

From: Ohio Bureau of Workers' Compensation
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September 2018



Call for Provider Staff Forum session topics: email your ideas to us today

We need to learn from you what topics you want us to include for our second annual Provider Staff Forum's program, coming Spring 2019 with the Medical & Health Symposium. For example, you may be an office manager, workers' compensation coordinator or you may work in billing behind the scenes to help in the care of Ohio's injured workers.

Just for you

Just like our first Provider Staff Forum, you have an opportunity to participate in the forum's program specifically designed for you.

Send a detailed email

To help you make your suggestions, explain what a work day in your office is like. What information about policies, processes, forms, claims processing or other areas will help you get your job done?

Simply [email](#) your suggestions to us today for our next Provider Staff Forum.

Oct. 13–14: BWC’s annual systems maintenance weekend

Mark your calendars now. BWC’s website, phones, fax lines, email and other data systems will undergo our annual scheduled maintenance the weekend of Oct. 13-14. All of these systems will be unavailable that weekend. For more information, see last month’s [article](#) about our systems’ annual maintenance.

Common mistakes when billing for one-on-one therapy

Billing for one-on-one services when the service is group therapy can lead to audits and recoveries initiated with providers. BWC follows Medicare guidelines when differentiating between individual versus group therapy, including the 8-Minute Rule.

One-on-one services defined

We define one-on-one services by direct, one-on-one patient contact. If you’re treating multiple patients, and the 8-Minute Rule doesn’t apply, you should bill for group therapy. For example, if you provide introductory instruction to more than one patient, which may be specific to each patient, you may need to bill for group instead of individual therapy.

More information: policy alert

By billing an individual therapy code, you’re telling us that you are absolutely providing one-on-one contact with the specific injured worker. You can refer to [Policy Alert 2018-04](#) that we recently released for additional guidance.

Letters mailed: Payment for lumbar fusion surgery

On Jan. 1, BWC’s payment for lumbar fusion surgery [rule](#) and its [appendix](#) became effective. This rule describes requirements necessary for approving and reimbursing lumbar fusion surgery.

We mailed letters to surgeons who had performed this procedure to ensure they’re aware of our rules, policies and treatment guidelines.

Rule summary

The rule promotes current best practices by requiring conservative care when appropriate and comprehensive clinical evaluation before considering surgery. The rule describes clinical indications for lumbar fusion surgery.

In addition, the rule requires surgeon engagement before and after the procedure, and requires documentation of communication between the surgeon, physician of record and the injured worker about the surgery's risks and potential benefits. The provider needs to meet all the rule prerequisites prior to the managed care organization approving or reimbursing for a lumbar fusion surgery.

For more information

If you have questions about this rule or want a copy of the letter mailed, email us at feedback.medical@bwc.state.oh.us.



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Questions? Call 1-800-644-6292
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