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**Subject:** Provider eNews - October 2015

# BWC Provider eNews



Oct. 16, 2015

## Provider stakeholder meeting is coming Nov. 4

Mark your calendars for the fall 2015 Provider Stakeholder meeting. We will hold the meeting from 1:30 to 3:30 p.m., Nov. 4, on the second floor of the William Green Building, 30 W. Spring St., Columbus. We will also broadcast the meeting live via videoconference to BWC's customer service office locations.

Agenda items include medical services project innovations and initiatives, an International Classification of Diseases (ICD)-10 update and more.

Please RSVP by [email](#) if you will attend the meeting at a location other than Columbus. If you have additional questions, call 1-800-644-6292, and press options 0-3-0.

## BWC, MCOs now taking ICD-10 codes; specific codes are important

We did it! BWC and our managed care organizations (MCOs) transitioned to ICD-10 on Oct. 1. Thank you for your cooperation during this transition and for using [electronic accounts](#) for your claim needs. We continue to work closely with the MCOs to provide the best service possible for you and Ohio's injured workers.

### Be specific, complete when coding diagnoses

The new ICD-10 code set allows you to be more specific in how you document the location and severity of the injury and/or occupational disease. Be specific and complete with your ICD-10 coding based on the injury's/occupational disease's narrative description(s), especially when filing the [First Report of an Injury, Occupational Disease or Death](#) (FROI).

BWC considers certain codes "invalid" for claim-allowance purposes. These codes are typically non-specific, such as symptom codes.

### BWC and MCOs use diagnosis groupings in bill processing

Providers should continue to code bills based on the conditions they are treating. BWC has expanded the [clinical diagnosis groups](#) used in bill processing to include ICD-10 codes. BWC and MCOs use these groups as one of the tools that evaluate the relationship between treatment and claim allowances. This approach ensures we can process bills containing ICD-10 codes even if we have not

mapped the ICD-9 associated with a claim to ICD-10.

### **S and T categories**

ICD-10 codes from the S and T categories must have seven characters. Assign the seventh character based on the type of encounter. For BWC allowed conditions, we will use the seventh character A (initial encounter) in most cases. Clinical diagnosis groups include initial, subsequent and sequelae codes in the same group so there is no need for additional allowances beyond the initial encounter code.

### **Resources**

If you do not have ICD-10 coding resources, you may take advantage of coding services or software that is available online. In addition, please review these sites:

- [Ohio Department of Medicaid](#);
- [Centers for Medicare & Medicaid Services](#);
- [BWC's ICD-10 Implementation](#) site and the [ICD-10 Implementation Guiding Principles](#) fact sheet.

### **If you have questions**

You may ask the injured worker's MCO or email them to BWC's provider relations at [Feedback.Medical@bwc.state.oh.us](mailto:Feedback.Medical@bwc.state.oh.us).

## **Save the dates: BWC Medical & Health Symposium is March 10, 11**

Would you like to learn more about pain management and neuromusculoskeletal developments from nationally known speakers? If so, plan to attend our free education opportunity for health-care providers – the BWC Medical & Health Symposium—on March 10 and 11 at the Greater Columbus Convention Center. The center is located at 400 N. High St. in downtown Columbus.

The Medical & Health Symposium is being offered in conjunction with BWC's 2016 Ohio Safety Congress & Expo that runs from March 9 to March 11.

### **Multi-disciplinary**

With you in mind, we designed two specialized learning tracks for your professional development. One focuses on pain management and the other on neuromusculoskeletal management. Our two-day, annual symposium offers specialists in pain management, medical ethics, physical medicine and rehabilitation, alternative medicine, radiology, neurology and occupational medicine.

Registration opens in January. For more information, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov).

## **What does maximum medical improvement mean?**

To help physicians, gain a better understanding of maximum medical improvement (MMI), we offer these reminders.

### **Definition**

MMI is a treatment plateau (static or well stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability in spite of continuing medical or rehabilitative procedures. However, MMI does not prohibit an injured worker from receiving supportive treatment to maintain his/her level of function or from receiving further medical treatment.

### **Physician's Report of Work Ability (MEDCO-14)**

Evaluate the injured worker's status every time you see the worker and then complete a **MEDCO-14**. This is a good tool to communicate MMI information. In section 6 of the MEDCO-14, the physician should address MMI and give a date the worker reached MMI when applicable.

An injured worker's MMI status should be evaluated during each visit. The MEDCO-14 is a good tool to communicate an injured worker's MMI status to BWC and the MCO. In section 6 of the MEDCO-14, the physician should address MMI and give a date the injured worker reached MMI when applicable.

If the injured worker has not reached MMI, the physician is asked for the proposed treatment plan, including estimated duration of each treatment.

### **Independent medical exam (IME)**

Another way to learn about an injured worker's status for MMI is during a BWC-scheduled IME. If the IME findings state the worker has reached MMI, BWC will contact the treating physician by letter to request the treating physician's opinion about the worker's MMI status. A physician who receives this letter should respond within seven days as requested on the letter.

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Questions? Call 1-800-644-6292  
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