



MCO POLICY REFERENCE GUIDE

TABLE OF CONTENTS

General Information	Chapter 1
Workers' Compensation System.....	1-1
BWC Board of Directors.....	1-1
Industrial Commission (IC).....	1-1
Claim Number Identification	1-2
1. Current Numbering Scheme.....	1-2
2. Previous Numbering Scheme.....	1-2
Records Management	1-3
1. Retaining and Transferring Records	1-4
a. Transferring Records.....	1-4
b. Medical Bills.....	1-5
1) Reconciliation.....	1-5
2. Medical Repository	1-5
a. MCO's Forwarded Fax Lines.....	1-6
b. BWC's Mail Line.....	1-6
c. Service Office Imaging Fax Lines.....	1-7
d. Imaging System Access	1-9
e. Imaging System Contacts	1-9
f. Forms Indexed	1-8
g. Helpful Hints in Locating Documents	1-10
Medical Information Release	1-10
1. Requirements	1-10
2. Release of Mental Health Progress Notes.....	1-11
3. Copy Charges	1-12
4. Health Insurance Portability and Accountability Act.....	1-13
BWC Policy on Public Records Release of Information	1-16
MCO Responsibility when transmitting Sensitive Data	1-18
\$15K Medical-Only Program.....	1-18
1. Program Overview	1-19
2. Lost-Time Claims	1-19
BWC Fraud/Special Investigations Department Overview	1-20
1. Shared Responsibility for Fraud Investigations	1-21
2. Role of MCOs with BWC Fraud/Special Investigations	1-21
3. Role of BWC Fraud/Special Investigations Department	1-21
4. Special Investigations Department Recovery	1-22
Conflicts of Interest.....	1-23
Organizational Structure	1-24
1. MCOs with Delegated Functions	1-24
2. Transition Plan	1-25
3. Mergers and Acquisitions	1-25



MCO POLICY REFERENCE GUIDE

4. MCO Identification Cards.....	1-25
5. MCO Application.....	1-25
6. Customer Service.....	1-26
7. Training.....	1-26
8. Business Continuance Plan.....	1-26
Marketing.....	1-27
1. Penalties for Violation of the Marketing Policy.....	1-27
Open Enrollment.....	1-30
Threats.....	1-30

Claims Management Information for MCOs.....Chapter 2

B. Communicating with the CCT.....	2-1
1. CCT.....	2-1
2. Staffing.....	2-1
3. BWC Portal.....	2-3
4. CCT Contacts.....	2-9
5. MCO Notes.....	2-9
C. Claim Management and the Claim Life Cycle.....	2-13
1. Categories of Claims.....	2-13
2. Types of Claims.....	2-14
3. Claim Life Cycle Phases.....	2-15
a. Notification.....	2-15
1. Reporting.....	2-16
a) Required Data Elements 2-Situational 1 Data Elements.....	2-17
c) Situational 2 Data Elements.....	2-21
d) Situational 3 Data Elements.....	2-21
e) Lost-Time and Medical-Only Claims.....	2-22
f) Causality.....	2-22
2. Acknowledgment.....	2-22
3. Assignment.....	2-22
4. Minor Injury ICD-9 Codes.....	2-22
b. Initial Decision.....	2-24
1. Issue Recognition.....	2-24
a. Jurisdiction.....	2-24
b. Coverage.....	2-24
c. Compensability.....	2-25
d. Subrogation.....	2-25
e. Fraud.....	2-25
2. Gathering Information.....	2-26



MCO POLICY REFERENCE GUIDE

a.	Initial Contacts	2-26
b.	CCT/MCO Responsibilities	2-27
c.	Medical Evidence.....	2-28
1)	Lost Time Claims	2-30
2)	Medical Only Claims	2-30
3)	Fast Response Pilot.....	2-32
3.	Evaluation	2-35
a.	CCT Determination.....	2-35
b.	Diagnosis Determination Guidelines	2-35
c.	Claim Requirements.....	2-36
d.	ICD-9 Description Modifier.....	2-38
4.	Decision	2-38
a.	Claim Determinations	2-38
b.	Compensation and Benefits	2-39
c.	CST Time Requirements.....	2-39
c.	Outcome Management	2-39
1.	Investigation.....	2-39
2.	Extent of Injury	2-39
a)	Proactive Allowance	2-41
b)	Legal and Medical Issues on a C-86 motion.....	2-41
3.	Extent of Disability	2-42
4.	Dispute Resolution.....	2-42
d.	Claim Outcome	2-42
1.	Whole Claim	2-42
a.	Expirations of Statute of Limitations	2-42
b.	Denial of Compensability	2-42
c.	Full Settlement	2-43
2.	Issues in a Claim	2-43
a.	30-Day RTW Assessments.....	2-48
b.	Successful Return to Work (RTW).....	2-49
1)	Return to Work Definitions	2-49
2)	Verifying V3 RTW Data.....	2-49
c.	Partial Settlement	2-50
d.	Supportive Medical Care	2-50
e.	Resolution of Appeals.....	2-50
f.	Maximum Medical Improvement	2-51
D.	Inactive Claim/Reactivating Claim	2-51
1.	MCO Refresh and Claim Reactivation Requests.....	2-51
a.	Requesting a 148 Refresh	2-52
b.	Requesting a Claim Reactivation.....	2-52
1)	Request to Activate a Claim	2-52
2)	Inactive Indicator	2-53



MCO POLICY REFERENCE GUIDE

3) Request for Medical Service Received on a C-9 or Similar Form	2-54
4) Requests for claim reactivation and proactive allowance.....	2-59
5) C-92, C92A, C-240, and IC-2 Applications	2-60
6) Issuing a Claim Reactivation Decision.....	2-62
7) C-9/Medical Service Requests Already Rendered.....	2-63
8) Prosthetic and Durable Medical Equipment.....	2-65
9) Reactivation Review – Payment of Previously Denied Bill	2-66
10) Multiple C-9/Medical Service Requests.....	2-68
11) Bankrupted Self-Insured.....	2-71
12) Inactive Claim Criteria	2-71
13) Active Claim Criteria.....	2-72
14) EOB 265	2-72
Billing Workflow and Job aid for Inactive claim	2-73
Workflow	2-75
Claim Reactivation Quick Reference Guide	2-76
MCO claim reactivation checklist	2-76
E. Independent Medical Examination (IME)	2-77
1. MCOs Conducting IMEs	2-78
2. CST Responsibilities.....	2-78
3. IMEs Required by Statute	2-78
a. 90 Day Examination.....	2-78
b. 200 Week Examination.....	2-78
c. Occupational Disease Allowance Examination	2-78
d. Permanent Partial Impairment (C-92) Examination	2-78
4. Disability Management Independent Medical Evaluation (DMIME).....	2-79
F. Occupational Disease (OD) Claims	2-83
1. Distinguishing Between an Injury and an Occupational Disease.....	2-83
2. Time Limits for Filing an OD Claim (ORC 4123.85)	2-83
a. Filing of OD Claim	2-83
b. ORC 4123.28	2-84
3. Payment of Medical Bills Prior to Date of Disease	2-84
G. Death Claims	2-84
H. Forced Sexual Conduct	2-84
I. Substantial Aggravation.....	2-86
J. SI Bankrupt SI Claims	2-98
K. Diagnosis Determination Guidelines – Quick Reference	2-102
Medical and Return to Work Management	Chapter 3
A. MCO Medical Management Responsibilities.....	3-1
B. Authorization and Denial of Medical Treatment	3-7
1. Adherence to Prescribed Treatment Guidelines.....	3-7



MCO POLICY REFERENCE GUIDE

a. Official Disability Guidelines	3-7
2. Miller vs. IC	3-7
a. Application of Miller Case.....	3-8
b. Ramifications	3-9
3. Emergency Department Reimbursement	3-10
4. Request for Medical Services	3-10
a. Authorization Guidelines	3-11
b. Medical Services Request for a Condition Not Allowed in the Claim	3-14
c. Retroactive Medical Services Request.....	3-14
d. Provider Compliance	3-14
e. Withdrawn Medical Services Request	3-15
f. C-9 for Specialists Consultations.....	3-16
5. Requests and Authorization for Mental Health Services	3-17
6. Standardized Prior Authorization	3-17
a. Presumptive Approval.....	3-17
b. Standardized Prior Authorization Table	3-19
c. Disclaimers.....	3-19
7. Due Process.....	3-21
a. Servicing Provider Number on a C-9.....	3-22
8. Physician's Report of Work Ability (MEDCO-14)	3-23
C. Change of Physician.....	3-23
1. Eligible POR Providers.....	3-23
2. Selection of POR.....	3-23
D. MCO Case Management Program	3-25
1. URAC Accreditation.....	3-26
2. Definition of Medical Case Management	3-26
3. Case Management Criteria.....	3-26
4. Case Management Coalition	3-28
5. Case Management Assessment	3-29
6. Case Management Plan.....	3-31
7. Ongoing Evaluation and Management.....	3-33
8. Case Management Discharge Criteria.....	3-34
E. Remain at Work Program	3-35
1. Remain at Work Services.....	3-35
2. Eligibility	3-35
3. Referrals for Remain at Work	3-36
4. Services provided in a Remain at Work Program.....	3-36
5. Billing and Remain at Work Services.....	3-36
6. Remain at Work and Established Transitional Work Programs	3-36
7. Initiation of Services	3-36
8. Remain at Work Services Termination.....	3-37
9. Initial and Final Remain at Work Report.....	3-37



MCO POLICY REFERENCE GUIDE

F. Primary ICD-9-CM (Primary Diagnosis).....	3-38
1. What are Primary ICD-9 Codes Required For?	3-38
2. Additional Information	3-38
G. Catastrophic Claims	3-39
1. Definition	3-39
2. Expected Outcomes	3-39
3. BWC Catastrophic Nurse Advocates (CNA).....	3-39
4. Requirements	3-40
5. Catastrophic Case Management Plan (CCMP).....	3-43
6. Emergency Response System.....	3-46
7. Residential Care/Assisted Living.....	3-47
H. Exposure or Contact with Blood/Infectious Materials.....	3-48
1. Exposure without an injury	3-50
2. Exposure with an injury	3-50
3. Employee contracts a disease after exposure	3-51
4. Exposure to Blood and Other Body Fluids Under SB 223	3-51
I. Bioterrorism Exposure	3-57
J. Home/Vehicle Modifications.....	3-58
K. Home Infusion.....	3-60
L. Home Health Agency Services	3-61
M. Interpreter Services	3-62
N. Smoking Cessation Programs	3-67
O. Nursing Home Negotiated Rate Guidelines.....	3-69
1. Per Diem Rate	3-69
2. Basic Nursing Home Per Diem Billing Codes.....	3-69
3. Negotiated Nursing Home Per Diem Billing Code.....	3-69
4. Negotiated Rates	3-69
5. Legend Drugs	3-70
P. Hospice	3-70
Q. Synvisc/Hyalgan	3-71
R. Weight Control Drugs.....	3-71
S. Chronic Pain.....	3-71
1. ICD-9 Codes for Pain.....	3-74
T. Wheelchairs.....	3-83
U. Wage Loss Compensation.....	3-85
V. TENS and NMES.....	3-86
W. Utilization Prescription Medication for Intractable Pain	3-90
X. New Medical Technologies and Procedures Policy	3-94
Y. Vertebral Axial Decompression.....	3-95
Z. Interferential Therapy	3-97
AA. Durable Medical Equipment	3-98
BB. In-home Physician Visits and Physician Mobile Office Visits.....	3-98



MCO POLICY REFERENCE GUIDE

CC .Office Based Surgery.....3-99

**CHAPTER 4 (Table of contents for this chapter is within the chapter document.)*

Medical Dispute ResolutionChapter 5

Goals of ADR5-1

Appeals Process5-2

Appeal to C-9 Decision..... 5-2

Appeal Dismissal Criteria 5-2

Appeal Withdrawal Criteria..... 5-3

Appeal Withdrawal Criteria..... 5-3

Timeline for appeal to C-9 decision.....5-3

ADR Mini-Packet Submission Requirements:.....5-9

Specialized Circumstances for Dispute Processing5-10

Paragraph (G1), (G2), (H2) _.....5-10

ADR Exams5-12

Zamora5- 21

Miller Decision5- 21

Reno Decision5- 21

MCO Medical Director’s Role in ADR5- 23

Provider RelationsChapter 6

A. Provider Eligibility.....6-2

1. Provider Categories.....6-2

2. Additional Criteria6-2

B. Enrollment & Certification Requirements6-3

C. Re-certification6-3

D. National Provider Identifier (NPI)6-4

E. MCO Responsibility6-5

1. Enrollment and Credentialing6-5

a. Out-of –State Providers6-7

b. Enrollments requiring approved Rehab Plans/authorized remain at work svcs6-8

c. Provider education and assistance.....6-8

2. Non-Compliant Providers6-8

Pharmacy Benefit Management ProgramChapter 7 (Outpatient Medication)



MCO POLICY REFERENCE GUIDE

PBM Responsibilities	7-1
Compounded Medications	7-1
Eligible Providers.....	7-1
Injectable Medication.....	7-2
Covered Services	7-2
Non-Covered Services	7-2
Contacts.....	7-3

Coding and Reimbursement Standards.....Chapter 8

A. Payment Overview	8-1
1. Payment for Allowed Condition(s).....	8-1
2. Bill Processing Options	8-2
a. Rejecting bills	8-3
b. Pending bills.....	8-3
c. Transmitting Bills	8-3
d. Reviewing Medical Bills.....	8-5
1) Inpatient Hospital Bill Reviews	8-5
2) Retrospective Review Procedures	8-6
e. Resubmitting Rejected or denied bills due to MCO error.....	8-12
3. Transitions.....	8-13
4. Electronic Billing.....	8-13
a. Hospital Late Charges.....	8-13
5. Status of Provider Bills	8-13
a. Remittance Advice	8-14
6. Provider Education.....	8-14
a. Out-of-State Providers	8-14
b. Out-of-Country Providers	8-15
7. Requests to Medical Policy for Payments Above Fee Schedule.....	8-15
8. Adjustments	8-18
9. Claims/ICD-9-CM Status.....	8-21
10. Bills Submitted on Treatments Requests Currently in ADR	8-31
a. Arth Brass	8-31
11. 1099 Reporting.....	8-33
12. Sales Tax Exempt	8-33
13. Misrepresenting Services	8-33
14. Provider Number.....	8-33
15. Penalty Payment.....	8-33
16. Subrogation.....	8-33
17. BWC Recovery Adjustment.....	8-34
B. Recovery of Payment Errors.....	8-38
Overpayment Recovery Policy	8-38



MCO POLICY REFERENCE GUIDE

C. Payment Rules.....	8-38
1. Amount Reimbursed.....	8-48
2. Co-payment or Deductible.....	8-48
3. Balance Billing.....	8-48
Injured Worker Reimbursement.....	8-49
a. Health Care Services.....	8-49
b. Claimant Travel.....	8-49
6. Usual, Customary and Reasonable Fee or Charge.....	8-52
8. Provider Payment.....	8-52
9. Modifying Fee Bills.....	8-52
10. Medicare Requests for Reimbursement.....	8-52
11. Provider Reimbursement in Multiple Claims.....	8-52
12. Eye Examination and Eyeglasses Replacement.....	8-55
13. Unsupervised Physical Reconditioning Programs.....	8-56
D. Provider Reimbursement Rates.....	8-56
1. Provider Reimbursement Schedule.....	8-56
a. Hospital.....	8-58
b. Pharmacy.....	8-58
c. Practitioner.....	8-58
d. Medical Goods/Services.....	8-58
e. Guidelines for using BWC's Provider Fee Schedule.....	8-58
f. By Report, Discretionary, Negotiated Reimbursement Rates.....	8-59
g. Ambulatory Surgical Centers.....	8-59
E. MCO Invoicing Instructions.....	8-65
F. Medical Coding Guidelines.....	8-65
1. Coding Overview.....	8-66
2. Diagnosis Codes.....	8-66
3. ICD-9-CM System Currency.....	8-66
4. Billing Requirements.....	8-66
a. Utilization of EOB 776.....	8-76
5. ICD-9-CM Groups.....	8-71
6. General Requirements.....	8-72
a. Invalid ICD-9-CM Codes.....	8-72
b. Justification for Identifying Invalid ICD-9-CM Codes.....	8-72
G. Clinical Editing.....	8-72
H. Medical Procedure Codes.....	8-76
Billing Codes.....	8-76
2. Hospital Codes.....	8-76
a. Revenue Codes.....	8-76
b. ICD-9-CM Procedure Codes.....	8-77
3. HCPCS Codes.....	8-77
a. HCPCS Level 1.....	8-77



MCO POLICY REFERENCE GUIDE

b. Modifiers.....	8-77
c. HCPCS Level 2.....	8-78
HCPCS Level 3.....	8-78
I. Billing with Modifiers	8-78
1. Valid Modifiers.....	8-79
2. Level II Modifiers	8-81
J. Special Coding Considerations	8-82
1. Anesthesia.....	8-82
2. Modifiers.....	8-82
3. Calculating Anesthesia Reimbursement	8-83
4. Anesthesia CPT Codes.....	8-85
K. Bilateral Procedures (Modifier -50).....	8-85
L. Global Surgical Timeframe.....	8-86
M. CMS Place of Service Codes	8-88