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MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



Session 4701 Maneuvering Recovery and Return-to-Work Roadblocks

What causes roadblocks?

Available resources to help overcome roadblocks

- BWC's website is the primary resource www.bwc.ohio.gov
- Monthly Provider e-News (email providerlistserve@bwc.state.oh.us to subscribe)
- Provider Contact Center:
 - 1-800-477-2292
 - Email inquiries: feedback.medical@bwc.state.oh.us
- Managed Care Organization (MCO) Directory
<https://www.bwc.ohio.gov/downloads/blankpdf/MCOdirec.pdf>
- Self-insured email inquiries: siing@bwc.state.oh.us

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BWC Toolbox

- Tool #1 “The Work Crew” - Everyone has a role – Communication is key!
- Tool #2 “The Blueprint” – FROI
- Tool #3 “Work Order” C-9
 - Treatment or Services Reimbursement
 - Additional Allowance
- Tool #4 “The Tape Measure” – MEDCO-14



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Tool #1 “The Work Crew” - Everyone has a role – Communication is key!

Document some tasks of each crew member:

- Injured Worker:

- Employer:

- Medical Provider:

- MCO:

- BWC:

Work Crew Roadblocks

Work Crew Resolution



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Provider's Opinion – [Causality /Causal Relationship](#)

Causal relationship is the physician's opinion that the injury sustained, and the mechanism of injury are compatible as reported. This is needed on the FROI, or when a new condition is being recommended.

This opinion of causality is essential to directly link the alleged medical diagnosis to the work-related injury. Without this opinion from the physician, it is difficult for our claims service specialists to process the FROI or an additional allowance(s).

Additional notes on causality (causal relationship)

Causality: Did the slip and fall cause the lumbar sprain and fractured left wrist?



FROI roadblocks and resolution

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Tool #3 “Work Order” C-9

[Request for Medical Service Reimbursement or Recommendation for Additional Conditions](#)

Tools for Success: C-9

[Standard Prior Authorization Table](#)

Check standard prior authorization before you treat.

[Presumptive Authorization](#)

- What is presumptive authorization?
- When can a provider use presumptive authorization?
- What services are covered by presumptive authorization?
 - A maximum of 12 physical medicine visits that may include osteopathic manipulative treatment, chiropractic manipulative treatment, and physical medicine and rehabilitation services.
 - Diagnostic studies, including X-rays, CAT scans, MRI scans, and EMG/NCV.
 - Fracture care recasting/splinting procedures – as medically necessary.
 - Up to three soft tissue or joint injections involving joints of the extremities and up to three trigger point injections.
 - Consultation services.
- What must a provider do before treating under presumptive authorization?
 - The FROI is filed with the MCO.
 - The C-9 is filed with the MCO.
 - The MCO is notified within 24 hours of treatment if the injured worker will be off work for more than two calendar days.

MCO C-9 Processing:

- Three days to approve, deny, or pend.
- Pend the service request when more information is needed (C-9A).
- C-9A must have response within 10 days.

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Tools for Success: C-9

Provider key reminders

- Always provide supporting documentation.
- Fully complete section II requested services.
- Appeal can be filed if provider disagrees with the MCO's C-9 decision.

C-9 treatment request roadblocks and resolution



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Tool #3 “Work Order” C-9 – Additional Condition(s)

Request for Medical Service Reimbursement or Recommendation for Additional Conditions

| | |
|----------------------------|--|
| III. Additional conditions | <p>If you are recommending additional conditions to the claim, supporting documentation is required. You may not use the C9 to request additional conditions for claims of self-insuring employers.</p> |
| | <p>6 Provide diagnosis (narrative description only), and location and site for conditions you are requesting.</p> <p>7 In your opinion, based on the history from the injured worker, your clinical evaluation and expertise, is the diagnosis or condition causally related, either directly or proximately, to the alleged industrial accident or exposure? <input type="checkbox"/> Yes, please attach explanation. <input type="checkbox"/> No, please attach explanation.</p> |

What is needed?

- Narrative diagnosis.
- Supporting documentation – Referrals, therapy notes, medications, diagnostic testing, expected outcomes of medical interventions, results of treatment and office notes that contain subjective and objective findings and pre-existing conditions.
- Causality statement (causal relationship).

Why is this information needed?

- Supporting documentation assists with the review process.
- Information is used to establish a relationship between the diagnosis (injury or occupational disease) and the industrial accident or exposure.
- Injured worker must agree – important for provider to let the injured worker know that BWC will be contacting them and their employer.

C-9 additional condition roadblocks and resolution

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Tool #4– “The Tape Measure”

Assessing the measurements of an injury or illness including documentation.

- ✓ BWC’s approach to return to work (RTW).
- ✓ Complete for each office evaluation.
- ✓ Think ABILITY not DISABILITY.
- ✓ Restrictions apply to everyday life, not just work.

The “Tape Measure” MEDCO-14

Roadblock and resolution

- ✓ Complex instructions – Reduced from 1 ½ pages of instructions to five main points.



DRAFT

Physician’s Report of Work Ability (MEDCO-14)

Instructions

- Use this form to provide detailed information about the injured worker’s ability to work. Add comments to section 4 or attach additional information as necessary. BWC will use the information to support a request for temporary total compensation.
- The treating physician must submit this form each time they see the injured worker unless they:
 - Have been awarded permanent and total disability.
 - Have returned to work without restrictions within seven days of the injury.
 - Are being treated after the treating physician has released them to their former position of employment (i.e., full duty job) held on the date of injury without restrictions.
- While you may use an equivalent physician-generated document (e.g., office notes, treatment plan) to the MEDCO-14, it must contain, at a minimum, the required data elements. If you previously submitted equivalent data, indicate the date of the report on the form (e.g., 5/15/2021, office note).

Note: Physician assistants and nurse practitioners may complete this form; however, they may only certify temporary disability for the first six weeks after the date of injury. Subsequent periods of temporary disability require a co-signature by the treating physician.
- Fax form to the managed care organization if the employer is state-funded or to the employer if self-insured.
- **Important:** Failure to provide complete information may delay compensation payments to the injured worker.

| | | | |
|---|---|---|----------------|
| Injured worker name | | Claim number | Date of injury |
| Date of <i>last</i> appointment/examination | Date of <i>this</i> appointment/examination | Date of <i>next</i> appointment/examination | |
| MEDCO-14 submission | | | |
| 1 | <input type="checkbox"/> Initial MEDCO-14. Proceed to Section 2. <input type="checkbox"/> Subsequent MEDCO-14, no changes Proceed to Section 6. <input type="checkbox"/> Subsequent MEDCO-14, with changes. Check the appropriate box “Reporting changes from the last evaluation” or “No changes” in each of the sections. | | |

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The “Tape Measure” MEDCO-14

Roadblock and resolution

- ✓ Misunderstanding of ‘dates’ coupled with the form wording led to inconsistent responses – clearer verbiage related job description and work status (new section 2 on draft MEDCO-14)
- ✓ Not documenting exactly what condition is causing current level of disability or restriction – clearer verbiage related to disability information section (new section 3 on draft MEDCO-14)

Notes on sections 2 & 3

| | | | | |
|--|--|---|----------|---|
| | Job description and work status | <input type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes | | |
| 2 | <ul style="list-style-type: none"> • Have you reviewed the injured worker’s job description? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, who provided the job description <input type="checkbox"/> Injured worker <input type="checkbox"/> Employer <input type="checkbox"/> MCO/BWC • Does the injured worker have any physical or health restrictions related to the allowed conditions in the claim on the date of this exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary ◦ If no, please check the box to indicate the injured worker is released to return to full duty as of the date of this exam. <input type="checkbox"/> <p style="margin-left: 20px;">Proceed to Section 6.</p> • If there are restrictions, can the injured worker return to their full duty job held on the date of injury as of the date of this exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ◦ If yes, Proceed to Section 6. ◦ If no, provide date restrictions began ___/___/___ and estimated full duty return to work date ___/___/___. <p style="margin-left: 20px;">Proceed to Section 3.</p> | | | |
| 3 | Disability information | <input type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes | | |
| Complete the chart below for all work-related allowed conditions being treated . | | | | |
| | Narrative description of the work-related allowed condition | Site/location if applicable | ICD code | Is the condition preventing full duty release to the-job injured worker held on the date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check other relevant co-morbidities and/or list condition(s) not allowed that impact treatment of the condition(s) listed above. <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Obesity <input type="checkbox"/> Other, please explain (e.g., conditions not allowed) | | | | |

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Physician extenders

Who is a physician extender and what are three physician extender important facts?

| Treating physician's signature – mandatory (See instructions "Note:" for exceptions) | | | |
|--|--|------|---|
| I certify the information on this form is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may be punished, under appropriate criminal provisions, by a fine or imprisonment or both. | | | |
| 6 | Treating physician's name (Print legibly.) | | Address, city, state, nine-digit ZIP code |
| | Treating physician's signature | | |
| | BWC provider (PEACH) number | Date | Telephone number Fax number |

Securing it all together

Medical record documentation

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Case Study 1

Buster, a 40-year-old male deli worker, slipped and fell in the cooler where water had leaked. He had immediate right shoulder pain from the fall. It was a very busy day in the deli, so Buster didn't immediately report the incident. Buster was scheduled off for the next two days and told his supervisor about it when he returned. Buster reported he still had shoulder pain and some numbness. Once reported, his supervisor completed an incident report and sent him to the urgent care for evaluation without the company's MCO information. He was diagnosed with pain in the right shoulder after the exam. X-rays were negative. Buster was given a 5 lb. lifting restriction and told to follow-up with an orthopedic specialist. He was given a completed MEDCO-14 to document the restrictions. He was told to take over-the-counter ibuprofen for pain. No orthopedic appointment was made by the urgent care.

Roadblocks

- ✓ Didn't immediately report the incident.
- ✓ Went for treatment without the company's MCO information.
- ✓ Diagnosed with right shoulder pain.
- ✓ No orthopedic appointment was made by the urgent care.

Roadblock resolutions and notes

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Case Study 2

Jane, a 49-year-old female, was cleaning the floor in the supervisor’s office when she tripped over a file and twisted her right foot. Pain took her to the floor, and she could barely walk. She went to the busy emergency room (ER) where an X-ray was inconclusive for fracture and the ER physician diagnosed her with right ankle sprain. The ER wrapped her foot, told her to take over-the-counter medication for pain, and took her off work until she followed up at the hospital’s occupational health clinic. The FROI was filed with right ankle sprain as the diagnosis.

Three days later, Jane had an appointment at the occupational health clinic where right foot X-rays were repeated, and additional views confirmed a bimalleolar ankle fracture. Referral to an orthopedic surgeon was made. The orthopedic surgeon submitted a C-9 for surgery and an additional allowance of a bimalleolar ankle fracture.

After a one-week delay, surgery had not been scheduled. When she asked why she hadn’t been called to schedule surgery, the provider’s office realized they had not responded to the MCO’s C-9A request – the MCO did not have the X-ray. Unfortunately, the C-9 for surgery was dismissed due to lack of response to a C-9A request.

Roadblocks

- ✓ Busy ER vs. urgent care or occupational medicine clinic.
- ✓ Inconclusive X-ray results.
- ✓ Medical not sent with C-9 for additional condition and surgery so request dismissed.
- ✓ Follow-up phone calls not made to check on status of additional allowance and surgery.

Roadblock resolutions and notes

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Case Study 3

Several weeks ago, Annette had a twisting injury of her knee resulting in pain and swelling while working as a landscaper. This was her first work injury. Initial diagnosis was a knee sprain.

POR ordered physical therapy and it appeared to aggravate the knee causing increased swelling and more pain. The POR subsequently requested an MRI that was approved. The MRI showed a bucket handle tear of the medial meniscus and arthritis.

The POR recommended additional conditions and orthopedic referral for surgery. The POR submitted a C-9 with right knee bucket handle tear of meniscus and arthritis. BWC physician review agreed with bucket handle tear of the meniscus but recommended denial of the arthritis due to the fact it appeared to be pre-existing. No objective evidence was submitted that the condition was worsened by the injury. The surgeon's office would not schedule the surgery without an approval.

Injured worker appealed the decision, the POR supplied objective documentation that the pre-existing condition was worsened considerably by the injury, and ultimately, the denial was overturned by the Ohio Industrial Commission.

Roadblocks

- ✓ Twisting knee injury.
- ✓ First work injury.
- ✓ Substantial aggravation pre-existing condition.
- ✓ Lack of medical documentation.
- ✓ Delay due to appeal and IC hearing.

Roadblock resolutions and notes

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Case Study 4: Enhanced Care Program

Joe, a 59-year-old police officer tripped and fell while chasing a suspect. Joe's right knee continued to bother him two days post injury. He was treated at the occupational health clinic for his injury, FROI was submitted with right knee strain, and the claim was allowed.

The ECP physician knew Joe qualified for the ECP because he was a knee-only injury and worked for a State Fund employer. A comprehensive treatment plan (ECP-Tx) requested an MRI, physical therapy 3x's a week for 4 weeks, and a knee brace. Joe was given non-weight bearing restrictions for 2 weeks on a MEDCO-14. The MRI was positive for a right knee medial meniscus bucket handle tear and significant right knee aggravation of pre-existing chondromalacia.

ECP-Tx requested the additional conditions along with surgery. Due to being an ECP claim, the MCO approved the surgery without a disclaimer even though the additional conditions were still pending. Surgery was a success and Joe returned to restricted work 2 weeks post-op and then full duty 6 weeks post-op. The additional conditions were allowed 1 week prior to the full-duty release.

Roadblock resolutions and notes

- ✓ Comprehensive treatment plan (ECP-Tx).
- ✓ Additional conditions requested (ECP-Tx).
- ✓ MEDCO-14 (restrictions and full-duty work).
- ✓ Physician rendered treatment while additional allowances were being reviewed.
- ✓ Detailed documentation and evidence to support aggravation of pre-existing condition.

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Contact Us!

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How do I subscribe to Provider eNews?

- Send name and email to: providerlistserve@bwc.state.oh.us

Where do I find BWC forms specific to providers? (BWC website: www.bwc.ohio.gov)

- For Providers: (For Workers, For Employers, For Providers, About BWC, News & Events)
- Provider Forms (Left, under For Providers, five down is Provider Forms)
- Most common forms are listed in the orange boxes beginning in the middle of the page. All forms can be accessed using the link at the top or click [here](#).

How to access My Provider Info portal? (BWC website: www.bwc.ohio.gov)

- Click 'ACCOUNT' in upper right corner
- [My provider info service offering | Bureau of Workers' Compensation \(ohio.gov\)](#)
- [MedicalProviderEaccountAccess.pdf \(ohio.gov\)](#)

How do I locate MCO information? (BWC website: www.bwc.ohio.gov)

- For Providers then Understanding Medical Management
- View More Resources
- MCO Directory is on page 4. (<https://info.bwc.ohio.gov/wps/portal/gov/bwc/for-providers/understanding-medical-management/MCO-directory>)

How do I locate BWC fact sheets? (BWC website: www.bwc.ohio.gov)

Fact sheets are located in [provider publications](#)

- [BWC certification, recert and provider record maintenance](#)
- [Claim reactivation](#)
- [Forms and health information requested under HIPAA](#)
- [How to request additional condition](#)
- [Maximum medical improvement](#)
- [Remain at work](#)
- [What to do when you're injured at work](#)
- [See it, report it, stop it! workers' compensation fraud](#)