

**OHA Health Economics and Policy Webinar:
Ohio BWC 2019 OPSS Brief and Best Practices
Q&A List**

1. **Q:** When billing anesthesia ASA codes for both anesthesiologist and CRNA, does BWC want each on a separate claim or both on the same claim?
A: Ohio BWC requests that hospitals bill on separate claims.
2. **Q:** Is the ER modifier information on the BWC website?
A: The BWC OPSS Final Rule located at [4123-6-37.2](#) Payment of hospital outpatient services clarified that Ohio BWC utilizes the Medicare Grouper and adopts Medicare final rule requirements for both IPPS and OPSS payment methodology, unless otherwise stated.
3. **Q:** When a diagnosis changes throughout the visit are you accepting the updated diagnosis?
A: BWC has created ICD diagnostic code groupings which group together similar codes in nature and/or involve the same body part to facilitate MCO and BWC evaluation of medical bills for relatedness to a specific claim. This prevents bills within the same code grouping to deny. However, for those scenarios that require treatment of an identified new or different work-related injury, the provider will need to submit a new allowance request to the MCO.
4. **Q:** Which MCO's accept electronically submitted additional documentation?
A: The provider would need to check with each MCO to verify that they can accept documents electronically, and if not, if they plan to do so in the future.
5. **Q:** The timely filing deadline to adjust a bill is one year, seven days from the date of adjudication of the initial bill. Is this a new update? Where can we find this referenced?
A: This can be referenced in Ohio Administrative Code (OAC) [4123-3-23](#); this is not a new update.
6. **Q:** Does BWC accept status modifiers for anesthesia or QS modifiers?
A: Ohio BWC and the MCOs should be accepting all industry standard modifiers.
7. **Q:** How do you file a one-time exception?
A: Reach out to MCO and communicate through documentation to prove that the new diagnosis is causally related.
8. **Q:** Does a C9 need to be completed for any inpatient admissions?
A: Except for in an emergency, the hospital is required to notify the MCO within 24 hours on an emergent situation.

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9. **Q:** When will BWC/MCOs accept electronic claims in the 5010 formats?
A: BWC/MCO's are currently accepting claims in the 5010 formats.