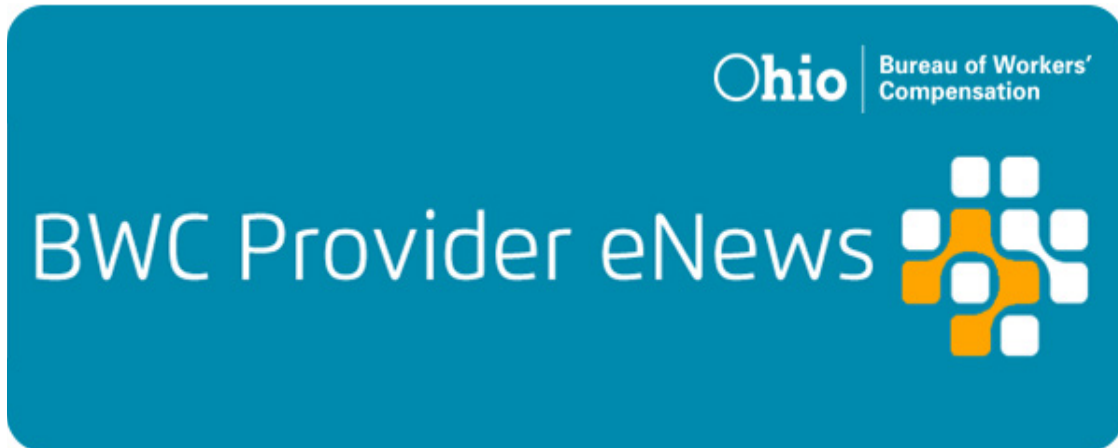


From: Ohio Bureau of Workers' Compensation
Sent: Friday, April 20, 2018
Subject: Provider eNews - April 2018

April 2018



Provider's responsibility to report a workplace injury

When a workplace injury occurs, the provider that rendered the initial treatment is responsible for filing the *First Report of an Injury, Occupational Disease or Death* ([FROI](#)). This provider must file the claim form within one working day.

Questions to ask the injured worker

To ensure we do not receive multiple FROIs for a workplace injury, we request you incorporate the questions below into your office process. Answers to these questions assist in more complete information submission. This promotes efficiency, reduces filing duplication and promotes faster reimbursement submission.

Ask these questions during the initial visit (when possible).

1. Has another provider treated you for this injury prior to today? If yes, when were you treated?
2. Have you reported this injury to your employer?
3. What is your employer's address?
4. Where do you report to work each day?
5. Do you know your employer's BWC policy number?
6. Have you or someone else filed a claim with BWC for the injury you are seeking treatment for today?

Once you have this information, you will then know if you have the obligation as a provider to file a FROI. If another medical provider has seen the worker, ask for the worker's BWC claim number, ID card, or the worker's managed care organization information.

When a FROI needs filed, filing online at www.bwc.ohio.gov allows you to obtain a claim number immediately. Place the claim number on all medical documents, forms and bills. You may also fax the FROI to the employer's [managed care organization](#), or they can assist you to file the FROI over the phone.

Filing self-insured employer claims

File self-insuring (SI) employer claims directly with the employer or his or her representative. A list of [SI employer contact info](#) is available on our website's Medical Providers page, under Featured links.

BWC increases access to care: New joint replacement procedures now available in ambulatory surgery centers

By using ambulatory surgery centers (ASCs) BWC makes it easier for injured workers to receive care and providers have more options to deliver surgical care. About two years ago, we began allowing physicians to perform selected joint replacement procedures in ASCs.

We are now expanding our arthroplasty program. Beginning May 1, 2018, we'll allow physicians to perform 10 new joint replacement procedures in ASC facilities. The new allowed procedures have the following **Current Procedural Terminology** codes: 23470, 23473, 27130, 23472, 27125, 27132, 27445, 27702, 27447 and 27703.

Our objective with this change is to increase safe and effective access to service opportunities for joint replacement procedures. ASCs that have physicians with experience in performing joint replacement procedures should consider the benefits of expanding their related service offering for Ohio's injured workers. We're competitively pricing these procedures designated by "AC" in the 2018 [ASC Fee Schedule](#).

How to become a certified arthroplasty ASC

We require ASCs to receive a separate BWC-certification designation to participate with BWC as an ASC arthroplasty center. You must complete an Application for Provider Enrollment and Certification (MEDCO-13) for provider type 13 (ASC Arthroplasty Center). Submit the completed form to BWC for approval. Once we receive your MEDCO-13, we'll

send the necessary addendum requesting your facility policy, surgeon information and facility-reporting information that we need to complete the certification process.

To obtain this facility certification, we suggest arthroplasty surgeons inquire with their privileging ASCs. Once complete and the site is BWC certified, you may offer this outpatient setting facility option for eligible injured workers. If you have questions, call the provider contact center at 1-800-644-6292, option 0 – 3 – 0.

Ambulatory surgical center fee schedule update

BWC's annual update to the ambulatory surgical center reimbursement rule, Ohio Administrative Code 4123-6-37.3, is effective for dates of service after May 1, 2018. In addition to the arthroplasty expansion mentioned above, as a part of this update, we are adopting a fourth payment adjustment factor of 114 percent to provide additional reimbursement for device intensive procedures.

Details for the payment adjustment factor and other changes are in the 2018 [fee schedule rule](#) publication.

Medication formulary changes prescribers need to know

BWC made several changes to our closed formulary in [Ohio Administrative Code \(OAC\) 4123-6-21-3](#). The changes became effective April 1, 2018. The rule's [Appendix](#) contains the changes, which we list below.

Deleted medications

Suboxone films, Suboxone sublingual tablets and generic equivalents (buprenorphine/naloxone sublingual tablets)

Subutex and generic equivalents (buprenorphine sublingual tablets)

Added medications

We added belbuca as a tier one long acting opioid. We cover it with a dosing maximum of 900 micrograms (mcgs) every 12 hours and a maximum of two dosage units per day.

In addition, we now cover Bunavail in claims with an allowed condition for opioid use disorder. We also cover it for treatment of opioid detox under the opioid prescribing rule as defined in [OAC 4123-6-21.7 \(F\)](#) with a maximum of two dosage units per day.

Medications with coverage changes

We now limit reimbursement for triptan migraine medications (e.g., Imitrex, Maxalt, Treximet) to one product per month.

We will implement a prior authorization after 30 days continuous use on a new start of any anxiolytic benzodiazepine (including clonazepam).

Questions?

Email us at Pharmacy.Benefits@bwc.state.oh.us, or call 1-800-644-6292, option 0-3-0.

Hospital outpatient fee schedule update

BWC's annual update to the hospital outpatient reimbursement rule, Ohio Administrative Code 4123-6-37.2, will be effective for dates of service after May 1, 2018. We're adopting version 19.0 of the Integrated Outpatient Code Editor (IOCE), Medicare Ambulatory Payment Classification (APC) weight and rate updates, and pricing factors as published in Medicare's 2018 Final OPSS Rule.

Our payment adjustment factor for non-children's and children's hospital will be 144.7 percent and 266.4 percent, respectively.

We remind providers that we require when applicable, submission of modifiers -FX, -FY, and -CT for use of old technology; or -PO and -PN for excepted and non-excepted provider based clinics. In addition, we require -JG and -TB modifiers for indication of certain drugs acquired through the 340B Program or through the 340B prime vendor program.

To facilitate payment for outpatient detoxification treatment, we created a per diem reimbursement rate for applicable services. The 2018 [fee schedule rule](#) includes details.

New website nearing completion

Work on a newly redesigned website, [announced this winter](#), continues. Over the past several months, we've been making major changes, including developing more relevant content and better navigation. Visitors to our new home page will find that navigation is consistent and easy to follow. Whether you're an injured worker, business, provider or partner, you'll always find links to the most requested services, commonly-asked questions, featured resources, news and events. We're currently testing the new site and hope to launch it soon. Get a sneak peek at the site by viewing our [YouTube Video](#). Once

the site is live you'll want to become familiar with it and bookmark pages you frequently visit, as most bookmarks to the current site will no longer work.



Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, Oh 43215

Questions? Call 1-800-644-6292
or visit us on the web www.bwc.ohio.gov



[Preferences](#) | [Unsubscribe](#)