

Self-Insurance Quarterly Workshop

April 2019



Agenda

- Medical Bill Review and Payment
- Regulatory and SI Updates
- Returning to the State Insurance Fund
- Self-Insured C92



Medical Bill Review and Payment

- OAC 4123-6-01.1
- Unless specifically stated otherwise, the rules of this chapter governing payment of medical services and supplies shall apply to payments to health care providers in all claims for industrial injuries and/or occupational diseases before the bureau, self-insuring employers, MCOs, QHPs, and the industrial commission.
- However, nothing in these rules shall inhibit or diminish the commission's right to establish adjudicatory policy under Chapters 4121., 4123., 4127., and 4131. of the Revised Code, or otherwise prevent the full adjudication of claims properly before the commission or its hearing officers



Medical Bill Review and Payment

- Bureau Certified Physician
 - A credentialed provider who is approved by the bureau for participation in the health partnership program "HPP."
 - Certification means- A process by which the bureau approves a provider or MCO for participation in the HPP



Bureau Fee Schedule

- OAC 4123-6-08
 - BWC shall develop, maintain and publish a provider fee schedule for the various types of billing codes
 - Fee schedule is posted as an appendix to this rule, and is available online at BWC.Ohio.Gov.
 - Providers cannot balance bill



Attending Physician

- OAC 4123-6-27.1
 - One physician for same condition over same period
 - Exceptions (not all inclusive):
 - Anesthetist
 - Specialist (prior approval required)
 - Emergency situation



Provider Payment

- OAC 4123-6-10
 - SI employers must pay equal or higher than the fee schedule unless otherwise **negotiated**
 - If paying lower than fee schedule, SI employers must be able to provide proof of the provider's agreement to pay a lower rate
 - PPO participation is agreement, but employer must be prepared to provide supporting documentation

Provider Payment

- Provider must submit bill within one year of date of service
- If bill submitted to another payer in error, the statute of limitations is tolled
- Employer must respond to bill within 30 days of receipt
- Free choice of physician, must approve change of physician within 7 days of receipt



Prior Authorization

- SI employer must respond to treatment request within 10 days of receipt or request is deemed approved
- Evaluation:
 - Reasonably related to allowed conditions of industrial injury
 - Medically Necessary
 - Costs are medically reasonable



Denial

- Respond within 30 days
- Copy injured worker
- Reasons for denial:
 - Claim allowance
 - Allowed conditions
 - Documentation needed
 - Prior approval
 - Not medically necessary



Billing and Reimbursement Manual and Fee Schedule Resources

- Fee Schedule
 - Look Up Procedure (CPT) Codes
 - Fee schedules and job aid files
- Billing and Reimbursement Manual
 - Presumptive Approval Guidelines
 - Medical Documentation
 - Billing Instructions
 - Updated and Revised policies

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BWC Fee Schedule Development

Fee schedule	Effective date	Fee schedule description
Medical providers and services	Jan. 1, 2019	Covers all medical providers and medical services not covered by any of the other schedules (OAC 4123-6-08)
Hospital outpatient	May 1, 2019	Covers facilities for outpatient services (OAC 4123-6-37.2)
Hospital inpatient	Feb. 1, 2019	Covers facilities for inpatient services (OAC 4123-6-37.1)
Ambulatory surgical centers (ASC)	May 1, 2019	Covers surgical procedures performed in an ASC (OAC 4123-6-37.3)
Vocational rehabilitation services	Feb. 2015	Covers all vocational rehabilitation services (OAC 4123-18-09)

Professional Provider Fee Schedule

- Urgent care
- Prosthetics
- Anesthesia
- Therapy



Professional Provider Fee Schedule

	L7499 - manufacturer invoice price plus a negotiated percentage not to exceed 50%	
Not Routinely Covered (NRC)	The procedure or service is not covered unless application of the <i>Miller</i> criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.	
Never Covered (NC)	The procedure or service is never covered.	
To Be Determined (TBD)	HCPCS codes noted as TBD (To Be Determined) will have pricing adopted when reimbursement rates are available from the Center for Medicare and Medicaid Services (CMS)	
Negotiated	Negotiated reimbursement rates are required for designated all-inclusive per diem codes. Additionally, the MCO may need to negotiate a fee with a provider that will not accept the Ohio BWC fee schedule. In those situations, MCOs are required to attempt fee negotiation and document the provider discussion attempts. The services/supplies must be medically necessary for treatment of the work-related injury. Cost comparisons by the MCO for equitable reimbursement rates may often be necessary.	
All Inclusive	All Inclusive means the service includes, but is not limited to, the examples noted for the code description.	
Modifiers	BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. The modifier code set includes 2-digit ambulance modifiers that specify trip origin and destination. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure.	
Modifier 22	Unusual procedural services. Procedures with this Modifier must be individually reviewed and	

Hospital Fee Schedules

- Inpatient (IPPS)
 - Ohio Administrative Code (OAC) 4123-6-37.1
 - IPPS hospitals, Psych hospitals, Rehab hospitals
 - Detox
- Outpatient (OPPS)
 - Ohio Administrative Code (OAC) [4123-6-37.2](#)
 - Children's versus non-children's
 - Detox
- Rates effective for the entire rate year.
- Appendix tables – coverage and Medicare deviation



Ambulatory Surgical Center Fee Schedule

- Ohio Administrative Code (OAC) 4123-6-37.3
- Bundled services
- Arthroplasty expansion – inpatient only procedures

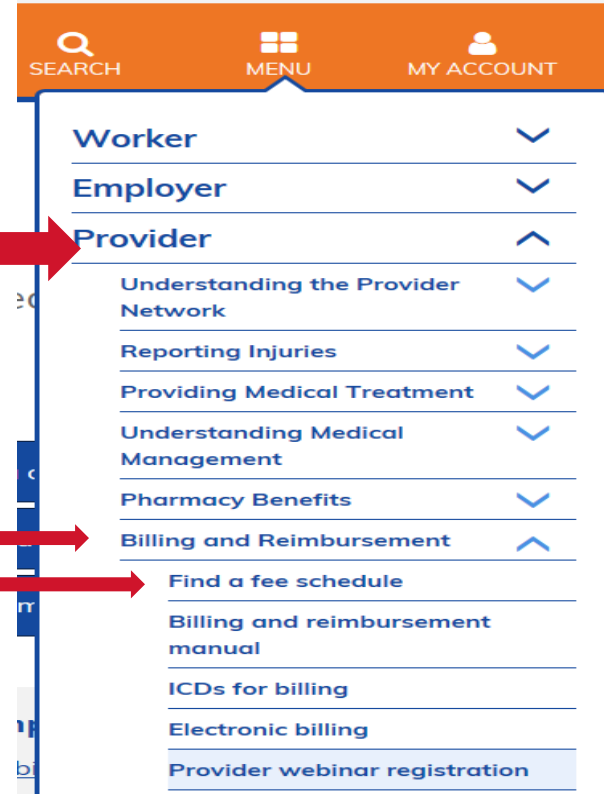


Specialized Treatment

- OAC 4123-6-32 and 33
 - Lumbar fusion surgery
 - Healthcare Behavioral Assessment and Intervention
- Rule updates to be effective June 1, 2019

Billing and Reimbursement Manual

- Available on BWC.Ohio.Gov
 - Fee Schedule
 - Look Up Procedure (CPT) Codes
 - Professional Provider and Vocational Rehabilitation fee schedules only





Billing and Reimbursement Manual

1. Policy alerts
2. Table of Contents
3. Quarterly Update Highlights
4. Chapters (traditional)
5. Applicable links
6. New/Revised/Updated Policies

For your convenience, you can download and print a specific chapter or the entire manual from here. To download a specific chapter, click on the chapter title. If you want to download the entire manual, click on each chapter title and download each chapter one at a time.

Additional resource - Policy alerts

BWC will periodically issue policy alerts to provide further clarification on specific policies. To download the latest policy alerts, click [here](#).

[Table of Contents](#)

[Quarterly Update Highlights](#)

[Chapter 1 - Ohio Bureau of Workers' Compensation System](#)

This chapter includes information about employer types; managed care organization roles/responsibilities; provider eligibility; reporting an injury; guidelines for treatment, coding and reimbursement; and other BWC processes and procedures.

[Presumptive approval guidelines](#)

[MCO standard prior authorization table](#)

[Medical documentation policy](#)

[MCO Directory](#)

[Chapter 2 - Services](#)

This chapter includes information about practitioners, hospitals, ambulatory surgical centers, outpatient medication, vocational rehabilitation, home health agencies, nursing homes and other BWC-certified provider services.

[Chapter 3 - Vocational Rehabilitation Services](#)

This chapter includes information about vocational rehabilitation services.

[Chapter 4 - Billing Instructions](#)

This chapter includes information about billing rules and laws, instructions for completing BWC billing forms and a guide for explanation of benefits.

[Outpatient Medication Invoice \(C-17\)](#)

[Service Invoice \(C-19\)](#)

[New/Revised/Updated Policies](#)

Regulatory Updates

- Excess Insurance- Rules will be amended to require BWC be named on excess insurance policies, approved by Board
- Assessment Payments- Proposing rule to require Self-Insured employers to pay assessments on line
- Clarifying that either party to a complaint has 14 days from receipt of BWC determination to appeal

Self-Insured Employer Policy Updates

- Adding policies for SI employers
 - SI Employer Cancellation
 - Excess Insurance Recovery
 - Self-Insured Employer Annual Renewal
 - Construction Projects
 - Semi-Annual Assessments



Self-Insured Employer Policy Page

- Single spot for SI employers to view specific policy information
- Links to common service offerings and pages
- Dashboard with financial, administrative and claim information
- Agile project management approach



Full or Partial Return to the State Fund

- Self-insured employer returns to state insurance fund:
 - BWC must calculate a experience modifier for the new state fund policy
 - Based on prior experience as a self-insured employer



Full or Partial Return to the State Fund

- SI Department notifies the Actuarial Division when an SI employer, part of an SI employer or a state fund client of an SI Professional Employer Organization returns to state fund
- Actuarial will contact employer to request previous self-insured experience up to five years



Full or Partial Return to the State Fund

- For previous self-insured time up to five years:
 - Payroll using NCCI manual classification codes
 - Claims costs
 - This will be required until only BWC data is in the experience period, or all SI claims are outside of employer's experience. (Usually 5 years)
 - Must be in excel and I format requested

Self-Insured C92 Applications

- BWC has set up an email box: SIC92@bwc.state.oh.us specifically for inquiries regarding the C92/C9a's
- This will streamline communication for employers and reduce response times



E-notice for invoices and updates

- SI employers can register for electronic notifications at WWW.BWC.Ohio.gov
 - Receive notification when your invoice is available online-reduce time to receive invoice and increase internal processing time
 - Can also receive BWC eNews and Provider eNews.
 - Primary e-account holder can request to receive notice. A verification code will be sent at time of enrollment

Claims

- Use BWC.Ohio.gov to update claims
- 30 days to provide certification notice to BWC and injured worker
- Certify, Reject or clarification certification
 - Be sure to include allowed conditions/diagnosis
- Verify correct policy number

Questions?

Contacting BWC

When contacting the BWC self-insured department, please include self-insured policy number

614-466-6773 or 1-800-OHIOBWC, select SI

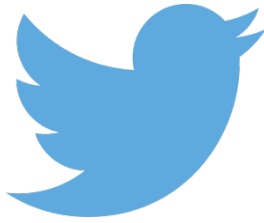
30 W. Spring St., Level 22

Columbus, OH 43215

Email: SIINQ@bwc.state.oh.us

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