

**From:** Ohio Bureau of Workers' Compensation  
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# BWC Provider eNews



Dec. 16, 2014

## **Jan.1, 2015: Changes to anesthesia-billing requirements begin for the professional fee schedule**

With the New Year, BWC and managed care organizations are making changes to anesthesia-billing requirements that align them with the health-care industry. We anticipate these changes will significantly reduce payment errors in this area and simplify providers' billing processes.

Details of the changes effective for dates of service on or after Jan. 1, 2015, are in the [November 2014 Provider eNews](#).

## **ICD-10 webinar for small physician practices will be Jan. 15**

BWC wants you to know about training that may help you with the national International Classification of Diseases (ICD-10) conversion.

Our sister State of Ohio agency, the Ohio Department of Medicaid, is co-sponsoring an ICD-10 implementation webinar. Co-sponsors are the Centers for Medicare & Medicaid Services and the Ohio State Medical Association. This webinar for small physician practices will be from noon to 1 p.m. and 5 to 6 p.m., EST, on Jan. 15.

Registration information is available on Medicaid's ICD-10 [Web page](#) under Updates. The co-sponsors designed this webinar for physicians, non-physician clinicians such as advanced practice registered nurses, independent providers, practice managers and coders.

If you have any questions about this webinar, please forward them to [ICD10questions@medicaid.ohio.gov](mailto:ICD10questions@medicaid.ohio.gov).

## **Provider's role in the claim-reactivation policy**

The claim-reactivation policy, a joint effort by BWC and managed care organizations (MCOs),

ensures timely and appropriate benefit payments on inactive claims. Inactive claims have had a lapse of activity, including medical treatment, for more than 24 months.

BWC wants to ensure it re-activates inactive claims appropriately when needed. It also wants to make sure that effective, timely communication between BWC and the MCOs occurs on these claims.

As a reminder, the MCOs receive and process requests for medical services and medical bill payments. BWC receives requests for allowance of additional conditions and for compensation.

### **What is the process?**

If the claim is inactive, the MCO must ensure medical documentation dated within 60 days of the date of the request supports the medical service request. If the provider has submitted medical documentation dated within 60 days of the date of the request, then the MCO sends the request to BWC.

BWC has up to 28 days from receipt of the MCO's request to provide due process, conduct an investigation and determine if the requested action causally relates to the original claim allowance. BWC will issue an order either allowing or denying the claim reactivation and the treatment issue. Parties to the claim may appeal the order.

### **How are physicians and other health-care providers affected?**

- Health-care providers who treat an injured worker with an inactive claim should complete a [Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease \(C-9\)](#) before treatment to ensure payment.
- Providers must thoroughly document the need for treatment and how the care relates to the original workplace injury.
- The MCO must dismiss a C-9 request on an inactive claim when the provider failed to submit supporting medical evidence or provided medical evidence dated more than 60 days prior to the date of the request. Upon receipt of notice there's no valid supporting medical evidence, the MCO must send the [Request for Additional Medical Documentation for C-9 \(C-9-A\)](#) to the provider. The provider may submit the requested information on or before 10 days from this notice. Parties to the claim, including the provider, may not appeal a C-9 dismissed in this manner through the alternative dispute resolution process. However, the MCO may reconsider the request upon timely resubmission of the C-9 and the requested medical documentation.

BWC will deny bills for dates of service on or after the claim's inactive date with an explanation of benefits

“(EOB) 265: Payment is denied because the claim is inactive.”

If the claim is inactive, prior to delivering services, the provider must notify the injured worker that, unless the claim is reactivated, the services will not be payable by workers' compensation and the injured worker will be responsible for payment.

### **Information**

You can find the claim's status and diagnosis information on our [website](#) or by contacting the assigned MCO.

## Treating self and family members restricted

We hope you never sustain a workers' compensation injury or have to treat yourself or a family member hurt on the job. But, if you do, restrictions apply.

The Health Partnership Program allows for freedom of choice from BWC-certified providers. However, there are limitations regarding a family member providing treatment. Except for emergency care, BWC will not reimburse you for treatment you deliver, render or directly supervise to an immediate family member.

### Immediate family member defined

Ohio Administrative Code (OAC) 4123-6-02.51 defines an immediate family member as a spouse; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law; grandparent, grandchild; or spouse of a grandparent or grandchild.

For more information related to this topic, please refer to OAC [4123-6-06.2](#) and OAC [4123-6-02.51](#).

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