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# BWC Provider eNews



Jan. 17, 2014

## TABLE OF CONTENTS

- [BWC will implement ICD-10 conversion; need testing partners for this effort](#)
- [Revised Provider Billing and Reimbursement Manual coming soon](#)
- [New urine drug testing policy questions answered](#)
- [BWC updates medical services, providers' and inpatient hospital fee schedules](#)

## **BWC will implement ICD-10 conversion; need testing partners for this effort**

We commit to implement the new International Classification of Diseases (ICD-10) coding in our operations by Oct. 1, 2014. Projects are under way allowing us to use ICD-10s in our claim allowance and bill-review processes, and other business processes.

We implemented a project that allows us to express claim allowances as both ICD-9 and ICD-10 codes. To do this, we're working with managed care organizations (MCOs) to implement the 5010 version of the 837 healthcare claims electronic data interchange transaction. We expect MCOs to receive transactions containing ICD-10 codes on bills for dates of service from Oct. 1, 2014, and later.

As we move forward testing these conversion changes with providers, we'll communicate with you via our website and through updates in Provider eNews. If you're interested in testing with BWC and the MCOs, email BWC's [Health Partnership Program systems support unit](#). We look forward to working with you on this important project.

## **Revised Provider Billing and Reimbursement Manual coming soon**

BWC's updated online *Provider Billing and Reimbursement Manual* is available for release to providers early this quarter. BWC does not

print and mail billing manuals. Please watch for this release on our website.

To view the four updated chapters when we release them, you'll need to read through the [copyright statement](#), and then click on the appropriate link for accepting the terms to view the manual.

## New urine drug testing policy questions answered

In last month's Provider eNews, we gave you notice of the new [urine drug testing policy](#) that became effective Dec. 11, 2013. Below are answers and clarifications to questions providers have asked us since the policy's release.

**Q:** Does each urine specimen require a chain of custody form?

**A:** Each urine specimen billed must have a chain of custody form submitted certifying the specimen collection followed a chain of custody collection protocol. The United States Department of Transportation's collection protocol [49 CFR 40](#) outlines the protocol.

**Q:** Which risk assessment form should the provider use?

**A:** The provider has discretion as to which risk assessment form to use in determining the injured worker's risk level. Commercial examples of these forms include:

- › Opioid Risk Tool (ORT);
- › The Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R);
- › The Diagnosis, Intractability, Risk, Efficacy (DIRE).

If you have questions, email them to [feedback.medical@bwc.state.oh.us](mailto:feedback.medical@bwc.state.oh.us).

## BWC updates medical services, providers' and inpatient hospital fee schedules

The medical services and professional providers' fee schedule that became effective Jan. 1 includes adopting Medicare's 2013 reimbursement schedule. We also adopted Medicare's modification to its 2012 reduction for services known as always therapy. There are 42 always therapy service codes. We will adjust reimbursement for those services when:

- › Multiple covered services are provided on the same day;

- › Services are by the same provider.

The adjustments address duplicate reimbursements of certain practices costs when a physician provides more than one of the services in a single session. BWC originally adopted Medicare's methodology in 2012.

### **Inpatient hospital**

Our inpatient hospital fee schedule is effective for injured worker discharges from the hospital on or after Feb. 1, 2014. BWC adopted the recommendations Medicare published in its final rule. They include:

- › An increase of 0.7 percent;
- › Maintaining the current payment adjustment factor for the inpatient fee schedule;
- › A performance-based incentive provision that includes a 1.25-percent decrease in hospital fees. However, hospitals may earn this percentage back in three categories. They are: clinical process and patient experience of care measures, and outcome measures. Last year, 99 percent of Ohio hospitals earned back their 1.25 percent reduction;
- › Adopting Medicare's modification of its disproportionate share (DSH) methodology. We provide DSH payments to eligible hospitals for providing uncompensated care. The Affordable Care Act requires a modification to Medicare DSH payments because the federal government expects uninsured costs to decrease. Instead of paying 100 percent of DSH payments, BWC will pay about 95.7 percent. DSH payments in 2012 totaled \$3.6 million;
- › A 0.8 percent rate offset reduction for an Affordable Care Act provision.

For more information, email [feedback.medical@bwc.state.oh.us](mailto:feedback.medical@bwc.state.oh.us).

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