

How a Medical Provider Recommends an Additional Condition

It is important to ensure all conditions related to a workplace injury that require ongoing medical care are formally recognized in the claim. Keeping the claim updated assists with the following:

- BWC's consideration of a request(s) for compensation;
- The managed care organization's (MCO) consideration of the treatment you request;
- The injured worker's timely return to work.

Important reminders

- Do not recommend a condition solely for purposes of getting a bill paid. You should not recommend episodic or one-time care incidental to treat claim conditions (i.e., infection, increased blood pressure). Discuss billing issues with the MCO to determine if it can process reimbursement or if you should recommend the condition.
- BWC does not consider symptoms for allowance in the claim. BWC will only consider the condition causing the symptom for allowance. For example, BWC would consider adding sprain of the right knee but would NOT consider adding pain of the limb/knee.
- The injured worker/authorized representative must submit a request for allowance of a psychiatric condition(s) on a *Motion* (C-86). BWC will not consider allowance of a psychiatric condition(s) recommended on a *Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease* (C-9).
- BWC must have the injured worker's consent to consider the recommended condition(s). Please inform the injured worker/authorized rep to contact BWC to grant consent for consideration.

The three steps described below will help BWC with timely consideration of your recommendation.

Step 1

Complete the C-9

After discussion with the injured worker, complete section III of the C-9 available on www.ohio.bwc.gov, and fax or mail it to the designated MCO. Include a clear narrative description of the condition(s) you are recommending along with the ICD code, site and location, if applicable (i.e., Lumbar disc herniation, L 4- L5 or ankylosis right index finger).

Note: If a pre-existing condition becomes aggravated or substantially aggravated by the workplace injury and needs considered for additional allowance because it requires ongoing care, you must recommend it with the proper descriptive term as noted below, based on date of injury.

- In claims with date of injury before Aug. 25, 2006, you must recommend a pre-existing condition(s) on the C-9 as "**Aggravation of ...** (pre-existing condition) **....**" Either

objective or subjective evidence or both must support it, but you must show some real adverse effect.

- In claims with date of injury on or after Aug. 25, 2006, you must recommend a pre-existing condition(s) on the C-9 as "**Substantial aggravation of ...** (pre-existing condition) **....**" You must document and substantiate by objective diagnostic findings, objective clinical findings or objective test results to show the condition has worsened considerably in amount, value or extent due to the workplace injury.

Step 2

Attach evidence

BWC needs your objective findings and diagnostic evidence supporting the recommendation. We expect a copy of the actual diagnostic report. A reference to the report alone is not sufficient. Review our *Diagnostics & Determination Guide* on www.ohio.bwc.gov, to see expected findings to support many conditions.

Step 3

Establish causal relationship

BWC requires your explanation of relatedness, known as the causal relationship, dictated in the notes or other submitted documentation. When the recommended condition is causally related, denote it by checking yes in the Additional allowance section on the C-9. Then, attach to the C-9 a statement explaining how you believe this condition relates to the original mechanism of injury.

What does causal relationship mean?

The causality statement must indicate whether the recommended condition is:

- Directly and proximately caused by the industrial injury (i.e., the patient's fractured patella was directly caused by a fall from a ladder at work);
- An aggravation or substantial aggravation of a pre-existing condition (i.e., the patient's pre-existing knee arthritis was aggravated or substantially aggravated as a result of the fall from the ladder that fractured his patella);
- A flow through condition – new condition develops later as result of allowed condition (i.e., the patient develops a hip strain because of his prolonged impaired walking from his knee fracture).

Please see Chapter 1 - *Provider Billing and Reimbursement Manual* for legal definitions.

How will we update you on the outcome?

Once BWC makes a final decision on the condition, we will notify the MCO managing the claim. The MCO will then notify you.