

From: Ohio Bureau of Workers' Compensation
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February 2019



Register now for the Medical & Health Symposium, April 26 – 27; don't miss it!

We'd like to invite you to our fourth annual Medical & Health Symposium focusing on [Comprehensive Care for an Injured Worker](#). By attending, you'll have access to state and national medical experts. They will speak on topics such as chemical dependency; medical marijuana; opioids; traumatic brain injuries; patient collaboration and chiropractic care.

We also offer an educational track, the provider staff forum, specially designed for medical staff who manage the day-to-day operations of workers' compensation processes and workflows.

You may register by clicking on this [link](#). We look forward to seeing you on April 26 – 27 in Columbus.

Learn about the timed-code policy in the webinar replay; policy is effective April 1

Sufficient and proper documentation is critical to BWC and managed care organizations (MCOs) to timely and effectively verify and accurately process providers' reimbursement requests for medical services provided to Ohio's injured workers. Documentation of activities related to medical and vocational services associated with timed services billing codes created challenges to BWC and the MCOs in validating those services. Our initial approach to address this challenge was to clarify to providers that they must document start and stop times for each timed service in the medical record.

New policy: Medical documentation for timed services

After that clarification, impacted providers met and discussed with BWC their concerns. After consideration of feedback provided, BWC made additional changes to the existing policy. BWC's new policy — [BRM-22, Medical Documentation for Timed Services](#) — reflects those updates. The updates provide BWC and the MCOs with appropriate information to timely validate and reimburse providers, while also reducing providers' related documentation burden.

It's important to note the policy details the circumstances that require session start/stop time and/or treatment times in minutes.

Make sure you're prepared for these changes by reviewing the policy on our website. It's on the [Provider Billing and Reimbursement Manual page](#) under **Future effective policies**. In addition, we updated the current medical documentation policy to redact language covered under the new policy. We also provide references to the new policy where applicable.

Timed-code webinar replay, slides

To allow time for providers to adjust to the changes, the policy is effective for dates of service on or after April 1, 2019. To view a replay of the timed-code policy webinar, use the navigation menu to go to the [provider videos page](#).

BWC updating functional capacity evaluation codes for May 1

Providers will see a change in the functional capacity evaluation (FCE) Current Procedural Terminology Code 97750 allowed maximum units for billing. BWC is updating the

maximum units on the 2019 professional provider and outpatient hospital fee schedules to permit 16 units. This is the equivalent of four hours per day.

We'll make this update effective May 1, 2019, with the final filing of the professional provider fee schedule. In the interim, providers should submit appropriate documentation to the managed care organizations (MCOS) when they anticipate the FCE may exceed the current limit of eight units. This is the equivalent of two hours.

When appropriate, MCOs will authorize services above the published eight units.

Tips when discharging an injured worker to a skilled-nursing facility

When a hospital discharges an injured worker to a skilled-nursing facility (SNF), the Ohio workers' compensation system may experience increasing challenges for coordinating care. This challenge highlights an opportunity for increased collaboration between hospital discharge planners and managed care organizations (MCOs).

MCO involvement

Hospital discharge planners are critical in assisting hospital patients with transfer activities. However, MCO involvement is also important. To ensure downstream payment for services rendered as part of a SNF stay, the MCO is responsible for coordinating with the relevant parties.

A key element to ensure prompt payment is to identify the proper BWC-certified SNF for discharging an injured worker. Early engagement with the [managing MCO](#) helps facilitate timely identification of the appropriate SNF. This also helps avoid any discharge delay.

BWC policy, fee schedule

For additional guidance about payment, hospitals and SNFs, review our [policy](#) and [fee schedule](#).



 [Forward](#)

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