

Claim Reactivation

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Claim reactivation is the process to ensure that when BWC receives a request for compensation or medical benefits in a state-fund claim that has had no activity for more than a 24-month period, BWC appropriately reactivates the claim if the request causally relates to the original workplace injury and allowed condition(s) and payment is appropriate.

What is the process?

BWC will handle requests for:

- o Medical benefits and evaluate the causal relationship between the original injury and the current incident that is triggering the medical treatment; and necessity and appropriateness of the medical treatment request;
- o Compensation benefits and evaluates the causal relationship between the original injury and the current incident that is triggering the request for compensation and/or additional allowance.

The managed care organization (MCO) will handle the following requests when the claim is inactive:

- o A medical treatment for date(s) of service prior to the inactive date;
- o A request for prosthetic, orthotic, hearing device, dental device and durable medical equipment when such request is the only issue presented.

The MCO will forward to BWC, and the two entities will work together, to address:

- o Multiple issues filed concurrently with dates of service before and after the inactive date on the request; Requests for vocational rehabilitation.

If the claim is inactive, the MCO will refer a medical treatment request to BWC when accompanied by supporting medical evidence or when such medical evidence was subsequently provided to the MCO and the medical evidence is dated not more than 60 days prior to the date of the request.

BWC will provide due process, conduct an investigation and determine if the requested action causally relates to the original workplace injury and allowed condition(s) in the claim. BWC will issue an order or a notice of referral to the Industrial Commission of Ohio (IC). A party to the claim may appeal an order to the IC.

Employers, injured workers and providers do not need to request a claim reactivation, this process will occur when BWC receives a request for action in an inactive claim. Providers can continue to request services on the *Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9)*.

How are employers and their representatives affected?

o BWC and the MCO review a requested action in a claim more thoroughly when there has been a lapse in claim activity for more than 24 months to ensure payment is appropriate.

How are physicians and other health-care providers affected?

- o Providers use the C-9 to document thoroughly the need for medical treatment, and how the care relates to the original workplace injury and allowed condition(s) in the claim.
- o Providers who treat an injured worker whose claim is inactive should complete the C-9 before providing medical treatment or prescribing prescription medication(s).
- o The MCO will dismiss a C-9 request on an inactive claim when there is no supporting medical evidence, or if the medical evidence is dated more than 60 days prior to the date of the request. The provider has up to 10 business days to submit additional information requested from the MCO. A provider cannot appeal a dismissed C-9 through the alternative dispute resolution process. However, reconsideration of the medical treatment will occur upon submission of the requested documentation.
- o The MCOs have a maximum of 16 business days to respond to the medical treatment request and request BWC do a claim reactivation review. BWC has 28 calendar days to complete the causality investigation and issue a BWC order or notice of referral to the IC.

BWC will deny bills for dates of service on or after the claim's inactive date with explanation of benefits (EOB) 265: Payment is denied because the claim is inactive. If the claim is inactive, prior to delivering services, the provider must notify the injured worker that, unless the claim is reactivated, the services will not be payable by BWC and the injured worker will be responsible for payment.

Providers can find the claim status and diagnosis information on www.bwc.ohio.gov or by contacting the assigned MCO.

How are injured workers and their representatives affected?

o Injured workers must tell their provider whether their claim is inactive, if they know, so the provider can thoroughly document the need for medical treatment and/or prescription medication(s) and how the medical treatment and/or prescription medication(s) relates to the original workplace injury and allowed condition(s) in the claim.

BWC encourages injured workers to contact their assigned claims specialist if they have questions.

You can find additional information about claim reactivation by logging onto www.bwc.ohio.gov, or call **1-800-644-6292**, and listen to the options.