

Chapter 3 – Vocational Rehabilitation Services - Table of Contents

I. VOCATIONAL REHABILITATION SERVICES GENERAL STATEMENT	3-1
II. VOCATIONAL REHABILITATION CASE MANAGER	3-1
A. Coordinating Services & Development Of Vocational Rehabilitation Plans	3-1
B. Hierarchy	3-1
III. HIERARCHY TO AID INJURED WORKER	3-1
IV. ELIGIBLE PROVIDERS	3-2
A. BWC Certified & Enrolled Provider	3-2
B. Vocational Rehabilitation Case Management Intern Services	3-2
C. Billing For Services Provided By Using The W & Z Codes	3-2
V. PRIOR AUTHORIZATION INFORMATION	3-2
VI. COVERED SERVICES GENERAL INFORMATION	3-2
A. Reimbursement From Surplus Fund	3-2
B. Vocational Provider Reimbursement Of Pre-Approved Travel	3-2
VII. COVERED SERVICES DEFINITIONS & PROCEDURES	3-3
A. OAC 4123-18-09	3-3
B. Service Code Limits	3-3
C. Rounding	3-3
D. Case Complexity Modifiers	3-3
E. Outcome Payment	3-4
F. Successful Return to Work	3-4
G. Appropriate Job	3-5
H. Reimbursable Services	3-5

I. VOCATIONAL REHABILITATION SERVICES GENERAL STATEMENT - Vocational rehabilitation provides individualized, comprehensive programs focused on safely returning an eligible injured worker to work in a cost-effective manner. When the injured worker quickly returns to work or is able to maintain existing employment, case resolution progresses, lost time decreases, medical expenses decline and employers' costs lessen.

II. VOCATIONAL REHABILITATION CASE MANAGER

- A. Coordinating Services & Development Of Vocational Rehabilitation Plans - The Vocational Rehabilitation Case Manager coordinates services and develop vocational rehabilitation plans. Plans must be written in accordance with the return to work hierarchy outlined in [OAC 4123-18-05](#) to ensure the most permanent and cost effective re-employment of the injured worker.

- B. Hierarchy - The hierarchy states that the goals of vocational rehabilitation are to return the injured worker to the:
 - 1. Same job, same employer;
 - 2. Different job, same employer;
 - 3. Same job, different employer; or
 - 4. Different job, different employer

III. HIERARCHY TO AID INJURED WORKER - Skill enhancement, remedial or short-

term training may be used at any level of the hierarchy to aid the injured worker in successfully returning to work.

IV. ELIGIBLE PROVIDERS

A. BWC Certified & Enrolled Vocational Rehabilitation Case Manager - Any vocational rehabilitation case management services provided to an injured worker shall be delivered by a BWC certified and enrolled provider. Please refer to the General Information Chapter 1 of "*BWC's Provider Billing and Reimbursement Manual*" for the BWC provider enrollment guidelines. As outlined in [OAC 4123-6-02.2\(C\)\(48\)](#), the Vocational Rehabilitation Case Manager shall hold a current certification as one of the following:

1. Certified Vocational Rehabilitation Counselor;
2. Certified Disability Management Specialist;
3. Certified Vocational Rehabilitation Registered Nurse;
4. Certified Vocational Evaluator;
5. Certified Occupational Health Nurse;
6. Certified Vocational Rehabilitation Case Manager; or
7. American Board of Vocational Experts.

B. Vocational Rehabilitation Case Management Intern Services - Vocational Rehabilitation Case Management Intern services must be provided by a BWC certified Case Management Intern as outlined in [OAC 4123-6-02.2\(C\)\(49\)](#). **A Vocational Rehabilitation Case Management Intern certification is only valid four (4) years and is not renewable.**

C. Billing For Services Provided By Using The W & Z Codes - The Vocational Rehabilitation Case Management Intern shall bill for services provided by using the W and Z codes associated with Vocational Rehabilitation Case Management. The Vocational Rehabilitation Case Management Intern shall receive eighty-five percent (85%) of the [Vocational Rehabilitation Fee Schedule](#) amount for all services excluding mileage as outlined in [OAC 4123-18-09 \(Appendix A\)](#).

V. **PRIOR AUTHORIZATION INFORMATION** - The provider is responsible for contacting the appropriate MCO or self-insuring employer for authorization guidelines.

VI. COVERED SERVICES GENERAL INFORMATION

A. Reimbursement From Surplus Fund - When the injured worker participates in MCO approved vocational rehabilitation plan activities, BWC reimburses these services from its surplus fund. To receive reimbursement, a provider must submit to the MCO:

1. A detailed report of the services rendered; and
2. The results of those services.

B. Vocational Provider Reimbursement Of Pre-Approved Travel - The Vocational Rehabilitation Case Manager, Vocational Rehabilitation Case Management Intern and certain vocational providers may be eligible for reimbursement of pre-approved travel in accordance with the [Vocational Rehabilitation Fee Schedule OAC 4123-18-09 \(Appendix A\)](#).

VII. **COVERED SERVICES DEFINITIONS & PROCEDURES** - The following definitions and procedures related to the [Vocational Rehabilitation Fee Schedule](#) apply:

- A. **[OAC 4123-18-09](#) - Plans with services paid By Report ([OAC 4123-18-09](#))**
1. By report services are approved by the MCO.
 2. By Report codes are service codes that have no established fees for the identified service. The services include the following
 - a. W0647 Automobile Repairs
 - b. W0648 Physical Reconditioning – Unsupervised
 - c. W0663 Job Modifications
 - d. W0665 Tools/Equipment
 - e. W0674 Child/Dependent Care
 - f. W0690 Training – Books, Supplies and Testing
 - g. W0691 Remedial Training
 - h. W0692 Short Term Training – up to one (1) year
 - i. W0694 Long Term Training – over one (1) year
 3. When including a By Report code in a vocational rehabilitation plan, the Vocational Rehabilitation Case Manager shall research the service that is needed and the available providers for that service. The Vocational Rehabilitation Case Manager shall document in the vocational rehabilitation plan narrative the justification for the service and the associated costs.
 4. The Vocational Rehabilitation Case Manager shall staff the proposed service and costs with the MCO and document the MCO's support in the narrative of the rehabilitation plan.
 5. The same process is used to request units of service above the [Vocational Rehabilitation Fee Schedule](#).
- B. **Service Code Limits** - Services listed as “maximum” shall be capped at the fee of units of service listed. When service caps or units of services are listed as “up to”, the cap may be exceeded with prior authorization upon presentation of the appropriate justification following the [“Special Vocational Rehabilitation Plan Types”](#) policy
- C. **Rounding** - For all services with a fifteen (15) minute unit of service, the provider must round time spent providing the service to the nearest whole unit when billing.
- D. **Case Complexity Modifiers**
1. Modifiers related to vocational rehabilitation case complexity may be utilized to adjust base rates for comprehensive vocational rehabilitation plans with first date of service on or after February 1, 2015, according to the level of complexity of that referral. The level of complexity shall be determined by BWC prior to plan implementation, based upon complexity factors identified by the Vocational Rehabilitation Case Manager and MCO.
 2. Case Complexity Modifiers may only be utilized for the following employment services:
 - a. W3257 Employment Services – Job Seeking Skills Training
 - W3258 Employment Services – Job Club
 - b. W3259 Employment Services – Job Development
 - c. W3260 Employment Services – Job Placement
 - d. W3261 Employment Services Outcome Payment

- e. W3200-W3240 Plan Implementation – Vocational Rehabilitation Case Management codes
 - f. W3241-W3243 Plan Implementation Outcome Payments
3. BWC recognizes three levels of vocational rehabilitation case complexity. These are:

Level	Modifier
Complexity Level 1	(None)
Complexity Level 2	W2
Complexity Level 3	W3

4. Complexity Level 1 does not require a modifier and is reimbursed at one hundred percent (100%) of the unit of service fee. Modifiers for Complexity Levels 2 and 3 and their corresponding levels of reimbursement may be found in the [Vocational Rehabilitation Fee Schedule](#).

E. Outcome Payment

- 1. Outcome payments are payments made in comprehensive vocational rehabilitation plans with begin dates on or after February 1, 2015 in which a successful return to work is achieved. The following providers are eligible for outcome payments:
 - a. A Vocational Rehabilitation Case Manager who has provided plan implementation services authorized in an approved comprehensive vocational rehabilitation plan, or
 - b. A provider of employment services in an approved comprehensive vocational rehabilitation plan.
- 2. The plan implementation outcome payment will only be made to the Vocational Rehabilitation Case Manager assigned to the plan at the time of the comprehensive vocational rehabilitation plan closure with a successful outcome.
- 3. The employment services outcome payment will only be made to the service provider designated to receive the outcome payment.
- 4. If more than one servicing provider is participating in the plan, the provider receiving the applicable outcome payment is responsible to reimburse the other servicing providers for any portion of the outcome payment the provider agreed to share.

F. Successful Return to Work Outcome - For purposes of the [Vocational Rehabilitation Fee Schedule](#) effective February 1, 2015, a successful return to work is one in which the injured worker has:

- 1. Returned to work in an appropriate job or to a job in the targeted job family of the comprehensive vocational rehabilitation plan; and
 - a. Remained on the job for at least thirty (30) days;
 - b. The injured worker does not need additional services to maintain the job; and
 - c. The injured worker's vocational rehabilitation plan is closed.
- 2. A successful return to work outcome may also be applied to a return to work that occurs within sixty (60) days of a comprehensive plan closed as completed without a return to work, provided that the worker maintains employment for thirty (30) days.

3. Maintenance of employment for less than thirty (30) days may be considered a successful return to work for purposes of the [Vocational Rehabilitation Fee Schedule](#) if the MCO and BWC agree that the failure to maintain employment for thirty (30) days is due to extraordinary circumstances. While each situation is unique and should be staffed between the involved parties, the following could be considered a non-exclusive list of possible extraordinary circumstances after a return to work occurs:
 - a. The injured worker dies;
 - b. The injured worker becomes incapacitated for an extended period for non-claim related conditions;
 - c. Unanticipated family medical need that requires injured worker to leave employment to provide care;
 - d. Unanticipated relocation/move of more than fifty (50) miles for partner/spouse employment, etc.;
 - e. Lump sum settlement becomes effective after return to work but prior to thirty (30) days employment with apparent stability;
 - f. Ohio Attorney General court settlement after return to work; or
 - g. Other unusual issues not related to the claim, or the job match.
4. Additionally, for an employment services outcome payment, the return to work must be within ninety (90) days of the last date of an employment service. An employment services outcome payment may also be paid at ninety (90) days of employment when a return to work incentive agreement (i.e., on-the-job-training, gradual return to work, employer incentive contract, job modification) has been implemented and the employment situation is expected to continue.

G. Appropriate Job - An appropriate job is one that is within the injured worker's physical capabilities and which may be performed by the injured worker subject to the injured worker's physical, psychiatric, mental and vocational limitations. An appropriate job is one for which the injured worker receives a rate of pay as close as possible to the average weekly wage received by the injured worker in the injured worker's former position of employment, given the skills, abilities, capacities and availability of work in the injured worker's area.

H. Reimbursable Services - The following vocational rehabilitation services may be reimbursable when provided in an approved vocational rehabilitation plan or plan development activity:

1. Automobile repairs (W0647)

- a. This service provides payment for necessary repairs to an injured worker's vehicle incurred during participation in a rehabilitation program and made for the sole purpose of allowing participation in rehabilitation program. The total cost of the repairs cannot exceed the trade-in value of the vehicle as reported in nationally recognized data (e.g., "Kelley Bluebook value" at www.kbb.com). This service is not intended for routine maintenance, such as an oil change.
- b. Estimates on repairs must include a statement from the mechanic regarding the overall condition of the car.
- c. This By Report service is provided on an individual basis as determined by need and must be provided by BWC enrolled providers.
- d. Authorization of this service is subject to the ["Special Vocational Rehabilitation Plan Types"](#) policy.

2. **Biofeedback training** (Use CPT® codes for psycho-physiological therapy incorporating biofeedback training)
 - a. Biofeedback training develops the injured worker's ability to control the autonomic (involuntary) nervous system and aids in pain management.
 - b. Need for this service is determined on an individual basis.
3. **Child/dependent care (W0674)**
 - a. This service provides reimbursement to an enrolled provider for care of a child or dependent of an injured worker with the sole purpose of allowing the injured worker to participate in their vocational rehabilitation program.
 - b. This By Report service is provided on an individual basis as determined by need and must be provided by BWC enrolled providers. The maximum hourly and weekly reimbursement rates shall be equal to the Ohio Department of Job and Family Services rates set forth in [Appendix A](#) to [OAC 5101:2-16-41](#) in effect on the billed date of service.
 - c. Authorization of this service is subject to the ["Special Vocational Rehabilitation Plan Types"](#) policy.
4. **Counseling** – Counseling assists injured workers in managing personal/emotional issues that interfere with vocational rehabilitation progress and present barriers to return to work. Eligible professional counseling services in the course of rehabilitation plans include:
 - a. **Adjustment Counseling**
 - i. A counseling service that assists an injured worker in managing the personal and emotional issues that interfere with vocational rehabilitation progress and return to work (i.e., use CPT® codes for psychotherapy procedures).
 - ii. If there is no psychological allowance in the claim, adjustment counseling is reimbursed as a non-allowed condition (*see Non-Allowed Conditions Service on page 16 of this chapter*)
 - b. **Career Counseling – In person (W0523)**
 - i. This service specifically assists injured workers who require a substantial change in vocation due to the work related injury to identify and adjust to a new job goal that is realistic for the injured worker's current physical and mental status, and for the availability of jobs in the injured worker's chosen area of residence. The Career Counselors may utilize a variety of assessments and techniques to help the injured worker explore areas of vocational interest. Once the Career Counselors have narrowed the occupational field, the Career Counselor helps the injured worker identify the skills, training availability and earnings potential for the identified job. Progress notes, activity logs and a final report are required with this service. This service may be used in conjunction with W0524 Career Counseling – Research and Reporting.
 - ii. This service may be provided by a counselor who is licensed as one of the following:
 - a) Licensed Social Worker;
 - b) Licensed Independent Social Worker;
 - c) Licensed Professional Counselor;
 - d) Licensed Professional Clinical Counselor;
 - e) Licensed Psychologist;
 - f) Doctor of Medicine; or
 - g) Doctor of Osteopathy.

- iii. Providers of this service may be reimbursed for travel and mileage according to the codes for the Vocational Rehabilitation Provider Travel section shown later in this chapter. For this service, providers must bill under the provider's individual provider number, not the company for which the provider works.
 - iv. Licensed Social Workers and Licensed Professional Counselors are reimbursed at seventy-five percent (75%) of the established fee, while Licensed Independent Social Workers and Licensed Professional Clinical Counselors will receive eighty-five percent (85%) of the established fee.
 - c. **Career Counseling – Research and Reporting (W0524)** This service provides a limited amount of time for a career counselor to complete research of specific occupational requirements and/or report writing when the injured worker receiving career counseling is not present. The service may only be provided in conjunction with career counseling in-person as part of an approved vocational rehabilitation plan, and must be performed by the same person who is providing the career counseling services in the plan.
 - d. **Guidelines for Career Counseling services**
 - i. At the start of career counseling, a written plan for the counseling should be developed with the injured worker. The plan should include:
 - a) Clearly defined goals for the service;
 - b) A list of individualized expectations for the injured worker while participating in career counseling;
 - c) A schedule of meeting dates (i.e., If this is a stand-alone service, these must be at least one (1) to three (3) times per week and include homework assignments); and
 - d) An explanation of the homework that will be assigned and recognition that all services together for an injured worker shall approximate full-time or the level of the injured worker's release.
 - ii. The Career Counselor shall submit reports to the MCO summarizing the progress of career counseling at least bi-weekly.
 - iii. At the end of the service, the Career Counselor shall submit a report to the MCO providing the recommendations for vocational goal and relevant labor market information.
 - iv. When billing for career counseling, the Career Counselor shall submit an activity log indicating dates of service, units of service billed, place and time of service delivery and, if applicable, a *Mental Health Notes Summary (Non-Psychotherapy Note) (MEDCO-16)* form.
- 5. Employment Services**
- a. **General Information** – Employment Services Consists of Job Seeking Skills Training, Job Club, Job Placement, Job Development and Outcome Payment
 - i. The provider of the following services with plan begin dates on or after February 1, 2015, will use the W3200 series codes and may utilize modifiers for complexity, if applicable and may receive the outcome payment for a successful return to work.
 - a) W3257 Employment Services – Job Seeking Skills Training;
 - b) W3258 Employment Services – Job Club;
 - c) W3259 Employment Services – Job Development;
 - d) W3260 Employment Services – Job Placement; and
 - e) W3261 Employment Services Outcome Payment.

- ii. If employment services were initiated with a plan begin date prior to February 1, 2015, the provider will continue to use the W0600 series codes for billing purposes. The W0600 series codes for employment services include:
 - a) W0641 Job Club;
 - b) W0650 Job Seeking Skills Training;
 - c) W0659 Job Development; and,
 - d) W0660 Job Placement
 - iii. If the injured worker resides more than fifty (50) miles beyond the borders of the state of Ohio the provider will continue to use the W0600 series codes in providing these services. Please note that complexity modifiers and outcome payments do not apply to the W0600 series codes.
- b. Employment Services – Job Seeking Skills Training (W3257)**
- i. Job Seeking Skills Training is a specialized individualized or group program focused on job goals, application process and developing the skills necessary to obtain employment. This service is provided in-person and is usually used in conjunction with job search, job club, or job placement and development. The focus includes:
 - a) Proficiency in interviewing and how to address difficult interview questions, including questions about the injured worker's disability and workers' compensation;
 - b) Effective employer contacts with follow up;
 - c) Internet job search;
 - d) On-line job applications;
 - e) Resume development;
 - f) Managing electronic documents for job seeking;
 - g) Using email related to job searches;
 - h) Networking;
 - i) Finding job leads; and
 - j) Using the [Vocational Rehabilitation Plan Job Search Contacts \(RH-10\)](#) form for recording job contacts.
 - ii. The provider must review the injured worker's presentation and provide tips on how to improve where necessary. The provider and the injured worker must develop a list of prospective employers and the provider must explain the different ways that successful contacts can be made. These would include:
 - a) Face to face;
 - b) Phone;
 - c) Fax;
 - d) US mail; or
 - e) Internet contacts.
 - iii. At the end of Job Seeking Skills Training, the provider must be able to provide concrete/objective support with documentation addressing:
 - a) The information and content provided during the Job Seeking Skills Training program;
 - b) The injured worker's strengths;
 - c) Areas of additional need; and
 - d) Whether the injured worker is ready for a job search.

- iv. Job Seeking Skills Training participants typically meet with the program instructor ten (10) to twenty (20) hours over one (1) to several weeks. The length of Job Seeking Skills Training is determined by the needs of the individual participant.
- v. This service is reimbursed in six (6) minute units of service, up to two hundred (200) units twenty (20) hours. Mileage, travel time and wait time may be reimbursed to Job Seeking Skills Training providers within BWC guidelines. *(see the Vocational Rehabilitation Provider Travel section shown later in this chapter)*
- c. **Employment Services –Job Club (W3258)**
 - i. Job clubs are highly structured group meetings composed of job seekers and a facilitator. Participants cultivate skills through actively conducting their job search with training and guidance from the job club facilitator. This program aids a group of injured workers in obtaining job leads and supports their job search performance. Sessions must be facilitator led and at least one (1) hour in duration.
 - ii. This service is reimbursed in six (6) minute units, up to two hundred (200) units in twenty (20) weeks. Mileage, travel time and wait time may also be billed by Job Club providers within BWC guidelines. *(see the Vocational Rehabilitation Provider Travel section shown later in this chapter)*
- d. **Employment Services – Job Placement (W3260) and Employment Services – Job Development (W3259)**
 - i. The specialized services of job placement and job development providers shall only be included in a comprehensive vocational rehabilitation plan when the injured worker requires placement and development services above and beyond the services provided by the Vocational Rehabilitation Case Manager during the job search. The job placement and job development provider and the Vocational Rehabilitation Case Manager must staff the case to ensure the best coordination of the case. The job placement and job development providers must have awareness of both the injured worker's and potential employers' needs and knowledge of return to work incentive programs (e.g., Gradual Return to Work, Employer Incentive Contracts and On-the-Job Training). When using one of these services to negotiate a job offer with an employer, it is important that the job placement and job development provider work in conjunction with the BWC Disability Management Coordinator and the Vocational Rehabilitation Case Manager. Specific compensation information should always be referred to BWC. The provider shall assist the injured worker in providing the MCO with documentation of all job contacts including employer name, date of contact, and the specific outcome.
 - ii. A labor market survey for the target job(s) must be completed prior to initiating job placement and job development services. The labor market survey may be completed by the provider of job development or job placement. It may also be provided by the Career Counselor, Vocational Rehabilitation Case Manager or the Job Seeking Skills Training Provider with the exception of the Vocational Rehabilitation Case Manager, all other providers bill the labor market survey within the scope of the service the providers are providing. The labor market survey must include:

- a) Job availability within a certain industry; and
- b) The names of specific employers who are currently hiring.
- iii. Prior to the start of the job search, the job placement and job development provider shall develop a job search strategic plan with the Vocational Rehabilitation Case Manager. This job search strategy must include:
 - a) Ongoing evaluation of the progression of the job search; and
 - b) Possible adjustments when it appears expected outcomes will not be reached.
- iv. Job placement and job development services are typically authorized in 4-8 week increments on the *Authorization Request for Vocational Rehabilitation Plan (RH-45)* form. Continuation of this service must be justified based on:
 - a) The availability of openings for employment related to the identified job goal of the injured worker;
 - b) The injured worker's possession of the expected skills for that job goal; and
 - c) The injured worker's active participation in the job search process.
- v. If the injured worker was identified as having transferable skills for the targeted job, but it is determined that the injured worker lacks a specific skill that is now expected by most employers for the job goal, training (on-the-job or short term) should be considered.
- vi. Comprehensive narrative reports for job placement and job development services must be provided to the MCO weekly. These shall include the injured worker's experience in job search and constructive advice provided by the job placement and development specialist.
- vii. Note - Job placement and job development providers must be certified employment specialists and use their own servicing provider number when billing for services. Providers must detail the provider's activity for each date of service rather than billing a bundled fee for each week. Providers of this service may be reimbursed for travel, mileage and wait time according to the codes for the Vocational Rehabilitation Provider Travel section shown later in this chapter.
- e. **Employment Services - Job Development (W3259)** is a vocational service that assists an injured worker in returning to work by uncovering the hidden job market (i.e., unadvertised positions) and/or creating a job that matches the injured worker's vocational skills and restrictions. Job development providers must:
 - i. Have a working knowledge of an industry or geographic area and its employers to be effective;
 - ii. Have a marketing and sales frame of reference;
 - iii. Use their knowledge and contacts from the local job market to facilitate return to work by contacting potential employers on behalf of the injured worker and arranging interviews for unadvertised or newly created jobs;
 - iv. Negotiate with potential employers to create a position for the injured worker that formerly did not exist; and
 - v. When job development services are included in a vocational rehabilitation plan, job placement services must also be provided. If the job placement provider is not the Vocational Rehabilitation Case Manager, the job development provider must either be the job placement provider or the Vocational Rehabilitation Case Manager.

- vi. This service is reimbursed in six (6) minute units, up to four hundred (400) units forty (40) hours in twenty (20) weeks.
 - f. **Employment Services - Job Placement (W3260)**
 - i. W3260 is a vocational service that assists an injured worker in returning to work by matching the injured worker's vocational skills and restrictions with jobs that may be available or modified for the injured worker. Job placement providers use their knowledge and contacts from the local labor market to facilitate return to work by:
 - a) Providing leads to the injured worker;
 - b) Making contacts with potential employers on behalf of the injured worker for advertised jobs; and
 - c) Matching an injured worker to an existing position in the community that may or may not require modifications to accommodate the injured worker's abilities.
 - ii. The job placement provider must also set job search procedures and goals, closely follow the injured worker's progress, and correct/redirect the performance of activities through frequent, documented face-to-face meetings with the injured worker. When job placement services are included in a vocational rehabilitation plan, job development services must also be provided. If the job development provider is not the Vocational Rehabilitation Case Manager, the job placement provider must either be the job development provider or the Vocational Rehabilitation Case Manager.
 - iii. This service is reimbursed in six (6) minute units, up to four hundred (400) units (40 hours) in twenty (20) weeks.
 - g. **Employment Services Outcome Payment (W3261)**
 - i. A single reimbursement made to the designated employment services provider for the achievement of successful return to work outcome when employment services have been authorized and provided in a comprehensive vocational rehabilitation plan with plan begin date after February 1, 2015.
 - ii. The employment services outcome payment is payable at:
 - a) Comprehensive plan closure with a successful return to work; or
 - b) Ninety (90) days of employment when:
 - i) A Return to Work Incentive plan/service is utilized; and
 - ii) The employment situation is expected to continue; or
 - c) Comprehensive plan closed as completed – before the injured worker returned to work when:
 - i) The actual return to work is within sixty (60) days of closure of the completed plan,
 - ii) Successful return to work (The return to work is to the targeted job or job family of the comprehensive vocational rehabilitation plan),
 - iii) The employment situation has been verified as stable for at least thirty (30) days, and
 - iv) Return to work was not more than ninety (90) days after the last date of employment services.
6. **Ergonomic**
- a. **Ergonomic Implementation (W0513)**
 - i. Ergonomic Implementation allows for additional follow-up with the injured worker when a job modification is recommended. The purpose is to ensure that the modification is appropriate and that the injured worker is trained to use the modification correctly.

- ii. This service may be provided by a(n):
 - a) Occupational Therapist;
 - b) Physical Therapist;
 - c) Certified Professional Ergonomist;
 - d) Certified Human Factors Professional;
 - e) Associate Ergonomics Professional;
 - f) Associate Human Factors Professional;
 - g) Certified Ergonomics Associate;
 - h) Certified Safety Professional with "Ergonomics Specialist" designation;
 - i) Certified Industrial Ergonomist;
 - j) Assistive Technology Practitioner; or
 - k) Rehabilitation Engineering Technologist.
 - iii. Providers of this service may be reimbursed for travel and mileage using fees and guidelines specified in the Vocational Rehabilitation Provider Travel section shown later in this chapter.
 - iv. The provider must submit a detailed report summarizing the services provided with reimbursement requests. This service is reimbursed in fifteen (15) minute units up to sixteen (16) units.
- b. Ergonomic Study (W0644)**
- i. An ergonomic study is an analysis of how the worker responds when performing the job in relation to the work environment. It examines the "fit" between the worker and the job requirements. An ergonomic study takes into account the worker's size, strength, ability to handle the tasks/tools and work environment. It is generally used to evaluate the risks of the job and to recommend job modifications. This service is provided on an individual basis as determined by need. The provider of an ergonomic study must sign and date the study specifying the provider's credentials. An ergonomic study may be provided by a(n):
 - Occupational Therapist;
 - a) Physical Therapist;
 - b) Certified Professional Ergonomist;
 - c) Certified Human Factors Professional;
 - d) Associate Ergonomics Professional;
 - e) Associate Human Factors Professional;
 - f) Certified Ergonomics Associate;
 - g) Certified Safety Professional with "Ergonomics Specialist" designation;
 - h) Certified Industrial Ergonomist;
 - i) Assistive Technology Practitioner; or
 - j) Rehabilitation Engineering Technologist.
 - ii. Providers of this service may be reimbursed for travel and mileage using fees and guidelines specified in the Vocational Rehabilitation Provider Travel section shown later in this chapter.
 - iii. This service is reimbursed in fifteen (15) minute units up to twenty-eight (28) units.
- 7. Injured worker's meals (W0601) and lodging expenses (W0602) - BWC** reimburses eligible injured worker's meals and lodging expenses on an individual basis as determined by need. IC and BWC guidelines and rates apply.

8. Injured Worker Travel

- a. **Injured worker's travel expenses (W0600)** - BWC reimburses injured worker's travel expenses on an individual basis as determined by need with a minimum forty-five (45) mile round trip. IC and BWC guidelines and rates apply.
- b. **Injured worker travel, meals and lodging, (Program reimbursed, not reimbursed to the injured worker)** - This service is provided on an individual basis as determined by need. The following BWC local level procedure codes are used when the vocational rehabilitation program (billing facility) used in the vocational rehabilitation plan has a contractual agreement with other facilities to provide travel, meals, and or lodging to the injured worker:
 - i. Z0600 Vocational rehabilitation or chronic pain program, not claimant reimbursement, travel;
 - ii. Z0601 Vocational rehabilitation or chronic pain program, not claimant reimbursement, meals; and/or
 - iii. Z0602 Vocational rehabilitation or chronic pain program, not claimant reimbursement, lodging.

9. Job Analysis (W0645)

- a. A job analysis is a process for examining a job and collecting measurements while the job is being performed. It explains what the worker does, how the worker performs the work and what the outcomes of the work are. It identifies the essential functions of the job, describes the physical demands of the required tasks, working conditions and the knowledge, skills and experience generally required to safely perform the job. A job analysis includes information about the tools and equipment used in performing the job. A job analysis may be provided by a(n);
 - i. Occupational Therapist;
 - ii. Physical Therapist;
 - iii. Certified Professional Ergonomist;
 - iv. Certified Human Factors Professional;
 - v. Associate Ergonomics Professional;
 - vi. Associate Human Factors Professional;
 - vii. Certified Ergonomics Associate;
 - viii. Certified Safety Professional with "Ergonomics Specialist" designation;
 - ix. Certified Industrial Ergonomist;
 - x. Assistive Technology Practitioner;
 - xi. Rehabilitation Engineering Technologist; or
 - xii. Certified BWC Vocational Rehabilitation Case Manager.A provider of this service may be reimbursed for travel and mileage using fees and guidelines specified in the Vocational Rehabilitation Provider Travel section shown later in this chapter.
- b. The provider of a job analysis must sign and date the analysis specifying the provider's credentials. This service is reimbursed in fifteen (15) minute units up to sixteen (16) units.
- c. Note - When the job analysis is provided by the Vocational Rehabilitation Case Manager, it is not billed using the W0645 code. It is considered vocational rehabilitation professional time, W3012, W3212 or Z3212.

10. Job Club (W0641) (See *Employment Services- Job Club*)

11. Job Coach (W0672)

- a. A job coach is a vocational specialist who provides on-site guidance, training, and assistance to the injured worker focusing on job performance in the actual work situation. This behaviorally based program concentrates on teaching specific skills to assist in completing the job's required tasks and maintaining appropriate work behaviors. This service is customarily used with those individuals with traumatic brain injuries, psycho-behavioral conditions, catastrophic injuries and developmental disabilities. Provision of this service is in fifteen (15) minute units for a maximum of one hundred and sixty (160) units.
- b. Mileage, travel time and wait time may also be billed by Job Coaching providers within BWC guidelines. (see the Vocational Rehabilitation Provider Travel section shown later in this chapter)

12. Job Modification (W0663)

- a. A job modification is the removal or alteration of physical barriers that may prohibit an injured worker from performing the essential job functions and prevent the worker from returning to work or maintaining current employment. It may change the physical demands of the job, thus allowing the injured worker to perform the injured worker's essential job functions without restrictions. Job modifications are generally used for a permanent position and not with a work trial unless the modification is portable.
- b. Job modifications require prior approval by BWC and are provided on an individual basis as determined by need. Job modifications must be staffed and authorized by the BWC Disability Management Coordinator prior to final negotiations with the employer. Coordination among the employer, injured worker, physician of record and other professionals is required to ensure the suitability of the modification. An on-site job analysis or ergonomic study which includes the recommendations and justification for the modification and anticipated costs for the modifications is necessary to begin the process. Once agreement to the modification is achieved, the Vocational Rehabilitation Case Manager includes the modification and justification on the plan, or plan and authorization request, or progress report and authorization request as appropriate. The following conditions also apply:
 - i. Supplier reimbursement method:
 - a) Submit the completed [Job Modification Agreement – Supplier Reimbursement \(RH-14\)](#) form with the return to work employer and Vocational Rehabilitation Case Manager signatures.
 - b) Use the W0663 code when reimbursing an approved supplier for a job modification.
 - ii. Employer reimbursement method: (preferred method)
 - a) Submit the completed [Job Modification Agreement – Return to Work \(RTW\) Employer \(RH-15\)](#) form with the return to work employer and Vocational Rehabilitation Case Manager signatures.
 - b) BWC Disability Management Coordinator facilitates payments directly to the employer in the following manner:

- i) Fifty -percent (50%) of the costs are reimbursed to the return to work employer upon completion of the job modification, when the return to work employer submits the following:
 - a. A written request for reimbursement,
 - b. Any invoices for the modification; and
 - c. Proof of payment.
 - ii) To receive the remaining fifty percent (50%) at the injured worker's ninety (90) days of employment. The return to work employer must submit:
 - a. A written request for reimbursement; and
 - b. Verification of the injured worker's current employment.
- 13. **Job Placement (W0660) and Job Development (W0659)** (See Employment Services – Job Placement and Job Development)
- 14. **Job search** (no billing code used)
 - a. Job Search is the individualized self-directed activities of the injured worker in seeking employment. Job search is either monitored by the Vocational Rehabilitation Case Manager or the Employment Specialist. Its purpose is to expedite employment in a position that can/will provide a reasonable standard of living. It is developed for an injured worker who cannot return to the original employer, and has the transferable skill and physical capacities to return to the labor force. It is important to establish ground rules for job search. When job search is included in plan in conjunction with Job Placement and Job Development services, the Employment Specialist should also help to develop the ground rules. The Vocational Rehabilitation Case Manager and the injured worker will develop the ground rules with input from the MCO, if job search activities are monitored by the Vocational Rehabilitation Case Manager.
 - b. The ground rules should address the following:
 - i. The job goal;
 - ii. The number of contacts to be made;
 - iii. The minimum amount of time the injured worker is expected to engage in job search activities each week;
 - iv. The type of contacts to be made (e.g., in person, phone, fax, Internet, US mail, etc.);
 - v. Note - The job goal should help to determine the number of job contacts and the type required per week;
 - vi. The method for documenting contacts;
 - vii. When the documentation of contacts will be submitted;
 - viii. To whom the documentation of contacts will be submitted; and
 - ix. How often the injured worker will meet with the Vocational Rehabilitation Case Manager and/or the job placement and development specialist.
 - c. When a job search is not going as planned, barriers will be discussed and expectations will be documented on the [Vocational Rehabilitation Progress Report \(RH-46\)](#) form. The vocational rehabilitation providers are responsible for assuring that the injured worker is actively participating in a full-time job search program, as described in the comprehensive vocational rehabilitation plan. As the job search progresses, care must be given to the quality of contacts versus the number of contacts. Although the injured worker must fulfill the injured worker's obligation to participate in job search, it is most important that the

contacts the injured worker makes are appropriate and represent jobs the injured worker can actually perform based on the injured worker's physical capacities, skill and aptitudes.

- i. The average duration: up to twenty (20) weeks.
 - ii. [RH-10](#) is the suggested form.
 - d. Note - An injured worker is ready to participate in job search/job placement when all medical treatments that could interfere with a successful return to work have been completed. The injured worker must have a clearly defined, workable job goal that is supported by the restrictions set forth by the physician of record and available in the geographic area. The injured worker must have the skill and/or aptitudes to perform the chosen goal. Personal issues must be addressed and/or resolved such as transportation, child care, telephone availability, wage expectations, etc. The injured worker must be able to legally work in the United States. It is also important to consider the injured worker's feelings as to whether the injured worker is ready to begin the work of returning to gainful employment. It is the Vocational Rehabilitation Case Manager's responsibility to document the above.
- 15. Job Seeking Skills Training (W0650)** (See Employment Services – Job Seeking Skills Training)
- 16. Non-allowed Conditions (billing codes based on services provided)**
- a. Per [OAC 4123-18-08 \(B\)](#), non-allowed conditions may be treated within a vocational rehabilitation plan, up to two thousand dollars (\$2,000.00) maximum per claim, if these conditions are clearly aggravating the injury, preventing healing, impeding rehabilitation, or are barriers to return to work. Inclusion of a service for a non-allowed condition on a vocational rehabilitation plan does not automatically invalidate BWC [Vocational Rehabilitation Fee Schedule](#) limits and conditions. Services are subject to the appropriate BWC [Professional Provider Medical Services Fee Schedule](#) to the maximum allowed per claim unless the required service is not part of the BWC fee schedule. (e.g., if eye glasses are included as a non-allowed condition, BWC would cover frames, and lenses that meet the injured worker's medical or vocational need in accordance with the [Professional Provider Medical Services Fee Schedule](#) but generally not "deluxe" features such as designer frames, tint, etc.). If the service billed in this category is adjustment counseling, it must be concurrent with vocational rehabilitation plan services and not the primary focus of the plan.
 - b. Medications for non-allowed conditions are not reimbursable. This may necessitate case closure until the achievement of medical stability.
- 17. Weight Reduction Program (W0750)** - These are services offered for weight reduction and weight maintenance when the condition presents a barrier to participation in vocational rehabilitation plan services and return to work. These services must focus on behaviorally oriented nutritional counseling and not on quick weight loss techniques primarily based on dieting supplements or packaged foods. If provided by a registered dietician, this service is paid in one-hour units, up to nine (9) units. Other programs operate within their customary timeframes during the rehabilitation plan.
- 18. Occupational Rehabilitation - Comprehensive, (Work Hardening) initial two (2) hour daily session (W0702), each additional hour (W0703)**
- a. A comprehensive occupational rehabilitation program is a multi-disciplinary, individualized, progressive therapy program with measurable outcomes. It focuses on assisting the injured worker to return to work through progressive

- physical conditioning and work simulation.
- b. In addition to therapy, occupational rehabilitation – comprehensive services assess the injured worker across a combination of disciplines and provide intervention to meet the needs of the injured worker to achieve a goal of returning to work. Part of this service is providing recommendations for reasonable accommodations or adaptations to the work environment while minimizing the risk of re-injury.
 - c. To be eligible for reimbursement, the provider must have valid Commission on Accreditation of Rehabilitation Facilities accreditation for occupational rehabilitation – comprehensive services. Part of the initial authorization for occupational rehabilitation – comprehensive is the evaluation by an Occupational Therapist or Physical Therapist at the start of the program; however, it is billed separately using CPT® codes. The following are treatment indicators for occupational rehabilitation – comprehensive services:
 - i. The injured worker has no specific job to return to with a specific employer but has a targeted job (or job group). While the goal appears realistic, the injured worker does not currently have all of the physical tolerances for the targeted job; or
 - ii. The injured worker has a specific job to return to with a specific employer, but does not currently have the physical capacities to safely return to the job and/or the employer does not have appropriate job accommodations; or
 - iii. The injured worker presents with more severe vocational issues or has complications beyond physical impairments that require an interdisciplinary team approach to address physical, psychological and vocational issues.
 - d. W0702 initial two (2) hour session is reimbursed in fifteen (15) minute units of service for a maximum of eight (8) units per day and up to three hundred twenty (320) units in eight (8) weeks. W0703 reimburses each additional hour in fifteen (15) minute units up to nine hundred sixty (960) units in eight (8) weeks.
- 19. Occupational Therapy/Physical Therapy (See CPT® codes)**
- a. For occupational therapy or physical therapy services to be included within a vocational rehabilitation plan, the services must simulate the work tasks of the injured worker's job or job goal. Active occupational or physical therapy services may be provided in the rehabilitation plan, as long as they are provided in conjunction with services that simulate the work tasks of the injured worker's job or job goal.
 - b. 'Active' physical or occupational therapy services are:
 - i. Provided after the acute recovery phase;
 - ii. Not passive modalities;
 - iii. Focused on overall body conditioning and not body part specific; and
 - iv. Focused on return to work goals.Occupational therapy or physical therapy services require written justification within the plan narrative of how the service specifically addresses the return to work goal and must include justification for length of services. No passive modalities (e.g., massage, ultrasound, etc.) may be charged to the surplus fund, even if provided on a limited basis within an active occupational therapy and/or physical therapy program. These services are allowable up to six (6) weeks. The minimum acceptable level of participation is three (3) days per week if the service is the only service in a plan.
 - c. Note - Travel and mileage expenses are not reimbursable to service providers.

20. **Physical Reconditioning Unsupervised (W0648)** - This service provides short-term membership to a health club, YMCA, spa or nautilus facility when requested by the physician of record to allow the injured worker to independently continue or maintain physical conditioning necessary for return to work. Use W0648 only in an approved vocational rehabilitation or remain at work program. It does not include supervision by a licensed physical therapist. The vocational rehabilitation plan must describe the injured worker's expected activities and the frequency of participation per week. An unsupervised program must not be the only service in the rehabilitation plan. Only one (1) program is reimbursable per referral for vocational rehabilitation services. This service is limited to one (1) three (3) month program per referral for vocational rehabilitation services, with a reimbursement maximum of two hundred twenty-five dollars (\$225.00) for the entire program.
21. **Relocation Expenses (Z0700)** - Reimbursement for relocation expenses is paid By Report, on an individual basis as determined by need, to a maximum of two thousand dollars (\$2,000) per injured worker. These services provide financial assistance to injured workers that have obtained employment and must relocate because the job location is beyond the reasonable expectation of daily commuting.
22. **Return to Work Incentives**
- a. **General Information**
- i. Return to work incentives include the Employer Incentive Contract, gradual return to work, job modifications, on-the-job training, tools and equipment, and work trial.
 - ii. A Vocational Rehabilitation Case Manager may use these services when negotiating a return to work. The intent of incentives is to offer them where needed, but not to offer them unless needed. It is expected that the employer will retain the injured worker at the successful completion of the incentive as long as business conditions allow. The Vocational Rehabilitation Case Manager is responsible for these negotiations with the employer, the injured worker and other parties where appropriate.
 - iii. It is important to note that incentives negotiated by the Vocational Rehabilitation Case Manager that do not meet policy guidelines and are not approved by the BWC Disability Management Coordinator may not be paid. It is therefore important, when there may be a doubt, for the case manager to staff the case with the MCO and BWC Disability Management Coordinator prior to negotiating terms with the injured worker or employer.
 - a) Changes to the incentive must result in an amended plan or progress report / authorization request and an amended contract (when applicable) which must be signed by all concerned parties.
 - b) The case manager is responsible for maintaining contact with the employer and the injured worker to ensure the appropriateness of the chosen incentive.
 - c) Note - The conditions and maximum limits for Return to Work Incentive Services in this section cannot be exceeded.
 - d) Note - Return to work Incentive services for state agency employers are not typically used to return the injured worker to the employer of record, because they pay workers' compensation expenses on a "dollar for dollar" basis and maybe able to offer these services at a lesser cost. There may be circumstances in which return to work Incentive services may be used to enhance the return to work process. These circumstances must be documented.

- b. **Employer Incentive Contract** (no billing code used)
 - i. An employer incentive contract is a method of returning an injured worker to work, while compensating an employer for a loss in productivity and hours worked due to the allowed conditions in the claim. The employer incentive contract can be used for injured workers with temporary restrictions trying to return to regular job or to overcome fear of return to work and/or can it be used for injured workers with permanent restrictions who are learning how to perform a new job. This service is subject to [the "Special Vocational Rehabilitation Plan Types" policy](#). Living maintenance payments are terminated prior to the start of the [Employer Incentive Contract \(RH-19\)](#).
 - ii. The contract is set up so that as the injured worker's productivity increases, the payments to the employer decrease over the course of the entire incentive program. Reimbursements will include no overtime hours to be worked by the injured worker. The total reimbursement to the employer cannot exceed fifty percent (50) of the injured worker's weekly wages and will not be extended beyond thirteen (13) weeks total per vocational rehabilitation referral. When negotiating an employer incentive contract, the Vocational Rehabilitation Case Manager must appropriately account for and document in the contract, the injured worker's use of holiday, vacation, personal or other leave. During the employer incentive contract, the Vocational Rehabilitation Case Manager is responsible for submission of the injured worker's wage information.
 - iii. An employer incentive contract requires the following be submitted to the BWC Disability Management Coordinator by the Vocational Rehabilitation Case Manager:
 - a) A specific release from the physician of record to the identified job;
 - b) Documentation of how the injured worker's restrictions will result in a loss of productivity;
 - c) A vocational rehabilitation plan narrative or progress report narrative [RH-46](#) form which includes:
 - i) Written restrictions from the physician of record
 - ii) Whether the restrictions are felt to be temporary or permanent
 - iii) Discussion as to how the restrictions will affect the employer's operations (per the employer)
 - iv) Discussion how the restrictions are being accommodated with this plan.
 - v) Documentation regarding the employer's intent to maintain employment with the injured worker at the successful completion of the vocational rehabilitation plan.
 - iv. If the injured worker is in a job retention status, an employer incentive contract can be offered to the employer for the loss of productivity.
 - v. An employer incentive contract will *not* be offered when:
 - a) An injured worker has a full release to return to work and is returning to the original employer in the original job.
 - b) A [Gradual Return to Work Contract Reimbursement Method \(RH-24\)](#) is in place.
 - vi. Requirements:

- a) The employer incentive contract must be included on a vocational rehabilitation plan and/or progress report and authorization request. The [RH-19](#) must be completed with the employer's signature at the time of authorization; and
- b) Wage documentation.
- vii. The Vocational Rehabilitation Case Manager facilitates the submission and clarification of wage information for payment of the employer incentive contract to the employer.
- viii. If an injured worker participating in an employer incentive contract experiences wage loss due to the allowed conditions of the claim, the injured worker may be eligible for wage loss from the date of return to work. At comprehensive or job retention plan closure, living maintenance wage loss may be paid retroactively from the date of return to work. If the injured worker needs the income from wage loss prior to completion of the employer incentive contract and plan closure, the injured worker may apply for working wage loss by completing the [Application for Wage Loss Compensation \(C-140\)](#). Once the vocational rehabilitation plan, (i.e., [Vocational Rehabilitation Comprehensive Plan \(RH-44\)](#) or [Vocational Rehabilitation Job Retention Plan \(RH-47\)](#)) is closed completed, the injured worker may request living maintenance wage loss. Living maintenance wage loss would be paid only from the date of plan closure in that event.
- ix. Unsuccessful Employer Incentive Contract: If the employer incentive contract did not result in employment for the injured worker, a decision will be made regarding the continuation of vocational rehabilitation services or closure. *(Maximum: thirteen (13) weeks total per vocational rehabilitation referral)*
- c. **Gradual Return to Work** (no billing code used)
 - i. This program allows an injured worker to return to work on a graduated basis typically building up from the physician of record-specified hours per day to regular work status within thirteen (13) weeks total per vocational rehabilitation referral date. If the final job goal is a return to work at a position that is less than or greater than a forty (40) hour per week position, the work schedule may be adjusted proportionately, when necessary. The prescription from the physician of record must always specify the maximum number of hours per day and per week the injured worker can work. The physician of record must also review the vocational rehabilitation plan to ensure the process will be within the injured worker's restrictions and to provide the release to return to work. This service is subject to the ["Special Vocational Rehabilitation Plan Types"](#) policy.
 - ii. A gradual return to work plan must include documentation of the scheduled work hours and be signed by both the employer and the injured worker. The employer must agree to provide wage statements that specifically indicate the days and hours worked per pay period. The Vocational Rehabilitation Case Manager must provide the injured worker and employer with a clear understanding of their responsibilities during the gradual return to work plan, as outlined in these guidelines. The injured worker must immediately notify the Vocational Rehabilitation Case Manager if there are changes in the hours worked/wages earned as identified in the gradual return to work plan. Since reimbursements may be affected by these changes, the Vocational

- Rehabilitation Case Manager must notify the BWC Disability Management Coordinator within twenty-four (24) hours by fax, phone, or email and make corresponding changes to the [RH-24](#).
- iii. Reimbursement for this service will not exceed the injured worker's initial living maintenance rate. Documentation of wages paid and hours worked per day must be submitted to the BWC Disability Management Coordinator.
 - iv. There are two (2) types of gradual return to work reimbursement methods:
 - a) Living maintenance method: The employer will pay the injured worker according to the hours worked as specified in the gradual return to work plan. The injured worker will receive living maintenance for hours not worked after submission of wage statements.
 - b) Employer reimbursement method: The employer will pay the injured worker's full salary and be reimbursed for hours not worked as specified in the gradual return to work plan. The reimbursement type must be identified on the vocational rehabilitation plan and coordinated with the BWC Disability Management Coordinator.
 - ii. Requirements:
 - a) Employer's signature on the completed [RH-24](#).
 - b) The gradual return to work must be included on a vocational rehabilitation plan and/or progress report and authorization request. (*Maximum: thirteen (13) weeks total*)
 - iii. Working Wage Loss - Working Wage Loss not payable during the gradual return to work program.
 - iv. Living Maintenance Wage Loss - Injured workers cannot retroactively get living maintenance wage loss for the period during which the injured worker participated in a gradual return to work program, even if no living maintenance is paid during the gradual return to work. However, if the rehabilitation plan was closed successfully and the injured worker returned to work and experienced wage loss, the injured worker may be eligible for living maintenance wage loss from the date the gradual return to work ended.
 - v. Unsuccessful Gradual Return to Work Plan - If the gradual return to work plan did not result in employment for the injured worker, a decision will be made between the MCO and Vocational Rehabilitation Case Manager concerning continuation of the vocational rehabilitation plan or closure of the rehabilitation referral.
- d. **Job Modifications (W0663*)** (See Job Modification earlier in this section)
 - e. **On-The-Job Training** (billing codes for the specific services provided in the on-the-job training may be used.
 - i. On-the-job training allows an injured worker to obtain or upgrade vocational skill through actual work experience. This training will be provided under the close supervision of an experienced person skilled in the job. This service is subject to the ["Special Vocational Rehabilitation Plan Types"](#) policy. When negotiating the on-the-job training the Vocational Rehabilitation Case Manager must staff with the MCO and BWC Disability Management Coordinator to gain agreement. The service is included in the vocational rehabilitation plan or progress report. The narrative must provide the job goal, the skills necessary to perform the job, the rationale and justification for the inclusion of the on-the-job training. The grid/authorization request must address the overall costs of the on-the-job training. In addition to the plan or progress report and authorization forms

used to request the on-the-job training, the following documentation is needed for authorization of the on-the-job training:

- a) The physician of record's release;
- b) An on-the-job training outline which includes the on-the-job training services to be provided, a schedule of training, and the responsibilities of each participant, and;
- c) Completion of the [On-the-Job Training Agreement \(RH-6\)](#) with signatures of the employer/trainer, injured worker and the Vocational Rehabilitation Case Manager.

- ii. As a guideline, the on-the-job training program must not exceed the Specific Vocational Preparation timeframes identified in the classification of jobs. The reimbursement to the employer must not exceed fifty percent (50%) of the injured worker's weekly wages when averaged over the on-the-job training period.
- iii. The Vocational Rehabilitation Case Manager facilitates reimbursement of this service by ensuring the submission of the required documents. Reimbursement is typically bi-weekly. The requirements for reimbursement are as follows:
 - a) Wage documentation; and
 - b) A completed [Employer/Trainer's Report \(RH-5\)](#) every two (2) weeks. This document is shared with the injured worker and BWC.

f. **Tools and Equipment (W0665)** (See Tools and Equipment below)

23. Situational Work Assessment (W0635)

- a. This assessment is a simulated tryout of the job or job family evaluating an injured worker's ability to perform specific job tasks. The rehabilitation plan must include details about the tasks the injured worker will be assigned and the name and contact information for the person acting as trainer/evaluator on the job-site. The trainer shall provide a report on the injured worker's attendance and performance on the [RH-5](#) or its equivalent.
- b. Note - This service is reimbursed in fifteen (15) minute units for a maximum of one hundred sixty (160) units or forty (40) hours.

24. Tools and Equipment (W0665)

- a. This service, which is provided on an individual basis as determined by need, provides tools and/or equipment (e.g., chairs) necessary for employment of the injured worker once s/he has obtained a job, or has an approved rehabilitation plan that requires specific tools /equipment. The Vocational Rehabilitation Case Manager and injured worker sign the [Loan/Release Agreement for Tools and Equipment \(RH-7\)](#) at the time of delivery of the equipment if used in a rehabilitation plan. The Vocational Rehabilitation Case Manager shall inform the injured worker that the tools/equipment are the property of BWC and may be reclaimed should vocational rehabilitation prove to be unsuccessful (i.e., the injured worker is not working ninety (90) days after return to work). If the injured worker has maintained employment for ninety (90) days, the MCO releases the tools/equipment to the injured worker by signing the appropriate section of the [RH-7](#). If the injured worker is seeking employment and needs the equipment to obtain employment, the MCO shall discuss with the BWC Disability Management Coordinator, who may provide a loan extension. If the injured worker is not working, tools and equipment may need to be reclaimed. The Vocational Rehabilitation Case Manager facilitates this process in consultation with the BWC Disability Management Coordinator. This service is reimbursed By Report to BWC enrolled providers.

- b. Note - Any items that have an associated CPT® codes shall be billed using the appropriate code.

25. Training/Skill Enhancement

- a. **Training – Books, Supplies & Testing (W0690)** - This service provides reimbursement for books, supplies, and testing necessary for participation in or completion of a training program. Books and supplies are limited to the course-required books, manuals, software, and equipment. This service is not intended to reimburse incidental supplies (e.g., pens, pencils, notebooks, highlighters, etc.) unless the course requirements specifically include those items. Reimbursement for testing may include fees for testing and required certifications or other occupationally required testing, such as background checks, credentialing, and licensing. This service is reimbursed By Report.
- b. **Remedial Training (W0691)**
 - i. Remedial training assists injured workers in developing academic skills toward completion of their [General Educational Development \(GED®\) test](#) or remediation classes needed for admission to a training program beyond the high school level, such as business or trade school. In some situations, “distance education”, also called e-learning or on-line learning, in which the student communicates with the instructor via the internet is permissible. Typically, GED® training should not be the only service in a plan.
 - ii. Except as otherwise provided below, remedial training must be in the form of organized instruction provided by an academic, business, and/or trade school, that meets at least one of the following criteria:
 - a) Designated by the Ohio Board of Regents as a college or university;
 - b) Identified as an Adult Basic Literacy Education provider;
 - c) Identified as an Ohio Adult Workforce Education provider;
 - d) Granted a certificate of authorization from the Ohio Board of Career Colleges and Schools;
 - e) Approved by the appropriate state licensing board, department, or commission for training in a specific field;
 - f) Certified as an eligible training provider by state and local Workforce Investment Boards and the Ohio Department of Job and Family Services;
 - g) Chartered or certified by the Ohio Department of Education; or
 - h) Accredited by an accrediting body recognized by the U.S. Department of Education.
 - iii. **In addition, remedial training may also be provided by:**
 - a) An instructor certified or licensed by the product's developer, manufacturer or distributor;
 - b) A teacher certified by the State of Ohio;
 - c) A person employed as an instructor by an accredited college or school; or
 - d) A provider accredited by Commission on Accreditation of Rehabilitation Facilities International.
 - iv. Note - Providers who were reimbursed for this service code by BWC for dates of service between September 1, 2009 and August 31, 2012 may continue to receive reimbursement for this service code for dates of service on or after September 1, 2012, even if the provider does not

meet any of the criteria identified above. Reimbursement of this service is By Report.

- c. **Short Term Training - up to one (1) year (W0692) and Long Term Training - over one (1) year, up to two (2) years (W0694)**
- i. Both short and long-term training include training and skill enhancement that assists injured workers in developing new occupational skills. Short term training lasts up to one (1) year and long-term training is from one (1) to two (2) years in duration. Except as otherwise provided below, short and long term training must be in the form of organized instruction provided by an academic, business, or trade school that meets at least one of the following criteria:
- a) Designated by the Ohio Board of Regents as a college or university;
 - b) Identified as an Ohio Adult Workforce Education provider;
 - c) Granted a certificate of authorization from the Ohio Board of Career Colleges and Schools;
 - d) Approved by the appropriate state licensing board, department, or commission for training in a specific field;
 - e) Certified as an eligible training provider by state and local Workforce Investment Boards and the Ohio Department of Job and Family Services;
 - f) An apprenticeship provider identified as a Registered Apprenticeship by the U.S. Department of Labor or the Ohio State Apprenticeship Council;
 - g) A person who has achieved mastery of a particular field by certification, licensing or experience;
 - h) Chartered or certified by the Ohio Department of Education; or
 - i) Accredited by an accrediting body recognized by the U.S. Department of Education.
- ii. **Short-term training may also be provided by:**
- a) An academic, business, or trade school identified as an Adult Basic Literacy Education provider
 - b) An instructor certified or licensed by the product's developer, manufacturer or distributor;
 - c) A teacher certified by the State of Ohio;
 - d) A person employed as an instructor by an accredited college or school; or
 - e) A provider accredited by Commission on Accreditation of Rehabilitation Facilities International.
 - i) Note - Providers who were reimbursed for these service codes by BWC for dates of service between September 1, 2009 and August 31, 2012 may continue to receive reimbursement for this service code for dates of service on or after September 1, 2012, even if the provider does not meet any of the criteria identified above.
- ii. Both short and long-term training justification must:
- a) Include a transferable skills analysis and labor market survey (see definitions below).
 - b) The labor market survey must indicate that the targeted occupation(s) will be available in sufficient quantity upon completion of training program.

- c) Include medical/physical documentation indicating that the injured worker can perform the physical aspects of the training and the job tasks.
- iii. **Long-term training services** - Long-term training requires prior approval from BWC. In some situations, "distance education" also called e-learning or online learning in which the student communicates with the instructor via the internet is allowable. Long-term training must:
 - a) Be provided at schools with effective employment placement programs. Documentation of the placement statistics, are required from the school, when available.
 - b) Include a comprehensive vocational evaluation. The vocational evaluation must address the injured worker's academic abilities and other relevant vocational factors in relation to the requirements of the training program and the targeted job. The vocational evaluation must also provide a professional opinion regarding the injured worker's chances for success at training and resulting employment.
 - c) Long-term training service is directed toward obtaining one of the following relating to an injured worker's vocational goal:
 - i) A degree;
 - ii) A diploma;
 - iii) A certification;
 - iv) Licensure; or
 - v) A certificate.
- iv. **Requirements for continuation of a long-term training plan** - The Vocational Rehabilitation Case Manager must submit a copy of the injured worker's official grade report to the MCO at the end of each grade_period verifying full-time attendance and successful completion of course work. Successful completion of course work means documentation of receipt of a 2.0 grade point average while carrying a full-time course load (generally twelve (12) to fifteen (15) credit hours). If grades fall below a 2.0 or attendance is less than full-time, the MCO may permit a one-term extension to allow the injured worker to improve grades or increase course load.
 - a) **Note #1** - Less than full-time attendance may occur due to class scheduling situations that are no fault of the injured worker. If this occurs, the Vocational Rehabilitation Case Manager must provide documentation to the MCO verifying this situation. In these situations, the Vocational Rehabilitation Case Manager must also coordinate the injured worker's involvement in other relevant vocational activities to assure full-time participation and continuation of living maintenance. Relevant vocational activities may include but are not limited to:
 - i. Conducting informational interviews;
 - ii. Researching occupational opportunities via classified advertisements or the internet; and
 - iii. Preparing a resume or engaging in other appropriate job seeking skills.
 - b) **Note #2:** If no courses are available for a one (1) term period, through no fault of the injured worker, and the injured worker is not participating in any other vocational activities, the rehabilitation plan may be interrupted for the term without payment of living maintenance compensation. The

MCO should notify the BWC Disability Management Coordinator when this occurs so the BWC team can facilitate the reinstatement of any other form of compensation when living maintenance stops, if the injured worker is otherwise eligible.

d. **Definitions**

- i. **Transferable Skills** -work tasks learned and performed on the job generally in the last fifteen (15) years that the injured worker can physically perform and would reasonably equip the injured worker to compete with other candidates. Transferable skills are generally not aptitudes or capabilities to learn a new skill, but a skill the injured worker has performed for a sufficient duration, leading to competence in performing the skill.
- ii. **Transferable Skills Analysis** - an analysis of the injured worker's residual skills in order to identify job tasks and occupations that can be safely performed. The transferable skills analysis must specify the assessment method used (e.g., Vocational Diagnosis and Assessment of Residual Employability, OASYS software program) and the results. The transferable skills analysis is a tool, used along with other sources of information, to help determine an appropriate vocational direction.
- iii. **Labor Market Survey for training plans** - an analysis of the appropriateness of the targeted occupation based on labor market factors. The assessment documents the growth potential of the occupation in the local labor market along with salary estimates for new graduates. The assessment method used for the analysis (e.g., internet sources of labor market data, software programs, etc.) must be identified.

26. **Transitional Work Services (W0637)**

- a. Transitional work services are provided to an injured worker at the work site by an Occupational Therapist or a Physical Therapist. The services primarily focus on using the injured worker's functional work tasks to progress the worker to a target job. Progressive conditioning, therapeutic exercises, training in safe work practices such as proper body mechanics and other work-site services may also be used as part of the therapeutic program developed for that injured worker. Transitional work services are separate and distinct from on-site occupational or physical therapy services provided to injured workers at the work site.
- b. Transitional work services are usually provided within an overall transitional work program. A transitional work program is a work-site program that provides an individualized interim step in the recovery of an injured worker with job restrictions resulting from the allowed conditions in the claim. The overall program is developed in conjunction with the employer, the collective bargaining agent (where applicable) and rehabilitation professionals. The services must be provided within a specified time limit which is usually determined by the overall transitional work program guidelines if there is a transitional work program in place. If there is not a transitional work program in place, the time limit is defined by the vocational rehabilitation plan and generally does not exceed twelve (12) weeks.
- c. When reporting transitional work services, the actual servicing provider must:
 - i. Identify services provided;
 - ii. Report injured worker's present status;
 - iii. Identify the goal and timeframes to achieve the goal;
 - iv. Identify the plan to achieve the goal with timeframes;
 - v. Sign and date reports, specify credentials and license number; and
 - vi. Report the time spent delivering services to injured worker

- d. Transitional work services may be continued for a short time after the injured worker has been released to full-time, regular duty with MCO authorization to ensure that the injured worker has achieved a stable return to work. Transitional work services should generally be provided in one (1) to two (2) hour time frames since some jobs repeat similar duties multiple times. Transitional work services over two (2) hours shall be closely monitored by the MCO. Initial evaluations must not exceed three (3) hours.
 - e. An injured worker may receive transitional work on-site therapy services as part of the presumptive authorization program, as described in chapter 1 of this manual. In this case, a [Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease \(C-9\)](#) form must be submitted prior to the implementation of services. The presumptive authorization program permits up to ten (10) "sessions" of transitional work on-site therapy services.
 - f. Note - Providers may be reimbursed for travel or mileage using the guidelines specified in the Vocational Rehabilitation Provider Travel section shown later in this chapter. Reimbursement for transitional work services is in fifteen (15) minute units for a maximum of one hundred ninety-two (192) units forty-eight (48) hours.
- 27. Vocational Evaluation: Vocational Screening (W0631), Comprehensive Vocational Evaluation (W0610)** - A vocational evaluation is a process, which gathers vocational information about an injured worker, typically using real or simulated work, to assist in determining vocational direction. This service requires detailed written documentation including time spent for assessment and report writing. Transferable skills analysis is a necessary component of reimbursable vocational evaluations. The overall results are based on integrating the injured worker's physical capacities, medical, psychological, and vocational data with realistic vocational options that exist in the labor market.
- a. **Types of Vocational Evaluations:**
 - i. **Vocational Screening (W0631)**
 - a) The vocational evaluator uses simple paper and pencil tests and transferable skills analysis to make recommendations about the vocational goal of the injured worker. The evaluator relies primarily on vocational interview, physician's reports of the injured worker's capacities, and the injured worker's self-reports of interests and job history. Vocational screenings may be conducted by a:
 - i) Certified Rehabilitation Counselor;
 - ii) Certified Disability Management Specialist;
 - iii) Certified Rehabilitation Registered Nurse;
 - iv) Certified Vocational Evaluator;
 - v) Certified Occupational Health Nurse;
 - vi) Certified Case Manager; or
 - vii) American Board of Vocational Experts.
 - b) Note - Reimbursement for this service is in six (6) minute units for a maximum of forty (40) units four (4) hours.
 - ii. **Comprehensive Vocational Evaluation (W0610)**
 - a) This process requires a certified vocational evaluator to gather vocational information about an injured worker, usually through the use of real or simulated work to assist in determining vocational direction. The vocational evaluator uses extensive client interview and vocational exploration, as well as, psychometric testing which may include aptitude,

dexterity, academic and vocational interest testing. The overall result is a report that provides recommendations about the injured worker's options for returning to work within a vocational rehabilitation program. The report is based on integrating the injured worker's residual transferable vocational skills with the injured worker's current physical capacities and realistic return to work options that exist in the current labor market.

Comprehensive vocational evaluations may be conducted by a:

- i) Certified Rehabilitation Counselor;
 - ii) Certified Vocational Evaluator;
 - iii) American Board of Vocational Experts; or
 - iv) Licensed psychologist.
- b) A comprehensive vocational evaluation must address the injured worker's academic abilities and other relevant vocational factors in relation to the requirements of any proposed training program or targeted job. The evaluator must provide a professional opinion regarding the injured worker's chances for success at any proposed training and resulting employment.
- c) Note - Reimbursement for this service is in six (6) minute units for a maximum of one hundred twenty (120) units (12 hours). Mileage, travel time and wait time may also be billed by vocational evaluation providers (screening and comprehensive) within BWC guidelines, see the Vocational Rehabilitation Provider Travel section shown later in this chapter.

28. Vocational Exploration and Guidance (to be included within Vocational Rehabilitation Case Management professional time)

- a. Vocational exploration and guidance provides time for the Vocational Rehabilitation Case Manager to:
 - i. Assist the injured worker in formulating a new vocational direction when it is determined that the injured worker cannot attain the physical requirements necessary for the previously identified vocational goal. The vocational rehabilitation plan must identify the specific methods used to clarify the vocational goal (e.g., face-to-face meetings with the injured worker to review vocational interests or work history, etc.).
 - ii. Obtain information from the physician of record or other evaluations to provide case direction after completion of a rehabilitation service (e.g. work conditioning).
- b. Only the assigned case manager may provide vocational exploration and guidance. It may not be offered as the first service in an initial vocational rehabilitation plan or following a medical interrupt. There is no reimbursement specifically for this service description. Reimbursement is made using the case management codes. This service should not exceed four (4) weeks.

29. Vocational Rehabilitation Case Management

a. General Information

- i. The Vocational Rehabilitation Case Manager develop and coordinate a variety of restorative services with the goal of assisting the injured worker to remain at work or to return to work.
- ii. There are three groups of service codes utilized by Vocational Rehabilitation Case Managers to bill for their services. These are:
 - a) W3000-W3040 – codes used when billing for service delivery by the Vocational Rehabilitation Case Manager in pre-plan services, assessment plans, job retention plans, out-of-state plans with negotiated rates, and for

- comprehensive plans with a date of approval prior to February 1, 2015. These services are paid through the surplus fund
- b) W3200-W3240 – codes used when billing for service delivery by the Vocational Rehabilitation Case Manager in comprehensive plans with a plan begin date on or after February 1, 2015. These services are paid through the surplus fund.
 - c) Z3000-Z3040 – codes used when billing for service delivery by the Vocational Rehabilitation Case Manager in Remain at Work plans. These services are paid through the employer's risk.
- iii. Bills must report the specific date of the activity with each separate date of service reported on a separate line (line-by-line billing). Reports of activities must always identify the specific party contacted. Only BWC enrolled Vocational Rehabilitation Case Managers or Vocational Rehabilitation Case Manager interns may bill for Vocational Rehabilitation Case Management services. The individual who actually performs the service is identified as the servicing provider. Vocational Rehabilitation Case Management services provided by interns will be reimbursed at eighty-five percent (85%) of the Vocational Rehabilitation Case Manager rates. Mileage for interns will be at regular rates. Reimbursement for this service is in six (6) minute units of service.
 - iv. When Vocational Rehabilitation Case Management services are provided to injured workers with medical only claims as a remain at work service, the focus is on keeping the injured worker on the job. Remain at work Vocational Rehabilitation Case Management services use Z-codes instead of W-codes and the services are charged to the employer's risk.
- b. **Vocational Rehabilitation Case Management Services**
- i. **Telephone calls/emails to/from the Vocational Rehabilitation Case Manager** (specific codes listed in chart below)
 - a) The actual time spent sending and receiving phone calls and emails as part of Vocational Rehabilitation Case Management duties.
 - b) Billing exclusions:
 - i) Voice mail messages beyond one (1) unit six (6) minutes per call. (note: reimbursable voice mail messages must briefly address issue and be documented);
 - ii) Unanswered phone calls without voice mail message;
 - iii) Courtesy copies (cc) of emails;
 - iv) Telephone or email staffing within the Vocational Rehabilitation Case Management company, unless the staffing is with a co-worker assigned to the case;
 - v) Telephone or email staffing between the Vocational Rehabilitation Case Manager Intern and the supervising Vocational Rehabilitation Case Manager; and
 - vi) Telephone calls or emails regarding case management billing or reimbursement issues.

BWC's Provider Billing and Reimbursement Manual

Phone Call/Email To/From:	Pre-Plan, Assessment Plans, Job Retention	Comprehensive Plans (begin dates on or after February 1, 2015)	Remain At Work
Injured worker or representative	W3000	W3200	Z3000
Physician or representative	W3001	W3201	Z3001
Employer or representative	W3002	W3202	Z3002
BWC	W3003	W3203	Z3003
MCO	W3004	W3204	Z3004
Service provider	W3005	W3205	Z3005
Other- (must specify)	W3006	W3206	Z3006

- ii. **Face-to-face meetings with Vocational Rehabilitation Case Manager**
- a) The actual time spent in a face-to-face meeting to staff the rehabilitation case, coordinate services or provide other necessary communication.
 - b) Billing exclusions:
 - i) Face-to-face supervision or staffing within the vocational rehabilitation company.
 - ii) This does not include staffing between a Vocational Rehabilitation Case Manager and other servicing providers included on a rehabilitation plan within the same company (e.g., billing for staffing between the Vocational Rehabilitation Case Manager and the job placement provider is appropriate).

Face-To-Face Meeting With:	Pre-Plan, Assessment Plans, Job Retention	Comprehensive Plans (begin dates on or after February 1, 2015)	Remain At Work
Injured worker or representative	W3010	W3210	Z3010
Physician or representative	W3011	W3211	Z3011
Employer or representative	W3012	W3212	Z3012
BWC	W3013	W3213	Z3013
MCO	W3014	W3214	Z3014
Service provider	W3015	W3215	Z3015
Other- (must specify)	W3016	W3216	Z3016

- iii. **Documentation Review by Vocational Rehabilitation Case Manager** -The actual time spent reviewing medical, psychological and vocational information from reports, files and email correspondence. Reports must specify type and source of information reviewed.
 - a) **W3020** - Code when provided in pre-plan, in an assessment plan, in a job retention plan, and in comprehensive plans with negotiated rates or with plan begin dates prior to February 1, 2015.
 - b) **W3220** - Code when provided in a comprehensive plan with plan begin date on or after February 1, 2015.
 - c) **Z3020** - Code when provided in a remain at work case.
- iv. **Initial assessment report writing by Vocational Rehabilitation Case Manager** - The actual time spent writing the [Vocational Rehabilitation Initial Assessment Report \(RH-42\)](#). Report must include all relevant history and demographic information.
 - a) **W3025** - Code when provided in pre-plan, in an [Vocational Rehabilitation Assessment Plan \(RH-43\)](#) or in a job retention plan (i.e., [RH-45](#)).
 - b) **Z3025** - Code provided in a remain at work case.
 - c) Note - There is no corresponding W3200 series code because this service is not done in a comprehensive plan.
- v. **Plan writing by Vocational Rehabilitation Case Manager** - The actual time spent writing the initial or amended rehabilitation plan. Only time spent writing new/original information is reimbursable. Billing exclusions are as follows:
 - a) Time spent "cutting and pasting" previously submitted information.
 - b) **W3030** - Code when provided in pre-plan, in an assessment plan, (i.e., [RH-43](#)) in a job retention plan (i.e., [RH-47](#)), and in comprehensive plans (i.e., [RH-44](#)) with negotiated rates or those with a plan begin date prior to February 1, 2015.
 - c) **W3230** – Code when provided in a comprehensive plan (i.e., [RH-44](#)) with a plan begin date on or after February 1, 2015.
 - d) Note: There is no corresponding Z- code for this service.
- vi. **Report writing by Vocational Rehabilitation Case Manager** - The actual time spent in writing [Vocational Rehabilitation Progress Report \(RH-46\)](#), labor market report, closure report and letters/correspondence. Only time spent writing new/original information is reimbursable. Billing exclusions are as follows:
 - a) Time spent "cutting and pasting" previously submitted information.
 - b) Time spent preparing or submitting billing documentation.
 - c) **W3035** - Code when provided in pre-plan in an assessment plan (i.e., [RH-43](#)), in a job retention plan (i.e., [RH-47](#)), and in comprehensive plans (i.e., [RH-44](#)) with negotiated rates or those with a plan begin date prior to February 1 2015.
 - d) **W3235** – Code when provided in a comprehensive plan (i.e., [RH-44](#)) with a plan begin date on or after February 1, 2015.
 - e) **Z3035** - Code when provided in a remain at work case.
 - f) Note - Writing the initial assessment report(i.e., [RH-42](#)), any vocational rehabilitation plan type, authorization request (i.e., [RH-45](#)) and transferable skills analysis report are not billed using this code; see specific codes for writing these documents.

- vii. **Letter writing by Vocational Rehabilitation Case Manager** - The actual time spent in developing/writing letters and correspondence including new/original information that is faxed or emailed. Billing exclusions are as follows:
 - a) Time spent submitting the information (actual faxing or emailing)
 - b) **W3036** - Code when provided in pre-plan, in an assessment plan ([RH-43](#)), in a job retention plan ([RH-47](#)), and in comprehensive plans ([RH-44](#)) with negotiated rates or those with a plan begin date prior to February 1, 2015.
 - c) **W3236** - Code when provided in a comprehensive plan ([RH-44](#)) with a plan begin date on or after February 1, 2015.
 - d) **Z3036** - Code when provided in a remain at work case.
- viii. **Labor Market Survey by the Vocational Rehabilitation Case Manager**
 - a) The actual time spent researching, developing and writing the labor market survey report when completed by the Vocational Rehabilitation Case Manager assigned to the rehabilitation plan. Use this code only when the Vocational Rehabilitation Case Manager is preparing an labor market survey independent of a vocational evaluation or career counseling report. Billing exclusions are as follows:
 - b) Time spent submitting the information (actual faxing or emailing)
 - c) **W3039** - Code when provided in pre-plan, in an assessment plan ([RH-43](#)), in a job retention plan ([RH-47](#)), and in comprehensive plans ([RH-44](#)) with negotiated rates or those with a plan begin date prior to February 1, 2015.
 - d) **W3239** - Code when provided in a comprehensive plan ([RH-44](#)) with a plan begin date on or after February 1, 2015.
 - e) Note - There is no corresponding Z- code for this service.
- ix. **Transferable Skills Analysis Report Writing by Vocational Rehabilitation Case Manager** - The actual time spent developing and writing the transferable skills analysis report. This report systematically analyzes an injured worker's residual skills in order to determine jobs or job tasks that can safely be performed. The transferable skills analysis report must be submitted and it must specify assessment method used (e.g., Vocational Diagnosis and Assessment of Residual Employability, OASYS software program) and the results.
 - a) **W3040** - Code when provided in pre-plan, in an assessment plan ([RH-43](#)), in a job retention plan ([RH-47](#)), and in comprehensive plans ([RH-44](#)) with negotiated rates or those with a plan begin date prior to February 1, 2015.
 - b) **W3240** - Code when provided in a comprehensive plan ([RH-44](#)) with a plan begin date on or after February 1, 2015.
 - c) **Z3040** - Code when provided in a remain at work case.
 - d) Note - For Vocational Rehabilitation Case Manager Mileage, Travel time and Wait time for services see Vocational Rehabilitation Provider Mileage Travel.
- x. **Guidelines for Attending Physician Appointments** - A Vocational Rehabilitation Case Manager must receive permission in advance from the injured worker and the physician's office when planning to attend a physician appointment with the injured worker.
- xi. **Guidelines for Managing Out-of-State Cases** - A Vocational Rehabilitation

Case Manager who lives in close proximity to the injured worker must provide vocational rehabilitation services. The out-of-state Vocational Rehabilitation Case Manager must at a minimum become BWC enrolled to provide services under the direction of the Ohio MCO in accordance with the MCO Policy Reference Guide. Only the assigned out-of-state Vocational Rehabilitation Case Manager may incur Vocational Rehabilitation Case Management charges.

xii. **Plan Implementation Outcome Payment Level 1, 2 and 3 (W3241, W3242, W3243)**

- a) Reimbursement made to the Vocational Rehabilitation Case Manager assigned at plan closure for implementing a vocational rehabilitation plan for achievement of a successful return to work outcome and successful closure of the plan. These three (3) codes may be utilized in conjunction with each other to generate the outcome payment for the Vocational Rehabilitation Case Manager. These codes may only be utilized for approved comprehensive plans with service begin dates on or after February 1, 2015 in which service codes for vocational rehabilitation plan implementation W3200 through W3240 have been approved. The total units of service that may be paid depends upon the expected plan duration which is pre-determined by the BWC Disability Management Coordinator based upon the services included on the comprehensive plan and approved by the MCO prior to the initiation of the comprehensive plan ([RH-44](#)) or its amendments.
- b) For the outcome payment, in a referral, duration is calculated from the service begin date in the first [RH-44](#) with a plan begin date on or after February 1, 2015 through the estimated end date of the current [RH-44](#) for the referral.
- c) The plan implementation outcome payment is payable at:
 - i) Comprehensive plan closure with a successful return to work and working for at least thirty (30) days; or
 - ii) Successful return to work for a comprehensive plan closed as completed before the injured worker returned to work when:
 - iii) The actual return to work is within sixty (60) days of closure of the completed plan;
 - a. The return to work is to the targeted job or job family of the comprehensive vocational rehabilitation plan; and,
 - b. The employment situation has been stable for at least thirty (30) days.
 - iv) The pre-determined days of duration may be increased, if after the approval of and acceptance of the final [RH-44](#) with a plan begin date on or after February 1, 2015, one (1) of the following situations occurs that were not included on the [RH-44](#):
 - a. A return to work incentive not included on the [RH-44](#) is approved via the progress report ([RH-46](#)) and authorization request ([RH-45](#)).
 - i. The overall duration may be increased by the number of days of the return to work incentive that is over the thirty (30) days of return to work monitoring included on the [RH-44](#). For example, if an employer incentive contract was initiated for

ninety (90) days, the duration of the outcome payment could be increased by sixty (60) days above the thirty (30) days of return to work monitoring that was already on the plan

- ii. The return to work incentive agreements include: job modification, on-the-job training, employer incentive contracts and gradual return to work agreements.
 - b. A work trial is utilized as the method of return to work, meaning that the person returns to work through the work trial and remains on that job; the outcome duration may be increased by the length of the work trial.
 - c. Transitional work services are initiated that result in return to work. Duration may be increased for any time approved for this service beyond the thirty (30) day return to work monitoring.
 - d. A medical or non-medical interrupt was approved whose time frame was not included on the last [RH-44](#). The duration may be increased by the length of the approved interrupt.
 - i. The requested modification would be submitted by the Vocational Rehabilitation Case Manager on the final authorization request for the outcome payment, approved by the MCO and noted according to the ["Special Vocational Rehabilitation Plan Types"](#) policy.
 - ii. For the plan implementation outcome payment, the unit of service is per day, billed with the date of closure or the date that the outcome payment is payable as the date of service, utilizing the following codes:
 - aa. **W3241** Plan Implementation Outcome Payment Level 1 for the first one hundred twenty-one (121) days of approved duration. Minimum of thirty (30) units of service and maximum of one hundred twenty-one (121).
 - bb. **W3242** Plan Implementation Outcome Payment Level 2 for days numbering one hundred twenty-two (122) through four hundred eighty-six (486) of approved duration.
 - cc. **W3243** Plan Implementation Outcome Payment Level 3 for days over four hundred eighty-seven (487).
- 30. Vocational Rehabilitation Provider Travel** (includes mileage, travel time and wait time)
- a. **Vocational Rehabilitation Case Manager Travel Time**
 - i. Vocational Rehabilitation Case Manager travel time is the actual time spent traveling to or from necessary vocational rehabilitation appointments by the Vocational Rehabilitation Case Manager to meet with the injured worker, employer, physician of record, or other vocational rehabilitation provider. In most cases, the Vocational Rehabilitation Case Manager may be reimbursed up to one hour of travel time each way for a necessary trip.
 - ii. If multiple appointments related to an injured worker's rehabilitation case occur on the same day within the same area, additional appropriate travel time and mileage may be charged. This is reimbursed in six (6) minute units of service up to ten (10) units each way of a necessary trip.
 - a) Code when provided in a surplus funded plan: **W3045**
 - b) Code when provided in a remain at work case: **Z3045**
 - b. **Vocational Rehabilitation Case Manager Wait Time** - Vocational Rehabilitation

Case Manager wait time is the actual time spent waiting by the Vocational Rehabilitation Case Manager for the injured worker, employer, physician of record, or other vocational rehabilitation provider. Wait time begins at the scheduled appointment time and may be billed a maximum of five (5) units per occurrence (30 minutes) including "no shows". This service is reimbursed in six (6) minute units of service.

- i. Code when provided in a surplus funded plan: **W3046**
- ii. Code when provided in a remain at work case: **Z3046**
- c. **Vocational Rehabilitation Case Manager Mileage** - This code provides reimbursement for actual miles traveled by the Vocational Rehabilitation Case Manager to meet with the injured worker, the employer, the physician of record, or other vocational rehabilitation providers. Mileage is reimbursed up to sixty-five (65) miles one way. Mileage must be in accordance with rehabilitation provider travel guidelines outlined below. The reimbursement is per mile.
 - i. Code when provided in a surplus funded plan: **W3047**
 - ii. Code when provided in a remain at work case: **Z3047**
- d. **Other Provider Travel Time**
 - i. Other provider travel time is the actual time spent traveling to or from necessary vocational rehabilitation appointments to meet with the injured worker or employer by a provider of the following services:
 - a) Job club*;
 - b) Job coaching;
 - c) Job placement*;
 - d) Job development*;
 - e) Job seeking skills training*;
 - f) Vocational screening;
 - g) Vocational evaluation;
 - h) Ergonomic study;
 - i) Ergonomic implementation;
 - j) Job analysis;
 - k) Transitional work; and/or
 - l) Career counseling – in person*.
 - ii. Reimbursement for provider travel is in six (6) minute units of service up to ten (10) units of service one way.
 - iii. Billing exclusions are as follows:
 - a) Travel for the purpose of mailing vocational rehabilitation material.
 - b) Code when provided in a surplus funded plan: **W3050**
 - c) Code/[Vocational Rehabilitation Fee Schedule](#) when provided in a remain at work case: **Z3050**
 - iv. Note - Travel time in a remain at work plan is not eligible for reimbursement for job club, job placement, job development, job-seeking skills training, and career counseling – in person.
- e. **Other Provider Wait Time**
 - i. Other provider wait time is the actual time spent waiting for the injured worker by a provider of the following services:
 - a) Job club*;
 - b) Job coaching;
 - c) Job placement*;

- d) Job development*;
- e) Job seeking skills training*;
- f) Vocational screening
- g) Vocational evaluation.
- ii. Wait time begins at the scheduled appointment time and may be billed for a maximum of five (5) units of service per occurrence (30 minutes) including "no shows". Reimbursement is in six (6) minute units.
- iii. Note - Wait time in a remain at work plan is not eligible for reimbursement for job club, job placement, job development, and job-seeking skills.
 - a) Code when provided in a surplus funded plan: **W3051**
 - b) Code/[Vocational Rehabilitation Fee Schedule](#) when provided in a remain at work case: **Z3051**
- f. **Other Provider Mileage**
 - i. Reimbursement for actual miles traveled to attend necessary meetings with the injured worker or employer by a provider of the following services:
 - a) Job club*;
 - b) Job coaching;
 - c) Job placement*;
 - d) Job development*;
 - e) Job seeking skills training*;
 - f) Vocational screening;
 - g) Vocational evaluation;
 - h) Ergonomic study;
 - i) Ergonomic implementation;
 - j) Job analysis;
 - k) Transitional work; and/or
 - l) Career counseling – in person.*
 - ii. Mileage is reimbursed per mile up to 65 miles one way
 - a) Code when provided in a surplus funded plan: **W3052**
 - b) Code/[Vocational Rehabilitation Fee Schedule](#) when provided in a remain at work case: **Z3052**
 - iii. Note - Mileage in a remain at work plan is not eligible for reimbursement for job club, job placement, job development, job-seeking skills training, and career counseling – in person.
- g. **Vocational Rehabilitation Provider Travel Guidelines**
 - i. If there are no Vocational Rehabilitation Case Managers available within one (1) hour or sixty five (65) miles of the injured worker, the next closest provider will be reimbursed in full for mileage and travel time.
 - ii. If by the injured worker's or MCO's choice, a provider greater than sixty-five (65) miles away is chosen when there are eligible providers within sixty-five (65) miles of the injured worker, mileage and travel time are reimbursed at a maximum of sixty-five (65) miles and/or one (1) hour each way.
 - iii. For the Vocational Rehabilitation Case Manager and the employment specialist in an approved plan, additional appropriate travel time and mileage may be approved if multiple appointments related to an injured worker's rehabilitation case occur on the same day within the same area.
 - iv. If it is expected that the one-way, single appointment travel or mileage guidelines will be exceeded for a necessary trip to meet with an injured worker, employer or provider, prior approval is needed in order for the

provider to be reimbursed per the ["Special Vocational Rehabilitation Plan Types"](#) policy. This does not apply if the mileage exceeds one-way travel or mileage guidelines because of multiple appointments in a trip.

- v. Documentation for travel must be provided and must include point of origination, meeting location, start time, date and point of termination.
- vi. A provider may not bill BWC more than the actual time and miles traveled in a day for BWC cases. This does not apply to an inadvertent increase of 1 Unit of Service based on rounding principles.
- vii. A provider may either pro-rate or calculate point to point in billing a day's travel and mileage. The same calculation method should be applied to all billing related to BWC injured workers for that day.
- viii. If a provider chooses to pro-rate, the proration should be proportional to the appointments and distances traveled during the day.
- ix. A provider shall record the following on the activity log
 - a) The street name and city/state of the starting and ending point of travel;
 - b) If the travel has been prorated and if prorated, the number of appointments;
 - c) The start and stop time of the meeting to which the provider traveled. If the provider traveled and the injured worker was a no-show, the planned meeting start time should be recorded; and
 - d) If there are travel delays or detours that result from road conditions / traffic patterns, the provider should note the information that there was a delay or detour that resulted in additional travel time or mileage on the activity log. This does not change [Vocational Rehabilitation Fee Schedule](#) limits.
 - e) A provider should maintain all supporting documentation related to their billing including other appointments kept / billed that day for audit purposes according to the signed contract.
 - f) All other [Vocational Rehabilitation Fee Schedule](#) and policy inclusions and exclusions that apply to vocational rehabilitation travel remain unchanged.

31. **Work Adjustment, Facility Based (W0662), Employer Based (W0620)**

- a. Work adjustment is a specialized structured program that uses an employer's work site or a facility site to improve an individual's work abilities, skills and behaviors. The injured worker experiences training or work situations within the facility or employer site, their overall performance is assessed and specific measurable goals are developed to improve their performance to facilitate successful return to work. Work adjustment services focus on both the specific job skills and the soft skills associated with employment, such as:
 - i. Stamina;
 - ii. Grooming and hygiene;
 - iii. Attendance;
 - iv. Punctuality;
 - v. Social skills;
 - vi. Team work;
 - vii. Problem solving;
 - viii. Customer service; and
 - ix. Productivity.

- b. If the sole focus of the program is skill enhancement, it is not a work adjustment program. Weekly attendance reports and at least bi-weekly progress report must be submitted to the MCO while the injured worker is participating in these services. Service providers are not reimbursed for travel or mileage for these services. Minimum expected participation is typically three (3) days per week four (4) hours per day. Any services below this level should be staffed by the Vocational Rehabilitation Case Manager and the MCO.
- 32. Work Adjustment - Facility Based (W0662)** - Services occur within a facility and the injured worker experiences training or work situations as part of this service. Reimbursement is in fifteen (15) minute units of service, maximum of 140 units per week for twelve (12) weeks.
- 33. Work Adjustment - Employer Based (W0620)** - Services occur within an employer's work site and the injured worker experiences real work situations as part of this service. Reimbursement is in fifteen (15) minute units of service, maximum of one hundred forty (140) units per week up to four (4) weeks
- 34. Work Conditioning (W0710)**
 - a. A Work Conditioning program consists of a progression of treatments using physical conditioning and job simulation/real work tasks to help the injured worker regain optimal function and return to work. The program goals should address:
 - i. Improvements in cardiopulmonary function;
 - ii. Improvements in neuromuscular function;
 - iii. Improvement in musculoskeletal function
 - iv. Education;
 - v. Symptom relief; and when appropriate,
 - vi. Reasonable accommodations for the worker and adaptations to the work environment.
 - b. The following are treatment indicators for a work conditioning program:
 - i. The injured worker has no specific job to return to with a specific employer but a targeted job (or job group) goal has been identified. While the goal appears realistic, the injured worker does not currently have all of the physical tolerances for the targeted job; or
 - ii. The injured worker has a specific job to return to with a specific employer, but does not currently have the physical capacities to safely return to the job and/or the employer does not have appropriate job accommodations; and
 - iii. The injured worker does not require interdisciplinary services since the impediments to return to work are primarily physical. (During the program, the need for a limited number of individualized services such as Occupational Therapy, Physical Therapy, psychological or nutritional services may occasionally arise.) *
 - c. Note - Bill these services using CPT® codes. Reimbursement of work conditioning is in fifteen (15) minute units, up to six hundred forty (640) units in eight (8) weeks, usually two (2) to (4) four hours per day.
- 35. Work Trial** (no billing code used)
 - a. A Work Trial program permits an injured worker to attempt a return to work in the original job or at a new job with either the same employer or a new employer. It allows an employer to test, evaluate and observe the worker at the actual job prior to hiring. BWC pays the injured worker living maintenance during this time.
 - b. The Vocational Rehabilitation Case Manager will outline the conditions of the work trial, including the scheduled hours, supervisor, and job tasks. The Vocational Rehabilitation Case Manager monitors and documents the injured

- worker's progress based on reports from the injured worker's direct supervisor at the workplace.
- c. Note - Unless the modification is portable, job modification services cannot be used with work trial.
 - d. Requirements:
 - i. The Work Trial Agreement (RH-13) form must be completed with the employer/trainer, Vocational Rehabilitation Case Manager and injured worker signatures.
 - ii. An Outline of the experiences will be provided at the employer/training site.
 - iii. An inclusion on the RH-45 at the time of service initiation.
 - iv. A RH-5 must be completed by the employer/trainer, at least bi-weekly.
 - e. Note – Maximum of four (4) week total per job, per plan.
 - f. The injured worker is paid living maintenance during a work trial and no wage loss payments are made.
 - g. If the work trial results in employment with the employer who offered the work trial, the duration in days of the work trial approved via a progress report and authorization request may be added to the duration in days of the plan implementation outcome payment.
 - h. A thirty (30) day return to work follow-up is still required from the date the employer begins paying at least half of the wages.

Vocational Rehabilitation Codes in Numerical Order

W0513	Ergonomic Implementation, 15 minute unit, up to 16 units
W0523	Career Counseling – In Person, 6 minute unit up to 100 units or 10 hours
W0524	Career Counseling – Research and Reporting, 6 minute unit, maximum of 40 units or 4 hours
W0600	Injured worker travel expenses in specific situations; injured worker reimbursed
W0601	Injured worker meal expenses in specific situations; injured worker reimbursed
W0602	Injured worker lodging expenses in specific situations; injured worker reimbursed
W0610	Comprehensive Vocational Evaluation, 6 minute unit. Maximum 120 units or 12 hours.
W0620	Work Adjustment - Employer Based, per 15 minute unit. Maximum 140 units or 35 hours per week up to 4 weeks.
W0631	Vocational Screening, per 6 minute unit. Maximum 40 units or 4 hours
W0635	Situational Work Assessment, per 15 minute unit. Maximum 160 units or 40 hours, over 1-3 weeks.
W0637	Transitional Work Services, per 15 minute unit. Maximum of 192 units or 48 hours
W0641	Job club, per 6 minute unit, up to 200 units in 20 weeks.
W0644	Ergonomic Study, 15 minute unit, up to 28 units or 7 hours
W0645	Job Analysis, 15 minute unit, up to 16 units or 4 hours
W0647	Automobile repairs, By Report
W0648	Physical Reconditioning, Unsupervised (Y's, Spa), By Report. One 3 month program maximum per claim.
W0650	Job Seeking Skills Training, face-to-face, per 6 minute units, up to 200 units or 20 hours
W0659	Job Development, per 6 minute unit, up to 400 units or 40 hours in 20 weeks
W0660	Job Placement, per 6 minute unit, up to 400 units or 40 hours in 20 weeks
W0662	Work Adjustment - Facility Based, per 15 minute unit. Maximum 140 units or 35 hours per week for 12 weeks
W0663	Job modification, By Report
W0665	Tools and equipment, By Report
W0672	Job coach, per 15 minute unit, maximum of 160 units or 40 hours
W0674	Child/dependent care, By Report
W0690	Training – Books, Supplies and Testing, By Report
W0691	Remedial Training, By Report
W0692	Short Term Training - up to 1 year, By Report
W0694	Long Term Training – over 1 year, By Report
W0702	Occupational Rehabilitation - Comprehensive initial 2 hour session, 15 min unit, up to 8per day or 320 in 8 wks
W0703	Occupational Rehabilitation – Comprehensive, Each Additional Hour. 15 min unit up to 960 units in 8 weeks.
W0710	Work Conditioning, per 15 minute unit, up to 640units or 160 hours in 8 weeks
W0750	Nutritional Counseling/Weight reduction program, per hour, by R.D.

Vocational Rehabilitation Codes in Numerical Order (Continued)

W3000	Vocational Rehabilitation Case Manager phone calls/email to the injured worker or representative, surplus-funded plan, per 6 min
W3001	Vocational Rehabilitation Case Manager phone calls/email to the physician or representative, surplus-funded plan, per 6 min
W3002	Vocational Rehabilitation Case Manager phone calls/email to the employer or representative, surplus-funded plan, per 6 min
W3003	Vocational Rehabilitation Case Manager phone calls/email to the BWC, surplus-funded plan, per 6 min
W3004	Vocational Rehabilitation Case Manager phone calls/email to the MCO, surplus-funded plan, per 6 min
W3005	Vocational Rehabilitation Case Manager phone calls/email to the service provider, surplus-funded plan, per 6 min
W3006	Vocational Rehabilitation Case Manager phone calls/email to other (must specify), surplus-funded plan, per 6 min
W3010	Vocational Rehabilitation Case Manager face-to-face meeting with injured worker or representative, surplus-funded plan, per 6 min
W3011	Vocational Rehabilitation Case Manager face-to-face meeting with physician or representative, surplus-funded plan, per 6 min
W3012	Vocational Rehabilitation Case Manager face-to-face meeting with employer or representative, surplus-funded plan, per 6 min
W3013	Vocational Rehabilitation Case Manager face-to-face meeting with BWC, surplus-funded plan, per 6 min
W3014	Vocational Rehabilitation Case Manager face-to-face meeting with MCO, surplus-funded plan, per 6 min
W3015	Vocational Rehabilitation Case Manager face-to-face meeting with service provider, surplus-funded plan, per 6 min
W3016	Vocational Rehabilitation Case Manager face-to-face meeting with other (must specify), surplus-funded plan, per 6 min
W3020	Documentation review by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3025	Initial assessment report writing by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3030	Plan writing by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3035	Report writing by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3036	Letter writing by the Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3039	Labor Market Survey by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3040	Transferable Skills Analysis report writing by Vocational Rehabilitation Case Manager, surplus-funded plan, per 6 min
W3045	Vocational Rehabilitation Case Manager travel time, surplus-funded plan, per 6 min
W3046	Vocational Rehabilitation Case Manager wait time, surplus plan, per 6 min

Vocational Rehabilitation Codes in Numerical Order (Continued)

W3047	Vocational Rehabilitation Case Manager mileage, surplus-funded plan, per mile
W3050	Other provider travel time, surplus-funded plan, per 6 min
W3051	Other provider wait time, surplus-funded plan, per 6 min
W3052	Other provider mileage, surplus-funded plan, per mile
W3200	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the injured worker or representative, per 6 min
W3201	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the physician or representative, per 6 min
W3202	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the employer or representative, per 6 min
W3203	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the BWC, per 6 min
W3204	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the MCO, per 6 min
W3205	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to the service provider, per 6 min
W3206	Plan Implementation - Vocational Rehabilitation Case Manager phone calls/email to other (must specify), per 6 min
W3210	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with injured worker or representative, per 6 min
W3211	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with physician or representative, per 6 min
W3212	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with employer or representative per 6 min
W3213	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with BWC, per 6 min
W3214	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with MCO, per 6 min
W3215	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with service provider, per 6 min
W3216	Plan Implementation - Vocational Rehabilitation Case Manager face-to-face meeting with other (must specify), per 6 min
W3220	Plan Implementation - Documentation review by Vocational Rehabilitation Case Manager, per 6 min
W3230	Plan Implementation - Plan writing by Vocational Rehabilitation Case Manager, per 6 min
W3235	Plan Implementation - Report writing by Vocational Rehabilitation Case Manager, per 6 min
W3236	Plan Implementation – Letter writing by the Vocational Rehabilitation Case Manager, per 6 min
W3239	Plan Implementation - Labor Market Survey by Vocational Rehabilitation Case Manager, per 6 min
W3240	Plan Implementation - Transferable Skills Analysis report writing by Vocational Rehabilitation Case Manager, per 6 min
W3241	Plan Implementation – Outcome Payment Level 1, per day, per successful return to work outcome

Vocational Rehabilitation Codes in Numerical Order (Continued)

W3242	Plan Implementation – Outcome Payment Level 2, per day, per successful return to work outcome
W3243	Plan Implementation – Outcome Payment Level 3, per day, per successful return to work outcome
W3257	Employment Services - Job Seeking Skills Training, face-to-face, per 6 minute units, up to 200 units or 20 hours
W3258	Employment Services - Job club, per 6 minute unit, up to 200 units in 20 weeks.
W3259	Employment Services - Job Development, per 6 minute unit, up to 400 units or 40 hours in 20 weeks
W3260	Employment Services - Job Placement, per 6 minute unit, up to 400 units or 40 hours in 20 weeks
W3261	Employment Services Outcome Payment, successful return to work 1 unit per outcome
Z0600	Vocational rehabilitation program reimbursement for injured worker travel in specific situations with contractual agreement; program reimbursed
Z0601	Vocational rehabilitation program reimbursement for injured worker meals in specific situations with contractual agreement; program reimbursed
Z0602	Vocational rehabilitation program reimbursement for injured worker lodging in specific situations with contractual agreement; program reimbursed
Z0700	Relocation expenses for injured worker in specific situations; injured worker reimbursed
Z3000	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the injured worker or representative, per 6 min
Z3001	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the physician or representative, per 6 min
Z3002	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the employer or representative, per 6 min
Z3003	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the BWC, per 6 min
Z3004	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the MCO, per 6 min
Z3005	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to the service provider, per 6 min
Z3006	Remain at Work Service - Vocational Rehabilitation Case Manager phone calls/email to other (must specify), per 6 min
Z3010	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with injured worker or representative, per 6 min
Z3011	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with physician or representative, per 6 min
Z3012	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with employer or representative, per 6 min
Z3013	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with BWC, per 6 min
Z3014	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with MCO, per 6 min

Vocational Rehabilitation Codes in Numerical Order (Continued)

Z3015	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with service provider, per 6 min
Z3016	Remain at Work Service - Vocational Rehabilitation Case Manager face-to-face meeting with other (must specify), per 6 min
Z3020	Remain at Work Service - Documentation review by Vocational Rehabilitation Case Manager, per 6 min
Z3025	Remain at Work Service - Initial assessment report writing by Vocational Rehabilitation Case Manager, per 6 min
Z3035	Remain at Work Service - Report writing by Vocational Rehabilitation Case Manager, per 6 min
Z3036	Remain at Work Service - Letter writing by the Vocational Rehabilitation Case Manager, per 6 min
Z3040	Remain at Work Service - Transferable Skills Analysis report writing by Vocational Rehabilitation Case Manager, per 6 min
Z3045	Remain at Work Service - Vocational Rehabilitation Case Manager travel time, per 6 min
Z3046	Remain at Work Service - Vocational Rehabilitation Case Manager wait time, per 6 min
Z3047	Remain at Work Service - Vocational Rehabilitation Case Manager mileage, per mile
Z3050	Remain at Work Service - Other provider travel time, per 6 min
W3051	Remain at Work Service - Other provider wait time, per 6 min
Z3052	Remain at Work Service - Other provider mileage, per mile