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Provider e-news - April edition

BWC is helping workers get back to work, back to health and life

Do you know there are BWC services and programs that can help your patients who are injured workers return to work safely and as soon as possible? These services also may assist your injured workers regain their health and well-being. Studies show injured workers may recover more quickly and safely by participating in work activities as soon as they are medically able.

Transitional work is one of the progressive and individualized services you may prescribe. You may use the [Physician's Report of Work Ability \(MEDCO-14\)](#) or the [Completing the Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease \(C-9\)](#) to prescribe transitional work.

You may wonder what exactly transitional work is. It's an interim step in the physical conditioning and recovery of a worker with restrictions to meet the goal of returning to his/her original job. Transitional work allows the worker with restrictions to return to work quickly in an environment where he or she may gradually transition back to performing an expanded range of work tasks. For example, transitional work may include:

- Progressive conditioning and on-site work activities;
- Education for safe work practices;
- Work readjustment;
- Job modifications.

It's a win/win for everyone. The physician, employer and worker benefit by having an experienced physical and/or occupational therapist on the job site to determine safe and

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progressive work tasks for the worker. The worker then safely transitions back to regular duty and feels improved self-esteem in spite of his/her medical conditions. In addition, the worker benefits by receiving a full, regular paycheck and continues to maintain co-worker, management and family relationships. The worker also keeps his or her job seniority and security until returning to work without restrictions.

To help your injured workers get back work, health and life, consider prescribing transitional work today. For more information, email TWSupport@bwc.state.oh.us.

How does BWC notify providers of law changes that affect them?

BWC is a medical/legal system. Ohio Administrative Code (OAC) 4123, Chapter 6 contains the governing rules for BWC's Health Partnership Program and self-insuring employer requirements. These rules are the basis for BWC policies developed for managed care organizations (MCOs) and health-care providers.

We notify providers of OAC changes by sending an email notice to associations on our medical and rehabilitation stakeholder association lists. These notices inform the reader how to give feedback about rule changes and the time frames needed. For a collaborated review, we ask the associations to share this information with their members and interested parties. Once we have feedback, we inform our board of directors.

Adopting rules follows the process below.

- BWC Board of Directors votes to pass the rule.
- BWC holds a public hearing.
- Ohio's Common Sense Initiative office completes review.
- Joint Committee on Agency Rule Review holds a hearing.

This rule process takes approximately six months to complete and implement. To receive provider-related rules for making comments, please email your information to us at providerlistserv@bwc.state.oh.us.

Learn about the latest fee-schedule changes

BWC adopted fee-schedule changes for hospital outpatient services and ambulatory surgical center services. These changes became effective April 1, 2013. Below are the major changes for each rule.

Ohio Administrative Code (OAC) 4123-6-37.2, Payment of Hospital Outpatient Services

- Adopt rates published in the January 2013 Medicare Outpatient Prospective Payment System Final Rule.
- Modify the payment adjustment factor to 1.62 for all hospitals except children's hospitals.

- Modify the bureau adjustment factor to 1.27 for services reimbursed under the Medicare physician fee schedule.
- Modify the reimbursement to non-Medicare participating hospitals to mirror reimbursement to Medicare participating hospitals.

OAC 4123-6-37-3, Payment of Ambulatory Surgical Center Services

- Adopt rates published in the January 2013 Medicare ASC Prospective Payment System Final Rule.
- Adopt a 1.04 payment adjustment factor for orthopedic procedures.

You can find the details about previous and current rules on our [website](#).

Please take a moment to [forward this email](#) to other managers in your organization and to your colleagues who may find it of value.

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