Bureau of Workers' Compensation

Claim Reactivation

Claim reactivation is how BWC makes sure when we receive a request for compensation or medical benefits in a state-fund claim that has had no activity for over 24 months, we appropriately reactivate the claim. The request must causally relate to the original workplace injury and allowed condition(s) for us to reactivate a claim.

What is the process?

We handle requests for:

- Medical benefits by evaluating the relationship between the original injury and the current incident that triggered the medical treatment, and the need and appropriateness of the treatment request
- Compensation benefits by evaluating the relationship between the original injury and the current incident that triggered the request for compensation and/or additional allowance

When a claim is inactive, the managed care organization (MCO) will handle:

- A medical treatment for date(s) of service before the inactive date
- A request for a prosthetic, orthotic, hearing device, dental device, or durable medical equipment when it is the only issue presented

The MCO and BWC will work together to address:

- Multiple issues filed concurrently with dates of service before and after the inactive date on the request
- Requests for vocational rehabilitation

If a claim is inactive, the MCO will refer a medical treatment request to us when accompanied by supporting medical evidence or when such evidence was subsequently provided to the MCO and is not dated more than 60 days before the date of the request.

We will provide due process, investigate, and determine if the request relates to the original injury and condition(s) in the claim. We will issue an order or a notice of referral to the Ohio Industrial Commission (IC). A party to the claim may appeal a BWC order to the IC.

Employers, injured workers, and providers do not need to request a claim reactivation. This process will occur when we or the MCO receives a request for action on an inactive claim. Providers can continue to request services on the Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9) form.

How are physicians and other health-care providers affected?

- Providers use the C-9 to thoroughly document the need for treatment, and how the care relates to the original injury and condition(s) in the claim.
- Providers who treat an injured worker whose claim is inactive should complete the C-9 before providing treatment or prescribing medication(s).
- The MCO will dismiss a C-9 request on an inactive claim

when there is no supporting medical evidence, or if the evidence is dated more than 60 days before the date of the request. The provider has up to 10 business days to submit additional information

requested from the MCO. A provider cannot appeal a dismissed C-9 through the alternative dispute resolution process. However, treatment will be reconsidered when the requested documentation is submitted.

We will deny bills for dates of service on or after the claim's inactive date with explanation of benefits (EOB) 265: Payment is denied because the claim is inactive. If a claim is inactive, the provider must notify the injured worker before delivering services that BWC will not pay for the services and the injured worker will be responsible for payment unless the claim is reactivated.

Providers can find the claim status and diagnosis information on **bwc.ohio.gov** or by contacting their assigned MCO.

We encourage injured workers to contact their assigned claims specialist if they have questions.

For additional information about claim reactivation, visit **bwc.ohio.gov,** or call **1-800-644-6292**.