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I. GENERAL INFORMATION

- A. Questions Related to Provider Billing - Questions relating to provider billing should be directed to the Bureau of Workers' Compensation (BWC) Provider Relations at 1-800-644-6292.

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- B. Billing Submissions - Bill submission must be timely. Ohio Revised Code (ORC) [4123.52\(B\)](#) and Ohio Administrative Code (OAC) [4123-3-23](#) set forth billing and adjustment request timelines and are noted in the table below.

Service Date	Time To Submit Bills	Time To File Adjustment
Before July 29, 2011	Two (2) years	No limit
July 29 th – September 11, 2011	One (1) year	No limit
September 12, 2011 and after	One (1) year	Within one (1) year, seven (7) days of adjudication of initial fee bill

- C. Additional Billing Requirements For Bills With Dates Of Service Prior, On Or After July 29, 2011
1. A bill with a date of service prior to July 29, 2011 - For a fee bill to be timely filed, it must be submitted either within two (2) years from the date of service or within six (6) months from the date of mailing of the final order of allowance of the claim or the condition being treated, whichever period of time is longer.
 2. A bill with a date of service on or after July 29, 2011 - For a fee bill to be timely filed, it must be submitted either within one (1) year from the date of service or one (1) year from the earlier of the Staff Hearing Officer order or the final administrative or judicial order allowing payment, whichever period of time is longer.
- D. BWC Legacy Number & National Provider Identifier Number - The provider may bill utilizing the provider's BWC legacy number and/or the registered National Provider Identifier number. Please [click here](#) for further information regarding National Provider Identifier registration. A provider should contact the MCO that is medically managing the claim or contact BWC Provider Relations at 1-800-644-6292 to obtain the provider number, if the provider does not know the provider's number.
- E. Delays - The provider may experience delays if a bill is not completed correctly. An improperly completed bill may be returned for correction and re-submission.
1. Failure to correctly identify the pay-to-provider or group practice provider number may result in warrants and Internal Revenue Services [\(IRS\) 1099](#) statements issued to individual practitioners or denial of bills.
 2. The MCO collects/recovers inappropriate payments or payments made in error.
 3. If the name or payee number appearing on any payment from the MCO is incorrect, return the uncashed warrant and remittance advice to the MCO.
 4. If the name or payee number appearing on any payment is incorrect for BWC payments, return the uncashed warrant and remittance advice to BWC Cash Control, 30 W. Spring St., L 24, Columbus, Ohio 43215-2256.
 5. If the payment was made to the wrong party because of a BWC error, a corrected payment will be issued.
 6. If the payment was made to the wrong party because of a billing error, the payment will be recovered.

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7. Once the payment has been recovered, the provider should rebill the services with correct payee information. Failure to return the warrant to BWC will result in payments being reported to the IRS according to the information that appeared on the warrant.

Provider Type	Provider Type Name	Billing Form
34	Hospital-General Acute Care	Uniform Billing (UB-04)
36	Hospital-Psychiatric	UB-04
37	Hospital- Rehabilitation	UB-04
78	Retraining-Providers (Rehab)	Service Invoice (C-19)
80	Retail Stores (Rehab)	C-19
99	Interpreter	C-19

- II. PROVIDER BILL TYPE FORM REQUIREMENTS** - Except as otherwise noted in the table above, all BWC provider types shall bill utilizing the *Health Insurance Claim Form* (CMS-1500) form.

III. GENERAL FORM INSTRUCTIONS

- A. National Standard Practices - Forms shall be filled out in accordance with national standard practices except as noted.
- B. Information For Workers' Compensation - Providers can include information not typically needed for workers' compensation. This information will be ignored if it is not pertinent to determining eligibility for reimbursement.
- C. Do Not Alter Forms - Forms shall not be altered in any manner (customized by adding lines, etc.) Do not enter two lines of information in one block.
- D. Number Of Provider IDs Submitted Per Bill - Only one servicing (treating) provider ID may be submitted per bill.
- E. BWC Claim Number - The BWC claim number must be noted on the bill.
- F. National Correct Coding Guidelines - A provider should bill in accordance with national correct coding guidelines. All of the information should be typed, not handwritten. If it is computer generated, use letter quality forms.
- G. Paper Billing Forms - All paper billing forms should be submitted flat, not folded.
- H. Use Paper Clips - To avoid tearing forms, use paper clips. Do not use staples.
- I. Documents & Modifiers - Do not attach documents unless requested or billing unlisted procedures and modifiers.
- J. Do Not Use Products To Mask/Hide Text - Do not use correction fluid, correction tape or markers.

- K. Submit Current IRS Request For Taxpayer Identification Number & Certification (W-9) - In order to ensure correct information on your Internal Revenue Service (IRS) [1099](#) form, please submit a current IRS [Request for Taxpayer Identification Number and Certification \(W-9\)](#) form to BWC's Provider Enrollment.
- L. Taxonomy Code Information - If applicable, providers may include Taxonomy Code information. Taxonomy Codes are not required in BWC billing but may be helpful in cross-walking the National Provider Identifier to the BWC Provider number.

IV. HEALTH INSURANCE CLAIM (CMS-1500) FORM

- A. Current Version Of CMS-1500 - The provider shall use the most current version of the CMS-1500.
- B. CMS-1500 Line-Item Number 24A (Date(s) of Service) – The provider should enter the beginning date of service in month, day, and year format. BWC will not accept any medical bill that contains more than one (1) date of service per line item. Line items that contain a different “From” and “To” date will be denied with the following: *“EOB 269 – Payment is denied as BWC allows only one date of service per line item.”*
- C. CMS-1500 Line-Item Numbers 24I, 24J, 25 & 33 - The provider should pay special attention to instructions for completing line-item numbers 24I, 24J, 25 and 33, which are used in determining provider eligibility in bill processing and financial reporting to the IRS.
- D. CMS-1500 Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B - The provider should complete the form in its entirety to ensure the provider follows the BWC-specific instructions for the items listed below (*Note: The numbers listed below correspond with the line-item numbers on the form*):

Health Insurance Claim (CMS-1500)		
Line-Item Number	Section Title	Instructions (If Needed)
14	Date of current illness, injury or pregnancy (LMP)	None
21	Diagnosis or nature of illness or injury	Enter the International Classification of Diseases-Clinical Modification(ICD-CM) code(s) that correspond(s) to the conditions treated, in accordance with National Correct Coding Initiative and ICD-CM coding guidelines. The billed diagnoses must be related to the services billed.

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Health Insurance Claim (CMS-1500) (Continued)		
Line-Item Number	Section Title	Instructions (If Needed)
24F	Charges	Enter your usual, customary and reasonable charge for the procedure performed. If more than one unit of service is billed, make sure your charges reflect this in the total.
24I	ID qualifier (ID QUAL)	If using the 11-digit BWC provider number, use qualifier G2 or LU in the non-National Provider Identifier qualifier field.
24J	Rendering Provider ID #	The MCO and BWC can only accept one rendering provider ID per bill.
33b	Other ID	Enter the billing provider's 11-digit BWC Provider Number.

E. Registering National Provider Identifier - The provider must register the provider's National Provider Identifier with BWC before submitting bills with National Provider Identifier. Billing a provider using the same National Provider Identifier for multiple locations must ensure that BWC has the accurate address information on file for each billing location.

F. Changing Provider Information In BWC Records - To make any changes, additions or corrections to the provider information as it is recorded in BWC's records, the provider must submit a written request on company letterhead to Ohio BWC Provider Enrollment at fax number (614) 621-1333 or the following address:

Ohio BWC Provider Enrollment
P.O. Box 15249
Columbus, OH 43218-2031

G. Cross Reference ANSI X12 ASC 837 - Please use cross references to the ANSI X12 ASC 837 (i.e., American National Standards Institute (ANSI) X12 Accredited Standards Committee (ASC) 837 (i.e., standard format for transmitting health care claims electronically)) standard in the National Uniform Claim Committee (NUCC) instructions as the guideline for submitting electronic bills. [Click here](#) to obtain contact information for electronic transmission to the MCO.

V. [UNIFORM BILLING \(UB-04\) FORM](#)

A. Hospital & [UB-04](#) – BWC will only accept [UB-04](#) forms from a hospital. Other provider types that may be able to bill Medicare or Medicaid on a [UB-04](#) should refer to the Provider Bill Type Form Requirements list noted in *Section II* of this chapter.

B. National Provider Identifier Number & BWC 11 Digit Provider Number - A hospital should use the [UB-04](#) when submitting bills for workers' compensation services.

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The hospital may use the hospital's National Provider Identifier number or BWC's 11 digit provider number when billing.

- C. Coding Clinic Of The American Hospital Association – A hospital must submit hospital bills in accordance with the correct coding guidelines per the CodingClinic of The American Hospital Association. Failure to do so may result in an incorrect reimbursement calculation.
- D. Medical Documentation Requirements - See Chapter 2 for medical documentation requirements.
- E. Split Cycle Bills - Split cycle bills with overlapping dates of service will not be accepted.
- F. [UB-04](#) Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B - The provider should complete the form in its entirety ensuring that it follows the BWC-specific instructions for the items listed below (*Note: The numbers listed below correspond with the line-item numbers on the form*):

Uniform Billing (UB-04)		
Line-Item Number	Section Title	Instructions (<i>If Needed</i>)
4	Type of bill	<p>Enter the appropriate three-digit code for the type of bill from the coding table below:</p> <p>Inpatient codes: 111 - Admit – discharge date 112 - Interim first bill 113 - Interim continuing bill 114 - Interim last claim 115 - Late charges only</p> <p>Outpatient codes: 131 - Admit through discharge date 132 - Interim first bill 133 - Interim continuing bill 134 - Interim last claim 135 - Late charges only</p> <p>Type of bill codes 115 and 135 are only acceptable in hard copy bill submissions. Type of bill codes 116-118 and 136-138 for adjustments, replacements and voids of prior bills are not valid for BWC. A request for adjustments should be directed to the appropriate MCO.</p>
5	Statement covers period	<p>Surgery dates and accompanying operating room charges must be within the date span listed in the "statement covers" period. For outpatient bills, the first and last of the line item service dates entered in item field locator 45 must be equivalent to the first and last dates in the statement covers period.</p>

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Uniform Billing (UB-04) (Continued)		
Line-Item Number	Section Title	Instructions (If Needed)
42	Revenue code	Refer to Chapter 2 of this manual for the list of non-covered revenue codes.
43	Revenue description	No entry required
57	Other (billing) provider identifier	If National Provider Identifier is not unique to hospital location, entering BWC 11-digit provider ID here will expedite processing. Important: <i>The dash in the provider number should not be included. Enter the provider number in the following format: 99999999999.</i>
62	Insured's group number	Enter the BWC claim number. (Click here) or type BWC Website https://www.bwc.ohio.gov/provider/services/837Links.asp into the address bar of your Web browser to obtain complete requirements for electronic transmission.

VI. SERVICE INVOICE (C-19) FORM – A provider that is not eligible to bill on the [CMS-1500](#) (see Section II) may continue to use the [C-19](#).

VII. OUTPATIENT MEDICATION INVOICE (C-17) FORM - The injured worker may only use the C-17 for reimbursement of outpatient medication. [Click here](#) to view all information regarding this form.

VIII. INSTRUCTIONS FOR AMERICAN DENTAL ASSOCIATION (ADA) FORM – A dental provider may use either the [ADA](#) form or the CMS-1500 to bill for services related to a workers' compensation claim. [Click here](#) to access the Guide for Dental Providers. The guide contains BWC specific instructions for the [ADA](#) form as well as information that addresses frequently asked questions.

IX. EXPLANATION OF BENEFITS (EOB) REFERENCE LISTING - All MCOs are required to use the EOB Reference Listing. The EOB Reference Listing is used when communicating to providers about reimbursement and billing. The EOB codes and descriptions can be found at BWC Website:
<https://www.bwc.ohio.gov/downloads/blankpdf/MCOPolicyAppendix3.xlsx>