

From: Ohio Bureau of Workers' Compensation
Sent: Friday, November 14, 2014
Subject: Provider eNews - November 2014

BWC Provider eNews



Nov. 14, 2014

Ohio Safety Congress & Expo 2015 – save the date!

BWC is pleased to announce the 2015 Ohio Safety Congress & Expo will be March 31 to April 2 at the Greater Columbus Convention Center. We're planning a full day of workers' compensation and injured worker treatment education specifically for physicians on Thursday, April 2.

Save the date and plan to be a part of this free, largest-of-its-kind regional event in the U.S. Watch for updates about safety congress in future Provider eNews editions.

Starting on a path to better care

More than 20 years ago, a group of business, labor and medical representatives came together to create the Health Partnership Program (HPP). This ushered in the era of managed care and provided significant improvements to key claims-management processes within Ohio's workers' compensation system.

In July, a team of 30 people representing the leading policy thinkers in Ohio's medical and workers' compensation communities, came together to create a path that provides better care for at-risk injured workers. In the process, the team clearly sent this message: our system continues to work well today but collectively, we think it can be even better.

BWC Health-Care Summit

This five-day BWC Health-Care Summit grew out of a May discussion we facilitated with our Board of Directors around one central question: how do we provide better care for injured workers who do not experience optimal outcomes?

The discussion generated a number of related questions that we and other stakeholders had been tackling over the preceding months. The questions were:

- How can the system better identify injured workers at risk of poor outcomes?

- How should Ohio's workers' compensation system deal with co-morbid conditions and other health issues that – while unrelated to the physical workplace injury – continue to impede care and often preclude an injured worker from recovering?
- What barriers exist that prevent coordination of care among workers' comp providers, primary-care physicians, and managed care organizations (MCOs), and how do we remove those barriers?
- For all parties, how do we design incentives that encourage the right behaviors and drive better results for the injured worker?

Guiding principles

Together, the group generated 23 tasks in five areas of care management. It believes these actions will result in more injured workers receiving faster, more comprehensive care at a lower cost to the system. More broadly, the team came up with three guiding principles that would shape the reformation and evolution of BWC's care system. They are:

- 1. Injured workers at risk of poorer outcomes should have their care managed by a high-quality physician-of-record (POR);
- 2. PORs should establish comprehensive treatment plans that consider not only an injured worker's workplace injuries, but also other physical, social and behavioral health issues that could impact the worker's ability to recover and return to work;
- 3. MCOs should support high-quality PORs through coordinating the exchange of information among key parties. In addition, they should support steps to remove barriers that prevent the injured worker from returning to work.

Changes to anesthesia-billing requirements are effective with the January professional fee schedule

BWC and managed care organizations (MCOs) are making changes to billing requirements that align them with the health-care industry. We anticipate these changes will significantly reduce payment errors in this area and simplify providers' billing processes.

Changes effective Jan. 1, 2015

Effective for dates of service on or after Jan. 1, 2015, are the following changes:

- Modifier codes -30 and -95 expire;
- -QX modifier description changes to align with the industry. (BWC's description is certified registered nurse anesthetist (**CRNA**) **supervised by physician**. The industry description is **qualified non-physician anesthetist with medical direction by a physician**.) This modifier will continue to be priced at 50 percent of the BWC fee schedule;
- Providers will need to bill all anesthesia procedure codes with QX or one of the new modifiers listed below;
- New modifiers listed below will be effective for dates of service Jan. 1, 2015, and later.
 - 1. AA Anesthesia services performed personally by anesthesiologist (100 percent of the fee-schedule amount)
 - 2. QY Medical direction of qualified non-physician anesthetist by anesthesiologist (50 percent of the

- fee-schedule amount)
- }. QK Medical direction of 2, 3 or 4 concurrent anesthesia procedures involving qualified individuals (50 percent of the fee-schedule amount)
- l. QZ CRNA without medical direction by a physician (100 percent of the fee schedule amount)

Information

BWC and MCO pricing will continue to use base units and additional minutes. [Email](#) questions about these new requirements.

Pharmacy-benefit coverage change for patches

BWC's Pharmacy & Therapeutics Committee recommended a change for coverage of fentanyl transdermal patches. This change took effect for new claims or new prescriptions for fentanyl patches on Sept. 1, 2014. It takes effect for injured workers who were already receiving the drug on Jan. 1, 2015.

The change limits coverage for fentanyl patches to the standard Food and Drug Administration - approved dosing period of every 72 hours. However, a physician who wishes to prescribe the drug for a shorter period must submit prior authorization that supports the need for this dosing interval.

Additional information

- [Formulary look-up](#)
- Email: Pharmacy.Benefits@bwc.state.oh.us

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