or 7 hours	

W0645	Job Analysis per 15 minute unit, up to 16 units or 4 hours	
W0647	Automobile repairs, by report	
W0648	Physical reconditioning, unsupervised (Y's, Spa), by report, per 3 month program. One 3 month program max per claim	
W0650	Job Seeking Skills Training, face-to-face per 6 minute unit maximum of 150 units or 15 hours	
W0660	Job Placement & Development, per six minute unit up to 800 units or 80 hours in 20 weeks	
W0662	Work Adjustment - Facility Based, per hour, maximum of 35 hours per week for 12 weeks	
W0663	Job modification, by report	
W0665	Tools and equipment, by report	
W0668	On-the-job training	
W0672	Job coach, per hour, maximum of 40 hours	
W0674	Child/dependent care, by report	
W0675	Home modification. NON-FACILITY, Bill BWC directly	
W0676	Portable ramp. NON-FACILITY, Bill BWC directly	
W0677	Home/vehicle repair of modification. NON-FACILITY Bill BWC directly	
W0678	OT/PT home evaluation for modification per evaluation. NON-FACILITY Bill BWC directly	
W0679	Vehicle modification. NON-FACILITY Bill BWC directly	
W0691	Remedial Training, by report	
W0692	Short Term Training -up to 1 year, by report	
W0694	Long term training I – up to 1 year includes supplies by report	
W0695	Retraining Exercise Equipment, by report	
W0702	Occupational Rehabilitation – Comprehensive, , initial 2 hour session up to 40 sessions in 8 weeks	
W0703	Occupational Rehabilitation - Comprehensive, each additional hour, up to 240 hours in 8 weeks	
W0710	Work Conditioning, per hour up to 160 hours in 8 weeks	
W0750	Nutritional counseling/weight control program, per hour	
W0751	Weight Control Program with FDA Approved Drugs	
W1000	Non-hospital based pain management program, per diem	
W1001	Non-hospital based pain management program, pre-admission evaluation	
W1002	Non-hospital based pain management program, half day	
W1930	Translator/Interpreter Services, per 15 minutes. Each 15 minutes is equal to one (1) unit of service.	
W1931	Interpreter Wait Time, per six (6) min, Maximum of 30 min per date of service (including wait time when IW does not show up) Each six (6) minutes is equal to one (1) unit of service.	
W1932	Interpreter Travel Time, per six (6) Minutes (including travel time if an IW does not show up for the appointment) Each six (6) minutes is equal to one (1) unit of service.	
W1933	Interpreter Mileage, per mile. Each mile is equal to one (1) unit of service.	
W2703	Social worker service per home health visit	
W2704	Home health agency worker providing direct care, mileage per mile beginning with 51 st mile round trip	
W2705	Travel time, home health agency professional worker, per six (6) minutes. Each six (6) minutes is equal to one unit of service	
W2706	Travel time, home health agency non-professional worker, per six (6) minutes. Each six (6) minutes is equal to one unit of service.	
W3000	Voc rehab case manager phone calls/email to/ from the IW or representative, surplus-funded plan, per 6 min	
W3001	Voc rehab case manager phone calls/email to/ from the physician or representative, surplus-funded plan, per 6 min	
W3002	Voc rehab case manager phone calls/email to/ from the employer or representative, surplus-funded plan, per 6 min	
W3003	Voc rehab case manager phone calls/email to/ from the BWC, surplus-funded plan, per 6 min	
W3004	Voc rehab case manager phone calls/email to/ from the MCO, surplus-funded plan, per 6 min	
W3005	Voc rehab case manager phone calls/email to/ from the service provider, surplus-funded plan, per 6 min	
W3006	Voc rehab case manager phone calls/email to/ from other (must specify), surplus-funded plan, per 6 min	
W3010	Voc rehab case manager face-to-face meeting with IW or representative, surplus-funded plan, per 6 min	
W3011	Voc rehab case manager face-to-face meeting with physician or representative, surplus-funded plan, per 6 min	
W3012	Voc rehab case manager face-to-face meeting with employer or representative, surplus-funded plan, per 6 min	
W3013	Voc rehab case manager face-to-face meeting with BWC, surplus-funded plan, per 6 min	
W3014	Voc rehab case manager face-to-face meeting with MCO, surplus-funded plan, per 6 min	
W3015	Voc rehab case manager face-to-face meeting with service provider, surplus-funded plan, per 6 min	
W3016	Voc rehab case manager face-to-face meeting with other (must specify), surplus-funded plan, per 6 min	
W3020	Documentation review by vocational rehab case manager, surplus-funded plan, per six minute unit	
W3025	Initial assessment report writing by vocational rehab case manager, surplus-funded plan, per 6 min	
W3030	Plan writing by vocational rehab case manager, surplus-funded plan, per 6 min	
W3035	Report writing by vocational rehab case manager, surplus-funded plan, per 6 min	
W3036	Letter writing by vocational rehab case manager, surplus-funded plan, per 6 min	
W3040	Transferable skills analysis (TSA) report writing by voc rehab case manager, surplus-funded plan, per 6 min	
W3045	Voc rehab case manager travel time, , surplus-funded plan, per 6 min up to 10 units one way	
W3046	Voc rehab case manager wait time, , surplus-plan, per 6 min maximum of 5 units per occurrence	
W3047	Voc rehab case manager mileage, voc rehab case manager, , per mile up to 65 miles one way	
W3050	Other provider, travel time, , surplus-funded plan, per 6 min up to 10 units one way	
W3051	Other provider, wait time, surplus-funded plan, per 6 min maximum of 5 units per occurrence	

W3052	Other provider mileage, surplus-funded plan, per mile up to 65 miles one way	
W4000	Lift, Vehicle 3-4 wheeled chair , includes manual swing lifts	
W4001	Lift, Vehicle 3-4 wheeled chair, includes power swing lifts	
W4215	Travel per mile Orthotist (Prosthetist)	
W5000	Smoking Cessation Program with FDA drugs	
W5001	Smoking Cessation Program without drugs	
W9006	Sharps container needle disposal, each	
W9010	Parenteral nutrition therapy, all-inclusive per diem rate, includes nursing services, medical supplies, medications, and	
W9020	Enteral nutrition therapy, all-inclusive per diem rate, includes nursing services, medical supplies, medications, and pharmacy	
W9030	Antibiotic home infusion therapy, all-inclusive per diem rate, includes nursing services, medical supplies, medications, and	
W9040	Pain management home infusion therapy, all-inclusive per diem rate, includes nursing services, medical supplies, medications	
W9050	Fluid replacement home infusion therapy, all-inclusive per diem rate, includes nursing services, medical supplies,	
W9060	Chemotherapy home infusion therapy, all-inclusive per diem rate, includes nursing services, medical supplies, medications,	
W9070	Multiple home infusion therapies, all-inclusive per diem rate, includes nursing services, medical supplies, medications,	
Z0180	Residential care/ assisted living facility, <u>per diem, all services included</u>	
Z0450	Non-hospital based detox, per diem	
Z0500	Hospice in home care per diem	
Z0550	Hospice respite care per diem	
Z0560	Hospice acute hospital pain management	
Z0600	Vocational Rehabilitation or chronic pain program, not claimant reimbursement, travel	
Z0601	Vocational Rehabilitation or chronic pain program, not claimant reimbursement, meals	
Z0602	Vocational Rehabilitation or chronic pain program, not claimant reimbursement, lodging	
Z0700	IW Relocation Expenses-Rehab Only	
Z1000	Catastrophic Case Management Plan, per hour, not to exceed limit, & shall be billed one time, at the completion of the CCMP	
Z1600	MCO requested ADR IME	
Z1601	ADR-(MCO LETTER NON-COMP.IW BILL MCO)	
Z1605	MCO REQ.POR GAMMA REVU(BILL MCO)	
Z1606	MCO GAMMA IME (BILL MCO)	
Z3000	RAW Service - Voc rehab case manager phone calls/email to/ from the IW or representative, per 6 min	
Z3001	RAW Service - Voc rehab case manager phone calls/email to/ from the physician or representative, per 6 min	
Z3002	RAW Service - Voc rehab case manager phone calls/email to/ from the employer or representative, per 6 min	
Z3003	RAW Service - Voc rehab case manager phone calls/email to/ from the BWC, per 6 min	
Z3004	RAW Service - Voc rehab case manager phone calls/email to/ from the MCO, per 6 min	
Z3005	RAW Service - Voc rehab case manager phone calls/email to/ from the service provider, per 6 min	
Z3006	RAW Service - Voc rehab case manager phone calls/email to/ from other (must specify), per 6 min	
Z3010	RAW Service - Voc rehab case manager face-to-face meeting with IW or representative, per 6 min	
Z3011	RAW Service - Voc rehab case manager face-to-face meeting with physician or representative, per 6 min	
Z3012	RAW Service - Voc rehab case manager face-to-face meeting with employer or representative, per 6 min	
Z3013	RAW Service - Voc rehab case manager face-to-face meeting with BWC, per 6 min	
Z3014	RAW Service - Voc rehab case manager face-to-face meeting with MCO, per 6 min	
Z3015	RAW Service - Voc rehab case manager face-to-face meeting with service provider, per 6 min	
Z3016	RAW Service - Voc rehab case manager face-to-face meeting with other (must specify), per 6 min	
Z3020	RAW Service - Documentation review by vocational rehab case manager, 6 min	
Z3025	RAW Service - Initial assessment report writing by vocational rehab case manager, per 6 min	
Z3035	RAW Service - Report writing by vocational rehab case manager, per 6 min	
Z3036	RAW Service - letter writing by vocational rehab case manager, per 6 min	
Z3040	RAW Service - Transferable skills analysis (TSA) report writing by voc rehab case manager, per 6 min	
Z3045	RAW Service - Voc rehab case manager, travel time, per 6 min, up to 10 units one way	
Z3046	RAW Service - Voc rehab case manager, wait time, per 6 min maximum of 5 units per occurrence	
Z3047	RAW Service - Voc rehab case manager mileage, per mile up to 65 miles one way	
Z3050	RAW Service – Other provider travel time per 6 min, up to 10 units one way	
Z3051	RAW Service – Other provider wait time, per 6 min maximum of 5 units per occurrence	
Z3052	RAW Service – Other provider mileage, per mile up to 65 miles one way	
Z5601	Emergency Response System, Initial installation	
Z5602	Emergency Response System, Monthly Fee	
Z9600	Out of State ADR IME MCO Scheduled	
Z9601	OUT OF STATE ADR IME Prov. Admin/Time Letter	
Z9605	Out of State MCO Requested POR File Summary	
Z9606	Out of State Gamma IME MCO Requested	