ONE CALL MEDICAL (OCM) SCHEDULING PROCESS

REFERRAL PHASE

SCHEDULING, REPORTING AND BILLING PHASE

Managed Care Organization

C-9 received from referring physician

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Approve C-9?

- **Yes** → Apply OCM preferred provider stamp → Send to OCM for scheduling
- **No** → Return to referring physician → End

One Call Medical

Verify injured worker information on ohiobwc.com

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Is the file complete?

- **Yes** → Contact referring physician
- **No** → Obtain needed information from MCO → (back to Contact referring physician)

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Contact referring physician

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Determine if referring physician has a preference for a particular facility

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Is there a preference?

- **No** → (to Is the facility contracted?)
- **Yes** → Is the facility contracted?

Is the facility contracted?

- **Yes** → (to Call injured worker)
- **No** → Advise referring physician to schedule MRI/CT and to bill MCO directly → Advise MCO to void file → End

One Call Medical

Call injured worker

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Injured worker contacted?

- **No** → After multiple attempts within 72 hours, schedule appointment → Send notice of appointment letter to injured worker ≥7 days before the appointment → After test, report is received within 72 hours and procedure and corresponding CPT code are verified
- **Yes** → Review file and verify information

Review file and verify information

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Select facility

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Conference call with injured worker and facility

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Verify date/time of appointment (goal is to schedule in 1 day)

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Contact referring physician and request prescription to be faxed to facility

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Fax C-9 to facility

The network facility also sends the report to the referring physician within 72 hours.

After test, report is received within 72 hours and procedure and corresponding CPT code are verified

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Post report and enter service date

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Fax report to MCO

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Create one bill with a global fee to submit to the MCO

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End