

## BWC's Provider Billing and Reimbursement Manual

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Policy #:	BRM - Preamble
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### Welcome to Ohio BWC's Provider Billing and Reimbursement Manual (BRM)

BWC recognizes that ensuring high quality, cost effective care for Ohio's injured workers depends on strong collaboration and communication with our provider partners and their staff. We are dedicated to helping providers in our network deliver services in accordance with Ohio laws and rules. The intent of the BRM is to provide information and guidance to providers treating Ohio's injured workers. The manual communicates policies and programs and also outlines key information such as authorization, bill submission and reimbursement processes.

Additionally, the manual further serves to guide the actions of the managed care organizations (MCOs) that are contracted by BWC to medically manage injured workers' claims. The manual also guides BWC's own internal provider-related functions such as bill adjustments, recovery of overpayments and subrogation.

BWC is authorized to adopt the BRM pursuant to Ohio Revised Code [4121.32\(D\)](#).

Questions, comments and suggestions regarding this manual may be directed to BWC's Provider Contact Center at 1-800-OhioBWC, option 0,3,0.

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### Provider Agreement to Abide by Laws, Rules and Policies

Providers have a responsibility to perform specific duties when billing and reporting medical services.

BWC-Certified Providers - By signing the agreement on the BWC Provider Enrollment and Certification form ([Medco-13](#)), providers have agreed to abide by the Ohio Revised Code (ORC) and rules promulgated thereunder by BWC and the Ohio Industrial Commission. In addition, the signed agreement indicates the provider will accept and abide by all billing and/or other policies,

procedures and criteria as set forth and amended from time to time in BWC's BRM, which is incorporated by reference into the application/agreement, and all other terms of the application/agreement.

Non-Certified Providers - While BWC reimburses non-BWC certified providers in certain circumstances, the same laws, rules and policies apply. However, payment for treatment beyond the initial treatment will only be made in limited circumstances as detailed in rule and policy.

Whether a provider is certified or non-certified, all providers must be enrolled with BWC to be reimbursed. "Enrolled" means the provider has submitted the minimum information required to issue a provider number (e.g. credentials, demographic information, etc.).

The references in this preamble refer providers to the information essential to the proper reporting and reimbursement of services. Providers are expected to remain up to date with BWC's regulations and policies. Reimbursement will be made to a provider after applying the appropriate policies contained in this manual.

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### Laws and Rules Applicable to BWC

The laws and rules related to workers' compensation are applicable to treatment of Ohio injured workers. These laws and rules serve as the foundation for BWC policies.

- Laws governing the Ohio workers' compensation system are published in the Ohio Revised Code (ORC) [4121](#) Industrial Commission and [4123](#) Bureau of Workers' Compensation.
- The rules supporting these laws are published in Ohio Administrative Code (OAC). Rules related to the provision of medical services are published in OAC [4123-6](#).

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### BRM Purpose and Objectives

The BRM supports the ORC and OAC by providing additional clarification and direction related to the law and rule content. The purpose of the BRM is to furnish health care providers with the policies needed to report services rendered to injured workers, and to properly file medical bills with BWC, the MCOs or self-insured employers for the reimbursement of services rendered.

The BRM includes the following documents:

- This preamble to the BRM;
- Chapters 1 through 4\* – current policies in paragraph format. Redacted or updated policies are identified by strikethrough font;
- Presumptive Approval Guidelines – guidance on the presumed approval of certain services within the first 60 days after the injury;
- MCO Standard Prior Authorization Table –guidance on services requiring authorization;
- Medical Documentation Policy – guidance on documentation requirements;
- MCO directory – list of MCOs and contact information;

- New/Revised/Updated Policies\* – new policies and updated or revised policies migrated from the BRM into the technical policy format;
- Policy Alerts – a method of immediate notification to provide clarification to existing policies and/or coding guidance. The information contained in policy alerts is later incorporated into the corresponding policy, when applicable;
- Future Effective Policies – policies that have been finalized but are not yet in effect.

\*Note: In 2016, BWC began reviewing and updating each policy as it is migrated from the BRM paragraph format into a technical policy format. Chapters 1 through 4 of the BRM contain the remaining policies in paragraph format. The New/Revised/Updated policies section of the BRM contains the updated policies in a technical policy format.

The information, policies, and procedures described within the BRM are subject to change. BWC may change, modify, suspend, interpret, or cancel, in whole or part, any of the published policies or procedures. Such revised information may supersede, modify, or eliminate prior published policies or procedures.

Changes, modifications, clarifications, etc. to the manual shall be communicated in writing as published on [www.bwc.ohio.gov](http://www.bwc.ohio.gov), Provider Billing and Reimbursement Manual. These communications are released in two forms—planned policy changes and Policy Alerts.

Planned changes are typically communicated in the form of updated policies. However, occasionally it is necessary for BWC to quickly communicate a policy clarification or modification prior to publishing an entire updated policy. These short-term, immediate forms of policy clarification are communicated via BWC Policy Alerts. Providers should note the effective dates of policies and Policy Alerts to ensure compliance.

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### Hierarchy of Application

Because each of the aforementioned documents provide an increasing level of guidance that supports the prior level, the hierarchy of application is as follows:

1. Ohio Revised Code (law or statute)
2. Ohio Administrative Code (rule)
3. BWC Provider Billing and Reimbursement Manual\*\*

\*\*Note: When a Policy Alert is issued to modify or clarify an existing policy, the Policy Alert will indicate the effective date of the change (e.g. based on a calendar date or date of service, etc.). The Policy Alert is considered an official update to BRM policy.

BWC's policies are written to ensure providers are given clear guidance. Occasionally, providers may identify policy language for which they feel there is room for interpretation and application. To avoid confusion or misunderstandings, it is prudent to obtain advice from the injured worker's MCO or BWC in using these tools, if necessary.

### Applicable Coding Conventions

Unless otherwise instructed under BWC rule or policy, all providers are required to utilize nationally recognized codes and descriptions, modifiers, policies, definitions and instructions when reporting information or submitting bills for reimbursement.

Examples of nationally recognized codes include:

1. International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM)
2. International Classification of Diseases, 10<sup>th</sup> Revision, Procedural Coding System (ICD-10-PCS)
3. American Medical Association Current Procedural Terminology (CPT®) codes
4. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Level II
5. American Dental Association Code on Dental Procedures and Nomenclature (CDT codes)
6. National Drug Codes (NDC)

Examples of nationally recognized coding requirements include:

1. National Correct Coding Initiative (NCCI) Coding Policy Manual for Medicare Services
2. American Hospital Association Coding Clinic Coding Clinic® for ICD-10-CM and ICD-10-PCS
3. American Medical Association CPT® Assistant
4. American Hospital Association Coding Clinic® for HCPCS

### Exceptions to Coding or Correct Coding Standards

1. Providers shall follow BWC rules or policies when they define applicable deviations from national standards.
2. Exceptions to nationally recognized standards include a small set of procedure or service codes that are specific to BWC (i.e. local codes) as detailed in the fee schedules.
3. When the nationally recognized code for a procedure or service is not listed on BWC's fee schedule, the service may require deviation from national coding standards. In these situations, providers should contact BWC or the injured worker's MCO for direction.
4. If a BWC local code and a nationally recognized code both exist for the same procedure or service, providers shall report the BWC local code unless otherwise directed by BWC rule or policy.
5. If more than one nationally recognized code exists for the same service (e.g. CPT code and temporary HCPCS code), providers shall follow BWC policy or contact BWC or the injured worker's MCO for direction.
6. When nationally recognized coding standard resources contain conflicting direction:
  - a) If the resource conflicts with the American Medical Association's CPT Assistant, the CPT Assistant shall control for billing guidance.
  - b) In all other cases, providers shall report the code(s) which allow the more comprehensive coverage for the treatment of the injured worker.

### Coding Validation

BWC and the MCOs conduct clinical editing using nationally recognized medical bill editing criteria to ensure providers adhere to the nationally recognized coding standards noted in this policy. Examples of clinical editing criteria include:

1. Provider type
2. Mutually exclusive procedures
3. Modifiers
4. Multiple procedure pricing
5. Units of service
6. Follow up days/global period
7. Unbundling
8. Gender
9. Place of service
10. Procedure appropriate for diagnosis
11. Rent to purchase
12. Codes valid for date of service
13. Valid provider type
14. Mutually exclusive procedures
15. Reimbursement of splint and casting supplies
16. Reimbursement for in interpretation of emergency room x-rays
17. Incidental procedures
18. Utilization parameters
19. Unlisted procedures
20. Observation days

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