

From: Ohio Bureau of Workers' Compensation
[donotreply=bwc.state.oh.us@createsend1.com] on behalf of Ohio
Bureau of Workers' Compensation [donotreply@bwc.state.oh.us]
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Provider eNews - December 2012

Important rule implementation dates coming

BWC adopted the following rules in 2012, which become effective Jan. 1, 2013. The rules are:

- Ohio Administrative Code (OAC) 4123-6-02.7 Provider decertification procedures;
- OAC 4123-6-16.3, Reimbursement of retroactive medical treatment requests.

Health-care providers must pay special attention to these rules as they impact BWC's certification and reimbursement processes. OAC 123-6-02.7 is our new progressive compliance rule. Beginning Jan. 1, 2013, we will monitor providers about rule infractions. A rule infraction could lead to a provider submitting a correction plan. If the infractions continue, decertification could occur. In addition, OAC 4123-6-16.3 authorizes discounted reimbursement of 75 percent of an otherwise payable fee for failing to follow BWC's prior-authorization policies.

Please review and print these rules from the [Rules and Statutes](#) section of our website.

Timely bill filing changes effective – Providers must bill within one year

Some health-care providers noticed that BWC is denying bills for untimely filing. They raised questions given they are submitting the bills within a two-year period from the time the providers rendered the services. This communication reminds workers' compensation service providers that in 2011 the time frames for submitting bills and

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bill adjustments changed by statute and rule.

Providers are seeing these denials because the changes became effective more than one year ago. Please note the changes and code citations below.

Ohio Revised Code 4123.52, which became effective July 29, 2011, changed the allowable time for submitting a workers' compensation bill with a date of service on or after July 29, 2011, from two years to one year. The statute also provides BWC jurisdiction to create exceptions by rule.

Through OAC 4123-3-23 limitations on the filing of fee bills were effective Sept. 12, 2011. BWC provided exceptions to the one-year filing time frame. These exceptions include:

- Payments to the United States Department of Health and Human Services (DHHS) under the Medicare Secondary Payer Act;
- Bills submitted outside the time frame due to managed care organization or BWC administrative error (i.e., BWC had the wrong claim status on a condition causing a payment error);
- Bills initially submitted to another health plan, insurer or the patient, but it's determined they are not responsible for the cost of the services. Providers must file exceptions to this rule (other than DHHS) within two years of the date of service.

In addition, self-insuring employers may negotiate with a provider for a time period other than the one-year filing time line.

OAC123-3-23 also includes language on submission of adjustments. Providers must submit requests for adjusting bills initially submitted timely and adjudicated with dates of service on or after Sept. 12, 2011— within one year and seven days of the initial bill's adjudication. This is the date the bill or line item became denied, or we paid it at a rate different than expected. If providers don't meet this time frame, their requests are forever barred.

Send BWC your National Provider Identification (NPI) number

BWC is preparing to move to the new 5010 electronic data interchange (EDI) billing protocols. In preparation for the transition, BWC must receive NPIs from all eligible providers and organizations currently having an NPI.

Thus, we're requesting that you send your individual NPI number and your organizational NPI number to BWC. If you do not have your original notice, please include the National Plan and Provider Enumeration System (NPPES) verification sheet. You may search for your number(s) [here](#).

To ensure our records are accurate and we pay your bills correctly, please fax this information along with your BWC provider number to our provider enrollment unit at

614-621-1333.

Fee schedule updates

The proposed ambulatory surgical center and hospital outpatient fee schedules are on BWC's website. We'll accept comments until Dec. 5, 2012. BWC's Board of Directors will vote on approving these rules at its Dec. 20 meeting. We expect the rules to become effective April 1, 2013.

Beginning Jan. 1, 2013, BWC will implement the new Medical Services and Professional Provider fee schedule. It will include the new 2013 CPT© and Healthcare Common Procedure Coding System (HCPCS) codes.

For more information, view the current and proposed fee schedules [here](#).

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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Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, Ohio 43215-2256