



Provider eNews - November 2012

Provider rule implementation dates announced

BWC recently adopted or revised four Ohio Administrative Code (OAC) Rules. The rules are:

- OAC 4123-6-02.2, Provider credential revisions;
- OAC 4123-6-07, Services and supplies never covered;
- OAC 4123-6-02.7, Provider decertification procedures;
- OAC 4123-6-16.3, Reimbursement of retroactive medical treatment requests.

OAC 4123-6-02-2 and OAC 4123-6-07 become effective Dec. 11, 2012. The two remaining rules become effective Jan. 1, 2013.

Health-care providers need to pay special attention to the following rules as they have impacts on reimbursement and ongoing participation as a certified provider in BWC's Health Partnership Program. OAC 4123-6-02.7 is BWC's new progressive compliance rule where monitoring will be done regarding rule infractions that may lead to submission of a correction plan, and ultimately, provider decertification if infractions continue. In addition, OAC 4123-6-16.3 authorizes discounted reimbursement of 75 percent of the payable fee for failure to follow BWC's prior authorization policies.

You can review and print these pending rules at ohiobwc.com.

Expired ICD-9 code handling

Expired International Classification of Disease (ICD) codes are those that are no longer valid in the most current version of the ICD manual. BWC expects providers to:

- Use current valid codes;
- Bill for the condition that is being treated;
- Request additional claim allowances when appropriate.

Thus, BWC has recently put in place a process to facilitate health-care providers submitting the correct ICD code for service reimbursement. Providers that bill with an allowed but expired code receive the explanation of benefits (EOB) 343 on their remittance advice. This EOB indicates BWC denied payment because the diagnosis code submitted is expired. It details that future bills must contain the correct diagnosis

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code for the condition the physician is treating.

If BWC should consider other conditions in the claim, the health-care provider may request it on a Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9). Please send questions to feedback.medical@bwc.state.oh.us.

Referring an injured worker for vocational rehab services

BWC's vocational rehabilitation program offers a variety of services to assist an injured worker to return to his or her job. If the worker faces a significant impediment in his or her ability to return to work, it may be appropriate for providers to refer an injured worker for vocational rehabilitation services.

For example, due to the nature of the injury, an eligible injured worker may simply not be able to ever again perform the job in which the injury occurred. There may be instances when the injured worker may have limited opportunities for work within his or her physical capacities. Such are instances when injured workers could benefit from individually customized vocational services.

You, as the health-care provider, play a critical role in the careful assessment of an injured worker's ability to fully engage a specialized plan that is established to address that worker's needs. Because of the services that are available, effective communication between the managed care organization (MCO) and the health-care provider is important to ensure the MCO makes the referral at the right time. Upon referral, a MCO will take into account all information available. The MCO will work with BWC to determine the injured worker's eligibility and feasibility for vocational services. Where appropriate, the MCO will develop a plan specifically to address targeted goals for the injured worker.

In many instances, identifying those injured workers who will most benefit from the vocational services programs begins with you, the provider. However, please note that anyone from the employer, injured worker, provider and family members may make a referral for vocational rehabilitation services. To make a referral, complete the revised Physician's Report of Work Ability (MEDCO-14) or the Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9). You may also contact your BWC local customer service office.

Join us Nov. 13 at the biannual medical provider stakeholder meeting

BWC will host its biannual medical provider stakeholder meeting from 1:30 to 3:30 p.m. on Nov. 13, 2012, in Columbus at the William Green Building, 30 W. Spring St. The meeting will be in the building's auditorium on the third floor. All medical and rehabilitation stakeholders and their members, along with providers and interested parties, are invited. No RSVP is needed.

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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