



# **BWC's Provider Billing and Reimbursement Manual**

The purpose of this manual is to explain the billing procedures for medical providers, who are treating injured workers under the Health Partnership Program. All BWC-certified providers should have a copy of BWC's Billing and Reimbursement Manual.

Authorization Date: July 1, 2019 (Revised)

Release Date: June 28, 2019



**Bureau of Workers'  
Compensation**

THIS PAGE INTENTIONALLY LEFT BLANK

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

**Preamble to the Billing and Reimbursement Manual**

Welcome	1
Provider Agreement to Abide by Laws, Rules and Policies	1
Laws and Rules Applicable to BWC	2
BRM Purpose and Objectives	2
Hierarchy of Application	3
Applicable Coding Conventions	4

**Chapter 1 - Ohio Workers' Compensation System**

I. WORKERS' COMPENSATION SYSTEM	1-4
A. Ohio Workers' Compensation System Summary	1-4
B. State-Fund & Self-Insuring Employer Claims	1-4
II. MCO/BWC SCOPE OF ADMINISTRATIVE SERVICES ( <i>MCO MANAGED CLAIMS MATRIX OF RESPONSIBILITIES</i> )	1-5
III. PROVIDER ENROLLMENT AND CERTIFICATION	1-12
A. Provider Enrollment & Certification Qualifications	1-12
B. Three Categories Of Health Partnership Program	1-12
IV. PROVIDER ENROLLMENT AND CERTIFICATION APPLICATION AND PROCESS	1-12
A. Provider Applications For Enrollment	1-12
B. Minimum Enrollment Requirements	1-12
C. Verification	1-13
D. How To Change Provider Enrollment Data	1-13
E. Notification Of Changes To Provider Information	1-13
F. Notification Of Change To Provider Enrollment Data	1-13
G. Change To Tax Identification Number & Group Affiliation	1-13
H. Provider Enrolled As BWC Provider Type 12/Provider Group Practice	1-14
I. Provider Recertification	1-14
J. National Provider Identifier	1-14
V. REPORTING AN INJURY	1-15
A. Provider Responsibilities	1-15
B. Required Data Elements	1-16
VI. ERRONEOUS MCO DENIALS	1-16
A. MCO Authorization & Determination Responsibilities	1-16
B. Provider Of Record/Treating Physician Responsibilities	1-16
C. MCO Penalty Payment to Providers	1-16
VII. TREATMENT GUIDELINES	1-17
A. Treatment Guidelines Section Summary	1-17
B. Official Disability Guidelines	1-18
VIII. REIMBURSEMENT GUIDELINES	1-18
A. Reimbursement Guidelines Section Summary	1-18
B. Medical Coding Guidelines	1-18
C. Health Partnership Program Billing	1-18
D. Reimbursement Review & Payment	1-20
E. Miscellaneous Billing Provisions	1-20
F. Additional Considerations	1-21
G. MCO Grievance Conference/Appeals	1-22
H. Special Investigations Department Determination of Overpayment	1-26
IX. REQUIRED REPORTS	1-27
A. Required Reports Summary	1-27

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

B.	BWC Forms & Medical Documentation	1-27
C.	Provider Charges For Copies Of Medical Records	1-27
D.	Medical Documentation	1-28
E.	Initial Medical Reports	1-28
F.	Advantages Of Providing Medical Reports	1-28
G.	Timely Submission Of Medical Reports	1-28
H.	Provider Updates To MCO	1-28
X.	REQUEST FOR MEDICAL SERVICES	1-30
A.	Submission of Prior Authorization	1-30
B.	Assisting MCO In Medically Managing Injured Worker's Claim	1-30
C.	MCO Authorization Consideration & Expedite Payment	1-30
D.	Medical Service Request Approval & Provider Treatment Initiation	1-31
E.	No Response To C-9 In Three Business Days	1-31
F.	Discontinue Payment Of Treatment	1-31
G.	MCO Authorization Decision Process On C-9 Request	1-31
H.	Self-Insuring Employer Decision Process On C-9 Request	1-32
I.	Information Supporting Request & Authorization	1-32
J.	Request For Progress Notes	1-32
K.	Authorization Granted For Specific Number Of Session Or Period Of Time	1-32
XI.	ADDITIONAL ALLOWANCES	1-34
A.	Submitting Evidence To Support C-9 Request	1-34
B.	Supporting Documentation For Additional Allowance	1-34
XII.	MEDICAL TREATMENT DISPUTES	1-35
A.	Alternative Dispute Resolution	1-35
B.	Appeal Letter	1-35
C.	Medical Dispute Resolution	1-35
D.	MCO Defer Consideration Of Dispute Pending Appeal	1-36
E.	Prohibited Use Of Alternative Dispute Resolution	1-36
F.	Bills Submitted On Treatment Request Currently in the Alternative Dispute Resolution Process	1-36
XIII.	RETURN TO WORK	1-36
A.	Benefits To Early & Successful Return To Work	1-36
B.	Injured Worker Requiring Additional Medical Care	1-36
C.	Official Disability Guidelines	1-37
D.	Physician's Report Of Work Ability (MEDCO-14)	1-37
<del>XIV.</del>	<del>APPLICABLE BWC LAWS AND RULES</del> <i>(Moved to New Preamble Section)</i>	
XV.	MEDICAL CODING REQUIREMENTS ON FROI	1-39
XVI.	PROVIDER COMMUNICATION	1-39
A.	BWC E-Business System	1-39
B.	Ensuring Confidentiality	1-39
XVII.	SENSITIVE DATA POLICY	1-40
A.	Sensitive Data Policy Summary	1-40
B.	Proper Sensitive Data Format In Non-Secure Emails	1-40
C.	Email Encryption	1-40
D.	Secured Fax Transmission	1-40

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

XVIII. FRAUD	1-40
A. Workers' Compensation Fraud Definition	1-40
B. BWC Special Investigations Department	1-41
C. Reporting Fraud	1-41
D. Unethical Marketing	1-41
XIX. REQUEST FOR TEMPORARY TOTAL COMPENSATION (C-84) FORM	1-41
A. C-84 Requirements	1-41
B. MEDCO-14	1-42
XX. CLAIM REACTIVATION	1-42
A. OAC 4123-3-15	1-42
B. Inactive Claim	1-42
C. Prescription Medication	1-42
D. Initiating Claim Reactivation	1-42
E. MCO Response & Referral	1-42
F. BWC Responsibility	1-42
XXI. SUBSTANTIAL AGGRAVATION OF A PRE-EXISTING CONDITION	1-43
A. Date Of Injury Claims On Or After 8/25/06	1-43
B. Complaint	1-43
C. Substantially Aggravated Pre-Existing Condition Returned	1-43
D. Independent Medical Exam	1-43
E. Types Of Medical Evidence/Documentation	1-43
F. Request For Medical Treatment	1-44
G. Substantially Aggravated Pre-Existing Condition Only Condition Allowed In Claim	1-44
XXII. PSYCHIATRIC CONDITION	1-44
XXIII. \$15,000 MEDICAL-ONLY PROGRAM	1-44
A. \$15,000 Medical-Only Program Summary	1-44
B. Employer Notification	1-44
C. Provider Responsibilities	1-44
D. Exceeding the \$15,000 Maximum	1-45
E. \$15,000 Maximum Is Reached or Claim Is Removed From5 Med-Only Program	1-45
F. Injured Worker Loses More Than Seven Work Days	1-46
XXIV. DISABILITY EVALUATORS PANEL	1-46
A. DEP Summary	1-46
B. How To Apply For DEP	1-46
XXV. ASSISTANCE ( <i>CONTACT LISTING FOR BWC SERVICE OFFICES</i> )	1-46
A. BWC Service Offices	1-46
B. Fax Documents	1-47
C. Contact For Billing Questions	1-47
D. BWC General Customer Service Number	1-47
XXVI. GLOSSARY	1-47

**Chapter 2 - Services**

I. GENERAL	2-2
A. Provider Number	2-2
B. Provider Services	2-2

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

C. Therapy Visits	2-2
D. Maximum Approval Period	2-2
II. PRACTITIONER SERVICES	2-3
A. Covered Medical Service Provider	2-3
B. Physician Assistant	2-3
C. Advanced Practice Nurse	2-4
D. Independent Social Worker	2-4
E. Professional Clinical Counselor	2-4
F. Social Worker	2-5
G. Professional Counselor	2-5
H. Physical Therapist, Occupational Therapist, Speech Pathologist and Massage Therapist	2-5
I. Licensed Athletic Trainer	2-5
J. Non-Physician Acupuncturist	2-5
K. Urgent Care Facility	2-5
L. Ergonomist	2-5
M. Covered Vocational Rehabilitation Case Management Provider	2-5
N. Covered Vocational Rehabilitation Employment Specialist Provider (OAC 4123-6-02.2(C)(17))	2-6
O. Non-Covered Provider	2-6
P. Guidelines ( <i>Provider Signature Grid</i> )	2-7
<del>III. HOSPITAL SERVICES</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>IV. AMBULATORY SURGICAL CENTERS BILLING &amp; REIMBURSEMENT</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>V. TRAUMATIC BRAIN INJURY</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>VI. OUTPATIENT MEDICATION PRIOR AUTHORIZATION PROGRAM</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>VII. HOME HEALTH AGENCY SERVICES</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>VIII. NURSING HOME SERVICES</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>IX. RESIDENTIAL CARE/ASSISTED LIVING FACILITY BILLING REQUIREMENTS</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>X. TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) &amp; NEURO-MUSCULAR ELECTRICAL NERVE STIMULATION (NMES)</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
XI. LOW LEVEL LASER THERAPY	2-14
XII. OTHER BWC CERTIFIED PROVIDER SERVICES	2-14
A. CMS-100	2-14
B. Medical Services Requests	2-14
C. Durable Medical Equipment	2-14
D. Equipment Used As Part Of A Surgical Procedure	2-15
XIII. SERVICES APPROVED AND REIMBURSED BY BWC RATHER THAN BY THE MCO	2-15
<del>A. Caregiver Services</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>B. Home &amp; Vehicle Modification</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

<del>C. Non-Covered Services</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>D. Home Modifications</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>E. Vehicle Modifications</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
F. Prosthetics/Artificial Appliances	2-16
<del>G. Interpreter Services</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>H. Catastrophic Case Management Plan (Previously Called Life Care Plan)</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>XIV. EXPOSURE OR CONTACT WITH BLOOD/POTENTIALLY INFECTIOUS MATERIALS WITH/WITHOUT INJURY</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>XV. CHRONIC PAIN</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
XVI. UTILIZING PRESCRIPTION MEDICATION FOR THE TREATMENT OF INTRACTABLE PAIN	2-16
<del>XVII. SPINAL DECOMPRESSION THERAPY</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	
<del>XVIII. SMOKING DETERRENT PROGRAMS</del>	
<del>(Moved to New/Revised/Updated Policy Section)</del>	

**Chapter 3 – Vocational Rehabilitation Services**

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
B. Rounding	3-3
D. Case Complexity Modifiers	3-3
C. Outcome Payment	3-4
D. Successful Return to Work	3-4
E. Appropriate Job	3-5
F. Reimbursable Services	3-5

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

**Chapter 4 – Billing Instructions**

I. GENERAL INFORMATION	4-1
A. Questions Related To Provider Billing	4-1
B. Billing Submission	4-2
C. Additional Billing Requirements For Bills With Dates Of Service Prior, On Or After July 29, 2011	4-2
D. BWC Legacy Number & National Provider Identifier Number	4-2
E. Delays	4-3
II. PROVIDER BILL TYPE FORM REQUIREMENTS	4-3
III. GENERAL FORM INSTRUCTIONS	4-3
A. National Standard Practices	4-3
B. Information For Workers' Compensation	4-3
C. Do Not Alter Forms	4-3
D. Number Of Provider IDs Submitted Per Bill	4-3
E. BWC Claim Number	4-3
F. National Correct Coding Guidelines	4-3
G. Paper Billing Forms	4-3
H. Use Paper Clips	4-3
I. Documents & Modifiers	4-3
J. Do Not Use Products To Mask/Hide Text	4-3
K. Submit Current IRS Request for Taxpayer Identification Number and Certification (W-9)	4-4
L. Taxonomy Code Information	4-4
IV. HEALTH INSURANCE CLAIM FORM (CMS-1500) FORM	4-4
A. Current Version Of CMS-1500	4-4
B. CMS-1500 Line-Item Number 24A (Date(s) of Service)	4-4
C. CMS-1500 Line-Item Numbers 24I, 24J, 25 & 33	4-4
D. CMS-1500 Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B	4-4
E. Registering National Provider Identifier	4-5
F. Changing Provider Information In BWC Records	4-5
G. Cross Reference ANSI X12 ASC 837	4-5
V. UNIFORM BILLING (UB-04) FORM	4-5
VI. SERVICE INVOICE (C-19) FORM	4-5
VII. OUTPATIENT MEDICATION INVOICE (C-17) FORM	4-5
VIII. INSTRUCTIONS FOR AMERICAN DENTAL ASSOCIATION (ADA) FORM	4-5
VIII. EXPLANATION OF BENEFITS (EOB) REFERENCE LISTING	4-5

**New/Revised/Updated Policies**

❖ NURSING HOME, RESIDENTIAL CARE AND ASSISTED LIVING FACILITY BILLING REQUIREMENTS.....	BRM-01
❖ HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION.....	BRM-02
❖ ANESTHESIA BILLING AND REIMBURSEMENT.....	BRM-03



**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

❖ AMBULATORY SURGICAL CENTER BILLING AND REIMBURSEMENT.....	BRM-04
❖ DRUG TESTING.....	BRM-05
❖ CHRONIC PAIN MANAGEMENT PROGRAMS.....	BRM-06
❖ OPIOID USE DISORDER TREATMENT COVERAGE.....	BRM-07
❖ PAYMENT FOR LUMBAR FUSION SERVICES.....	BRM-08
❖ TELEMEDICINE.....	BRM-09
❖ OUTPATIENT MEDICATION PRIOR AUTHORIZATION PROGRAM.....	BRM-10
❖ PROFESSIONAL PROVIDER GLOBAL SURGICAL PACKAGE.....	BRM-11
❖ HOME HEALTH AGENCY SERVICES.....	BRM-12
❖ CAREGIVER SERVICES.....	BRM-13
❖ HOME AND VEHICLE MODIFICATIONS.....	BRM-14
❖ INTERPRETER SERVICES.....	BRM-15
❖ CATASTROPHIC CASE MANAGEMENT PLAN.....	BRM-16
❖ EXPOSURE OR CONTACT WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS WITH OR WITHOUT PHYSICAL INJURY...	BRM-17
❖ SPINAL DECOMPRESSION THERAPY.....	BRM-18
❖ SMOKING DETERRENT PROGRAMS.....	BRM-19
❖ TRAUMATIC BRAIN INJURY (TBI).....	BRM-20
❖ APPLICABILITY OF MEDICAL DOCUMENTATION SUBMITTED BY NURSE PRACTITIONERS, CLINICAL NURSE SPECIALISTS, and PHYSICIAN ASSISTANTS.....	BRM-21
❖ DOCUMENTATION OF TIMED SERVICES.....	BRM-22
❖ HOSPITAL SERVICES.....	BRM-23
❖ TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS) AND NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS (NMES).....	BRM-24

**BWC's Provider Billing and Reimbursement Manual**  
**Main Table of Contents**

---

INTENTIONALLY LEFT BLANK