

Provider Billing & Reimbursement Manual Updates

Second Quarter 2019

July 16, 2019

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Objectives

- Review highlights of the new preamble to the Provider Billing and Reimbursement Manual (BRM)
- Review highlights of three policy changes included in the second quarter BRM update

Policy Highlights

- BRM-02 – Health and behavior assessment and intervention services (HBAI) policy
- BRM-08 – Payment for lumbar fusion surgery
- BRM-24 - Transcutaneous electrical nerve stimulators (TENS) and neuromuscular electrical nerve stimulators (NMES)

Preamble to the BRM

BRM Preamble

- Serves as an introduction to the manual
- Contains overarching policy concepts that apply to all providers
- Preamble language is considered policy.

BRM Preamble

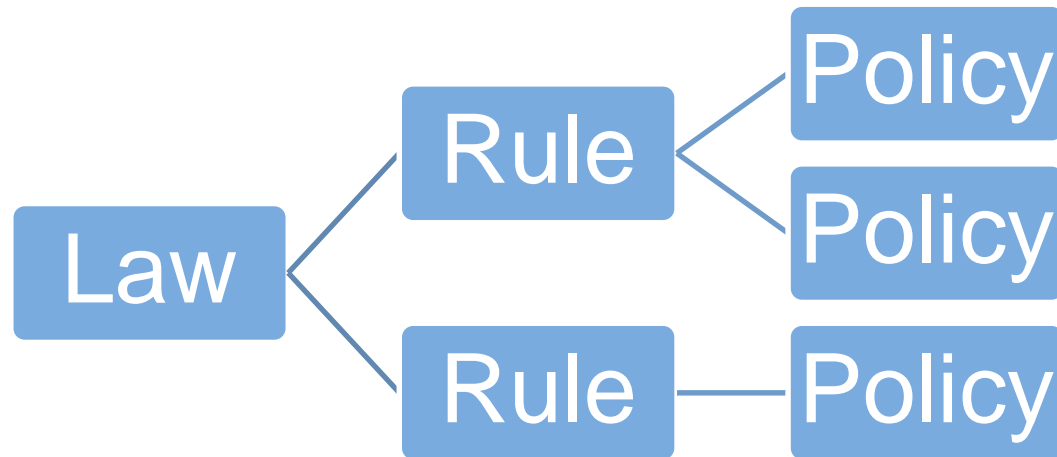
- BWC authorized to adopt the BRM per Ohio Revised Code (ORC) 4121.32(D)
- Applicable to all providers rendering services under the Health Partnership Program

BRM Preamble

- Laws and rules applicable to BWC
 - ORC
 - ORC 4121 – Ohio Industrial Commission
 - ORC 4123 - BWC
 - Ohio Administrative Code (OAC) 4123-6 – Provision of medical services

BRM Preamble

- Hierarchy of application



BRM Preamble

- Nationally recognized codes and coding conventions
 - Example – *CPT® Assistant*
 - Ensures proper payment is made
 - Promotes efficiency

BRM Preamble

- Exceptions to nationally recognized codes and requirements
 - BWC local codes
 - BWC-specific coding policies

BRM Preamble

- BWC/managed care organization (MCO) coding validation (i.e., clinical editing)
 - Examples
 - Upcoding
 - Proper modifier use
 - National Correct Coding Initiative (NCCI) edits

BRM-24 TENS and NMES Policy

TENS Policy

- OAC 4123-6-43
- Updated to technical-policy format
- Integration of:
 - Current TENS policy from Chapter 2.
 - Policy alerts.
 - Provider eNews.

TENS Policy

- Key changes
 - Authorization clarification
 - Supply clarification

Authorization Clarification

- Requested by the physician of record (POR) or the treating physician
 - For initial/continued authorization of unit
 - Supplies

Authorization Clarification

- Required documentation from treating provider
 - Frequency and duration of TENS use
 - Any limitations of use
 - Substantiation of effective use
 - Impact to the injured worker's quality of life and daily activities
 - Short and long-term goals
 - Impact on pain
 - Detailed supply requirements

Supply Clarification

- Authorization of supplies
 - Initial request for supplies (can cover up to six months)
- Frequency of MCO review and authorization for release of supplies
 - Providers must receive permission from the MCO to release supplies to the injured worker.

Supply Clarification

- What's included in a TENS supply kit?
 - Reusable electrodes.
 - Tape and/or other adhesives, if necessary.
 - Skin preparation materials, if necessary (i.e., adhesive remover, alcohol pads, conductive paste or gel).
 - Battery charger if rechargeable batteries are given.

Supply Clarification

- TENS supply-kit units
 - One unit — At a minimum two packages of electrodes (four electrodes per package)
 - Two unit — At a minimum four packages of electrodes (four per package) and 30 alcohol pads or other skin preparation materials

Supply Clarification

- Batteries
 - One unit
 - One 9-volt battery
 - Two AA batteries
 - If additional units are needed, medical necessity must be provided.

BRM-08 Payment for Lumbar Fusion Surgery

BRM-08 Lumbar Fusion

- OAC 4123-6-32
 - Effective Jan. 1, 2018
 - Updated June 1, 2019

BRM-08 Lumbar Fusion

- OAC 4123-6-32 changes:
 - Clarifies situations where prerequisites for fusion may be waived.
 - Clarifies who may order pre-surgical HBAI services.
 - Changes signature requirements for educational material.
 - Prohibits C-9 dismissal for lumbar fusion when requested documentation is not received.

BRM-08 Lumbar Fusion

- Policy was aligned with recent rule changes.
 - Clarifies which prerequisites for fusion may be waived
 - Clarifies who may order pre-surgical HBAI services
 - Changes signature requirements for educational material

BRM-02 Health and Behavior Assessment and Intervention (HBAI)

BRM-02 HBAI

- OAC 4123-6-33
 - Effective July 1, 2018
 - Updated June 1, 2019

BRM-02 HBAI

- HBAI rule and policy are aligned with the lumbar fusion rule and policy.
 - Physician of record, treating physician or operating surgeon may request HBAI services related to lumbar fusion surgery.

BRM-02 HBAI

- **Coaching** – Service provided to the injured worker to facilitate the worker's understanding of the impact of behavioral barriers and establish action-oriented goals. These goals modify behavioral barriers to improve healing and function of the allowed work injury.

BRM-02 HBAI

- **Counseling** – Service provided to the injured worker to facilitate the worker's understanding of the impact of behavioral barriers and to provide actionable guidance. This service helps modify these barriers to improve healing and function of the allowed work injury.

Additional Second Quarter BRM Updates

- BRM-01 Nursing home, Residential Care and Assisted Living Facility Billing Requirements
- BRM-10 Outpatient medication prior authorization program
- BRM-17 Exposure or Contact with Blood or Other Potentially Infectious Materials with or without Physical Injury

Questions



Locating BRM Policies –

- www.bwc.ohio.gov
- New/Revised/Updated Policies

[New/Revised/Updated Policies](#)

OhioBWC - Provider - Service: (Billing and Reimbursement Manual)

Billing and Reimbursement Manual

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

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Additional resource - Policy alerts

BWC will periodically issue policy alerts to provide further clarification on specific policies. To download the latest policy alerts, click [here](#)

[Table of Contents](#)

[Quarterly Update Highlights](#)

[Chapter 1 - Ohio Bureau of Workers' Compensation System](#)

This chapter includes information about employer types, managed care organization roles/responsibilities, provider eligibility, reporting an injury, guidelines for treatment, coding and reimbursement, and other BWC processes and procedures.

[Presumptive approval guidelines](#)

[MCO standard prior authorization table](#)

[Medical documentation policy](#)

[MCO Directory](#)

[Chapter 2 - Services](#)

This chapter includes information about practitioners, hospitals, ambulatory surgical centers, outpatient medication, vocational rehabilitation, home health agencies, nursing homes and other BWC-certified provider services.

[Chapter 3 - Vocational Rehabilitation Services](#)

This chapter includes information about vocational rehabilitation services.

[Chapter 4 - Billing Instructions](#)

This chapter includes information about billing rules and laws, instructions for completing BWC billing forms and a guide for explanation of benefits.

[Outpatient Medication Invoice \(C-17\)](#)

[Service Invoice \(C-19\)](#)

[New/Revised/Updated Policies](#)



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