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: April 2, 2018 (Revised)
Release Date: April 2018
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 (MCO MANAGED CLAIMS MATRIX OF RESPONSIBILITIES)  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
   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
XIV. APPLICABLE BWC LAWS AND RULES 1-39
   A. BWC Laws & Rules 1-39
   B. Rules Related To Provision Of Medical Services 1-39
   C. Statutes Governing Ohio Workers’ Compensation System 1-39
   D. OAC 4123-6 1-39
   E. Applicable ORC Chapters 1-39
XV. MEDICAL CODING REQUIREMENTS 1-39
   A. National Coding Standards 1-39
   B. ICD Coding 1-39
   C. Procedure Coding 1-39
   D. Hospital Services 1-40
   E. Outpatient Medication 1-40
XVI. PROVIDER COMMUNICATION 1-40
   A. BWC E-Business System 1-40
   B. Ensuring Confidentiality 1-41
XVII. SENSITIVE DATA POLICY 1-41
   A. Sensitive Data Policy Summary 1-41
   B. Proper Sensitive Data Format In Non-Secure Emails 1-41
   C. Email Encryption 1-41
   D. Secured Fax Transmission 1-41
### XVIII. FRAUD 1-41
- A. Workers’ Compensation Fraud Definition 1-41
- B. BWC Special Investigations Department 1-42
- C. Reporting Fraud 1-42
- D. Unethical Marketing 1-42

### XIX. REQUEST FOR TEMPORARY TOTAL COMPENSATION (C-84) FORM 1-43
- A. C-84 Requirements 1-43
- B. MEDCO-14 1-43

### XX. CLAIM REACTIVATION 1-43
- A. OAC 4123-3-15 1-43
- B. Inactive Claim 1-43
- C. Prescription Medication 1-43
- D. Initiating Claim Reactivation 1-43
- E. MCO Response & Referral 1-44
- F. BWC Responsibility 1-44

### XXI. SUBSTANTIAL AGGRAVATION OF A PRE-EXISTING CONDITION 1-44
- A. Date Of Injury Claims On Or After 8/25/06 1-44
- B. Complaint 1-44
- C. Substantially Aggravated Pre-Existing Condition Returned 1-44
- D. Independent Medical Exam 1-44
- E. Types Of Medical Evidence/Documentation 1-45
- F. Request For Medical Treatment 1-45
- G. Substantially Aggravated Pre-Existing Condition Only Condition Allowed In Claim 1-45

### XXII. PSYCHIATRIC CONDITION 1-45

### XXIII. $15,000 MEDICAL-ONLY PROGRAM 1-45
- A. $15,000 Medical-Only Program Summary 1-45
- B. Employer Notification 1-45
- C. Provider Responsibilities 1-46
- D. Exceeding the $15,000 Maximum 1-46
- E. $15,000 Maximum Is Reached or Claim Is Removed From Med-Only Program 1-46
- F. Injured Worker Loses More Than Seven Work Days 1-47

### XXIV. DISABILITY EVALUATORS PANEL 1-47
- A. DEP Summary 1-47
- B. How To Apply For DEP 1-47

### XXV. ASSISTANCE (CONTACT LISTING FOR BWC SERVICE OFFICES) 1-48
- A. BWC Service Offices 1-48
- B. Fax Documents 1-49
- C. Contact For Billing Questions 1-49
- D. BWC General Customer Service Number 1-49

### XXVI. GLOSSARY 1-49

---

**Chapter 2 - Services**

**I. GENERAL 2-3**
- A. Provider Number 2-3
- B. Provider Services 2-3
C. Therapy Visits 2-3
D. Maximum Approval Period 2-4

II. PRACTITIONER SERVICES 2-4
A. Covered Medical Service Provider 2-4
B. Physician Assistant 2-4
C. Advanced Practice Nurse 2-5
D. Independent Social Worker 2-5
E. Professional Clinical Counselor 2-5
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 2-6
J. Non-Physician Acupuncturist 2-6
K. Urgent Care Facility 2-6
L. Ergonomist 2-6
M. Covered Vocational Rehabilitation Case Management Provider 2-7
N. Covered Vocational Rehabilitation Employment Specialist Provider (OAC 4123-6-02.2(C)(17)) 2-7
O. Non-Covered Provider 2-8
P. Guidelines (Provider Signature Grid) 2-8

III. HOSPITAL SERVICES 2-17
A. Eligible Providers 2-17
B. Definitions 2-18
C. Prior Authorization & Additional Information 2-18
D. Hospital Inpatient Reimbursement 2-18
E. Hospital Outpatient Reimbursement 2-20
F. Billing 2-20
G. Treatment Of Unrelated Illness Or Injury 2-20
H. Documentation Requirements 2-20
I. Prospective & Retrospective Hospital Bill Reviews 2-21
J. Covered & Non-Covered Revenue Center Codes 2-21
(Published in 4123-6-37.1 and 4123-6-37.2)
K. Revenue Codes Requiring CPT Codes for Hospital Outpatient Services 2-21
(Published in OAC 4123-6-37.2)
L. Valid Modifiers for Hospital Outpatient Services 2-21

IV. AMBULATORY SURGICAL CENTERS BILLING & REIMBURSEMENT 2-21
(Moved to New/Revised/Updated Policy Section)

V. TRAUMATIC BRAIN INJURY 2-21
A. Definition 2-21
B. Purpose 2-21
C. Accreditation 2-21
D. Certification 2-22
E. Non-Hospital Based TBI Facilities 2-22
F. Types Of Brain Injury Rehabilitation Facilities 2-22
G. Authorization & Documentation Requirements 2-22
H. Non-Hospital Based Facilities Billing & Reimbursement Codes 2-23
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Outpatient Brain Injury Rehabilitation/Day Treatment Programs</td>
<td>2-24</td>
</tr>
<tr>
<td>VI. OUTPATIENT MEDICATION PRIOR AUTHORIZATION PROGRAM</td>
<td>2-25</td>
</tr>
<tr>
<td>A. Rules Pertaining To Pharmacy Benefits</td>
<td>2-25</td>
</tr>
<tr>
<td>B. Pharmacy Benefits Manager</td>
<td>2-25</td>
</tr>
<tr>
<td>C. Prior Authorization</td>
<td>2-26</td>
</tr>
<tr>
<td>D. Generic &amp; Brand Name Drugs</td>
<td>2-26</td>
</tr>
<tr>
<td>E. Injectable &amp; Compounded Medication</td>
<td>2-26</td>
</tr>
<tr>
<td>F. Covered Services</td>
<td>2-27</td>
</tr>
<tr>
<td>G. Billing</td>
<td>2-27</td>
</tr>
<tr>
<td>H. Reimbursement Rates</td>
<td>2-28</td>
</tr>
<tr>
<td>I. Supply &amp; Quantity Limits</td>
<td>2-28</td>
</tr>
<tr>
<td>J. Forms</td>
<td>2-29</td>
</tr>
<tr>
<td>K. Contacts</td>
<td>2-29</td>
</tr>
<tr>
<td>VII. HOME HEALTH AGENCY SERVICES</td>
<td>2-30</td>
</tr>
<tr>
<td>A. Eligible Providers</td>
<td>2-30</td>
</tr>
<tr>
<td>B. Services Provided</td>
<td>2-30</td>
</tr>
<tr>
<td>C. Billing Requirements</td>
<td>2-32</td>
</tr>
<tr>
<td>VIII. NURSING HOME SERVICES</td>
<td>2-32</td>
</tr>
<tr>
<td>(Moved to New/Revised/Updated Policy Section)</td>
<td></td>
</tr>
<tr>
<td>IX. RESIDENTIAL CARE/ASSISTED LIVING FACILITY BILLING REQUIREMENTS</td>
<td>2-32</td>
</tr>
<tr>
<td>(Moved to New/Revised/Updated Policy Section)</td>
<td></td>
</tr>
<tr>
<td>X. TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) &amp;</td>
<td>2-32</td>
</tr>
<tr>
<td>NEURO-MUSCULAR ELECTRICAL NERVE STIMULATION (NMES)</td>
<td></td>
</tr>
<tr>
<td>A. ORC 4752.02(A)</td>
<td>2-32</td>
</tr>
<tr>
<td>B. OAC 4123-6-43</td>
<td>2-32</td>
</tr>
<tr>
<td>C. Definitions For TENS &amp; NMES</td>
<td>2-32</td>
</tr>
<tr>
<td>D. Required Criteria For TENS &amp; NMES</td>
<td>2-33</td>
</tr>
<tr>
<td>E. ORC 4123-6-43 Payment Of Transcutaneous Electrical Nerve Stimulators &amp; Neuromuscular Electrical Stimulators</td>
<td>2-36</td>
</tr>
<tr>
<td>F. Coding &amp; Reimbursement Of TENS/NMES</td>
<td>2-36</td>
</tr>
<tr>
<td>XI. LOW LEVEL LASER THERAPY</td>
<td>2-37</td>
</tr>
<tr>
<td>XII. OTHER BWC CERTIFIED PROVIDER SERVICES</td>
<td>2-37</td>
</tr>
<tr>
<td>A. CMS-100</td>
<td>2-37</td>
</tr>
<tr>
<td>B. Medical Services Requests</td>
<td>2-37</td>
</tr>
<tr>
<td>C. Durable Medical Equipment</td>
<td>2-37</td>
</tr>
<tr>
<td>D. Equipment Used As Part Of A Surgical Procedure</td>
<td>2-38</td>
</tr>
<tr>
<td>XIII. SERVICES APPROVED AND REIMBURSED BY BWC RATHER THAN BY THE MCO</td>
<td>2-38</td>
</tr>
<tr>
<td>A. Caregiver Services</td>
<td>2-38</td>
</tr>
<tr>
<td>B. Home &amp; Vehicle Modification</td>
<td>2-39</td>
</tr>
<tr>
<td>C. Non-Covered Services</td>
<td>2-41</td>
</tr>
<tr>
<td>D. Home Modifications</td>
<td>2-42</td>
</tr>
<tr>
<td>E. Vehicle Modifications</td>
<td>2-42</td>
</tr>
<tr>
<td>F. Prosthetics/Artificial Appliances</td>
<td>2-43</td>
</tr>
<tr>
<td>G. Interpreter Services</td>
<td>2-44</td>
</tr>
<tr>
<td>H. Catastrophic Case Management Plan <em>(Previously Called Life Care Plan)</em></td>
<td>2-46</td>
</tr>
<tr>
<td>XIV. EXPOSURE OR CONTACT WITH BLOOD/POTENTIALLY INFECTIOUS MATERIALS WITH/WITHOUT INJURY</td>
<td>2-47</td>
</tr>
</tbody>
</table>
# Main Table of Contents

A. Exposure Claim Processing 2-47  
B. Exposure to Blood or Other Potentially Infectious Materials Policy & Procedure 2-48  
**XV. CHRONIC PAIN** 2-48  
A. Requirements 2-48  
B. Chronic Pain Management Treatment Program Consideration 2-48  
C. Injured Worker Eligibility 2-48  
D. Inpatient Programs 2-49  
E. Outpatient Programs 2-49  
F. Services Provided By Chronic Pain Program 2-50  
G. Services Billed Separately 2-50  
H. Chronic Pain Program Per Diem Codes 2-50  
I. Contractual Agreement 2-50  
J. CMS-1500 2-50  
K. Drug Testing Policy & Procedures 2-50  
**XVI. UTILIZING PRESCRIPTION MEDICATION FOR THE TREATMENT OF INTRACTABLE PAIN** 2-51  
A. Purpose 2-51  
B. Issues Important To Ohio Workers’ Compensation 2-51  
C. Statutes 2-51  
**XVII. SPINAL DECOMPRESSION THERAPY** 2-55  
A. Billing 2-55  
B. Decision 2-55  
C. Intent Of Decompression Therapy 2-55  
**XVIII. SMOKING DETERRENT PROGRAMS** 2-55  
A. Responsibility 2-55  
B. Reimbursement Of Smoking Cessation Programs 2-55  
C. Non-Covered Services 2-56  
D. Provider Enrollment & Billing 2-56  
E. Substance Abuse Treatment Services 2-56  

---  

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Service Code Limits</td>
<td>3-3</td>
</tr>
<tr>
<td>C. Rounding</td>
<td>3-3</td>
</tr>
<tr>
<td>D. Case Complexity Modifiers</td>
<td>3-3</td>
</tr>
<tr>
<td>D. Outcome Payment</td>
<td>3-4</td>
</tr>
<tr>
<td>E. Successful Return to Work</td>
<td>3-4</td>
</tr>
<tr>
<td>F. Appropriate Job</td>
<td>3-5</td>
</tr>
<tr>
<td>G. Reimbursable Services</td>
<td>3-5</td>
</tr>
</tbody>
</table>

### Chapter 4 – Billing Instructions

I. GENERAL INFORMATION  
A. Questions Related To Provider Billing  
B. Billing Submission  
C. Additional Billing Requirements For Bills With Dates  
   Of Service Prior, On Or After July 29, 2011  
D. BWC Legacy Number & National Provider Identifier Number  
E. Delays  

II. PROVIDER BILL TYPE FORM REQUIREMENTS  

III. GENERAL FORM INSTRUCTIONS  
A. National Standard Practices  
B. Information For Workers’ Compensation  
C. Do Not Alter Forms  
D. Number Of Provider IDs Submitted Per Bill  
E. BWC Claim Number  
F. National Correct Coding Guidelines  
G. Paper Billing Forms  
H. Use Paper Clips  
I. Documents & Modifiers  
J. Do Not Use Products To Mask/Hide Text  
K. Submit Current IRS Request for Taxpayer Identification Number and Certification (W-9)  
L. Taxonomy Code Information  

IV. HEALTH INSURANCE CLAIM FORM (CMS-1500) FORM  
A. Current Version Of CMS-1500  
B. CMS-1500 Line-Item Number 24A (Date(s) of Service)  
C. CMS-1500 Line-Item Numbers 24I, 24J, 25 & 33  
D. CMS-1500 Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B  
E. Registering National Provider Identifier  
F. Changing Provider Information In BWC Records  
G. Cross Reference ANSI X12 ASC 837  

V. UNIFORM BILLING (UB-04) FORM  
A. Hospital & UB-04  
B. National Provider Identifier Number & BWC 11 Digit Provider Number  
C. Coding Clinic Of The American Hospital Association  
D. Medical Documentation Requirements  
E. Split Cycle Bills  
F. UB-04 Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B  

August 2017

TOC-7

Workers’ Compensation System
VI. SERVICE INVOICE (C-19) FORM  4-7
VII. OUTPATIENT MEDICATION INVOICE (C-17) FORM  4-7
VII. INSTRUCTIONS FOR AMERICAN DENTAL ASSOCIATION (ADA) FORM  4-7
VIII. EXPLANATION OF BENEFITS (EOB) REFERENCE LISTING  4-7

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
❖ AMBULATORY SURGICAL CENTER BILLING AND REIMBURSEMENT…………………………………………………………………………………………BRM-04
❖ DRUG TESTING…………………………………………………………………………………………………………………… BRM-05