

## Claim Reactivation Manually Activating a Claim

Application Type	When to Manually Activate
<b>C-84/MEDCO-14</b> Request for Temporary Total Compensation	<ul style="list-style-type: none"> <li>• Prior to building a TT benefit plan into an allow/appeal status.</li> </ul>
<b>C-86</b> Motion Request	<ul style="list-style-type: none"> <li>• Prior to building a benefit plan into an allow/appeal status or;</li> <li>• Prior to setting or re-setting wages;</li> <li>• For additional allowances there is no need to manually activate a claim. The system will change the claim to active when an ICD-9 code is updated to allow on an inactive claim.</li> </ul>
<b>C-94A</b> (Request to set wages) Wage Statement	<ul style="list-style-type: none"> <li>• Prior to setting or re-setting wages.</li> </ul>
<b>C-140</b> Application for Wage Loss Compensation	<ul style="list-style-type: none"> <li>• Prior to building a benefit plan into an allow/appeal status.</li> </ul>
<b>C-9 or Request for Medical Treatment</b> Physician's Request for Medical Services or Recommendation for Additional Condition	<ul style="list-style-type: none"> <li>• Upon request from an MCO for Retro services;</li> <li>• Upon receipt of the final BWC/IC decision to allow the claim reactivation and after all appeal periods have expired.</li> </ul>
<b>IC-12</b> Notice of Appeal	<ul style="list-style-type: none"> <li>• Never activated.</li> </ul>
<b>C-32/IC-32A</b> Application for Lump Sum Payment Lump Sum payment for Attorney Fees	<ul style="list-style-type: none"> <li>• Claim should be in an active status because on-going compensation must be running for an LSA to be paid.</li> </ul>
<b>L-102</b> Court Order Settlement	<ul style="list-style-type: none"> <li>• Prior to issuing a court ordered settlement award.</li> </ul>
<b>C-240</b> Application for Lump Sum Settlement	<ul style="list-style-type: none"> <li>• When it is determined that it is a valid application (BWC has IW and Employer signature when required).</li> <li>• Activate claim for payment of post settlement bills – it may be necessary to activate claim more than once.</li> </ul>
<b>C92 or C92A</b> Application for Percentage of Permanent Partial Disability (or Increase)	<ul style="list-style-type: none"> <li>• Leave in inactive status when granting 0%</li> <li>• Activate the claim prior to building the plan to issue a BWC Tentative Order.</li> <li>• Activate prior to paying award based on an IC Order.</li> </ul>
<b>Payment of a Medical Bill</b>	<ul style="list-style-type: none"> <li>• Upon request from an MCO for payment of authorized services.</li> <li>• Upon receipt of the final BWC/IC decision to allow the claim reactivation and after all appeal periods have expired.</li> </ul>
<b>Payment of Pharmacy Services</b>	<ul style="list-style-type: none"> <li>• Upon receipt of the final BWC/IC decision to allow the claim reactivation and after all appeal periods have expired.</li> </ul>
<b>*DME or Prosthetic Device</b>	<ul style="list-style-type: none"> <li>• Within 3 days of the MCO request.</li> </ul>
<b>Retro C-9 or Request for Medical Service – date of service is after inactive date</b>	<ul style="list-style-type: none"> <li>• Upon receipt of the final BWC/IC decision to allow the claim reactivation and after all appeal periods have expired.</li> </ul>
<b>Retro C-9 or Request for Medical Service – date of service is prior to inactive date</b>	<ul style="list-style-type: none"> <li>• Retro C-9 or requests for treatment where the last paid date of service is within 13 months of the A/I date of service will be processed by the MCO without a BWC reactivation review and BWC Order.</li> <li>• Retro C-9 or requests for treatment where the last paid date of service is later than 13 months of the A/I date but before the inactive date will require that BWC manually reactivate the claim without a BWC reactivation review and BWC Order.</li> </ul>

\*Refer to policy for list of DME the MCO may process without a BWC reactivation review and BWC Order. An IC-2 application will automatically activate a claim.