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Sent: Monday, February 11, 2013 2:30 PM
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Provider eNews - February 2013

Claims triage helps injured workers return to work, life

The top goal of our claims process is creating positive outcomes for injured workers. This means ensuring they receive the proper treatment in a timely manner. Also, that they have a clear path that safely returns them to the workplace and helps keep them there once they do return.

To help everyone navigate the process, BWC is transforming its claims teams from generalists to specialists who focus on each unique phase of a claim - intake and initial claims determination, return to work and remain at work.

What this means to you as a provider first and foremost is that your interaction and care of the injured worker will remain the same. However, the BWC team of specialists will partner with the employer's managed care organization (MCO) to streamline the number of contacts you as the provider will receive from BWC and the MCOs. Additionally, this stronger and more focused collaboration between the BWC specialists and the MCOs will ensure that obstacles to an effective and safe return to work are addressed quickly with the employer. This type of best practice approach is designed to compliment your activities of providing quality medical care to injured workers which will reduce the potential loss time from work.

Our guiding principle is to apply the right resources at the right time, to ultimately help ensure timely treatment and a safe, speedy return to work. By the end of March, this new claims-management process will be operational statewide in BWC's customer service offices. For more information, call 1-800-OHIOBWC.

Urine drug testing: prior authorization requirements

BWC uses drug screen codes that are reimbursable when medically necessary and do not require prior authorization. These are for use when the provider is managing injured

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workers:

- With chronic non-malignant pain related to allowed conditions;
- In approved chronic pain management programs that are Commission on Accredited Rehabilitation Facilities (CARF) accredited.

These Healthcare Common Procedure Coding System (HCPCS) codes include (urine drug screens) G0431 and G0434, and CPT® codes 80102 (confirmatory testing) and 83925 (quantitative testing for opiates).

Prior authorization of these codes is required if the injured worker does not meet the criteria above, or a medical need requires further testing. In general, we expect providers to do testing on a quarterly basis. However, providers can order testing at their discretion with documentation for medical necessity.

Managed care organizations (MCOs) are reporting difficulty in finding supporting medical documentation for drug-screening orders and test results. Providers are to document test orders and address the management of subsequent test results. To avoid reimbursement denial, please submit this information to the MCO.

BWC certifies four new provider types; revises MEDCO-13

We have revised the [Application for Provider Enrollment and Certification \(MEDCO-13\)](#).

We updated the form after accepting four new provider types for certification. They are:

- Anesthesiologist assistants;
- Sleep laboratories;
- Adult day care centers;
- Independent diagnostic testing facilities.

We announced the rule revision for Ohio Administrative Code 4123-6-02.2 in the November Provider eNews. This rule contains credentialing requirements for certified providers.

In addition, the rule change allows us to accept the provider's signature verifying the provider has professional malpractice and commercial liability insurance and will maintain this coverage throughout his or her contract. Actual policy submission is no longer necessary. Upon our request however, the provider will produce these policies.

Please take a moment to [forward this email](#) to other managers in your organization and to your colleagues who may find it of value.

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