



# Navigating Occupational Health Concepts During Reimbursement

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## Session Objectives:

- 1. Articulate why prior authorization is important in occupational medicine reimbursement.
- 2. Recognize the important data elements captured during the treatment-approval process and the impact on reimbursement.
- 3. Identify common billing mistakes that lead to a reimbursement denial.
- 4. Identify the tools and materials used in occupational medicine reimbursement.

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#### **Tools and Resources** X Treatment Proper Service Authorization Payment Decision Alignment $\bullet$ (W) •••

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## Service Alignment: Key Players



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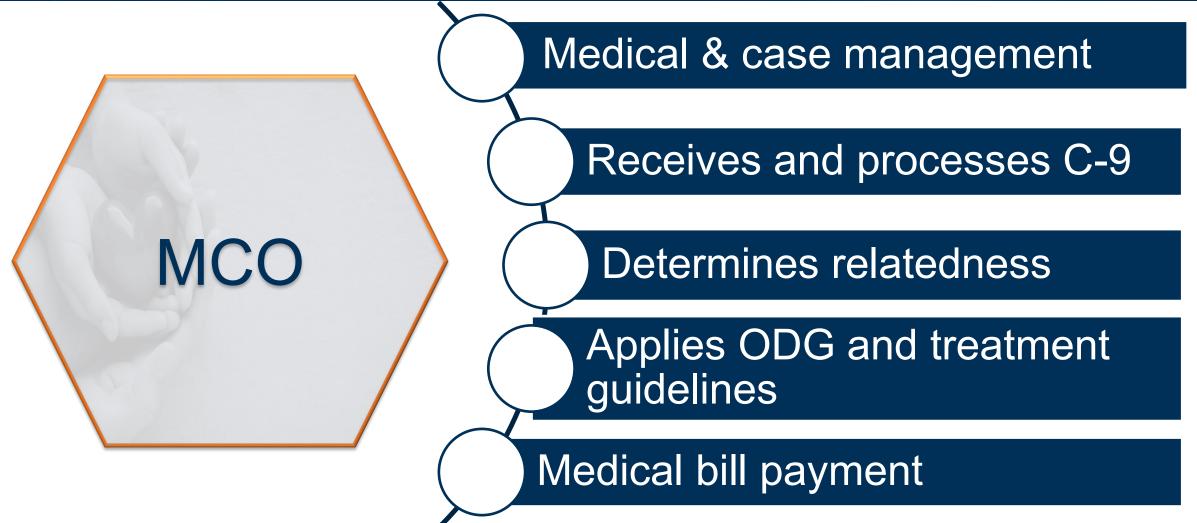
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medical and case

management for

timely return to

Coordinate

work

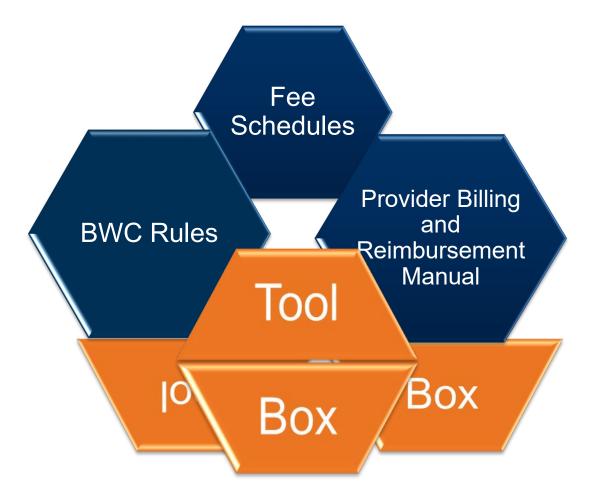
## **Prior Authorization: What is it? Why important?**

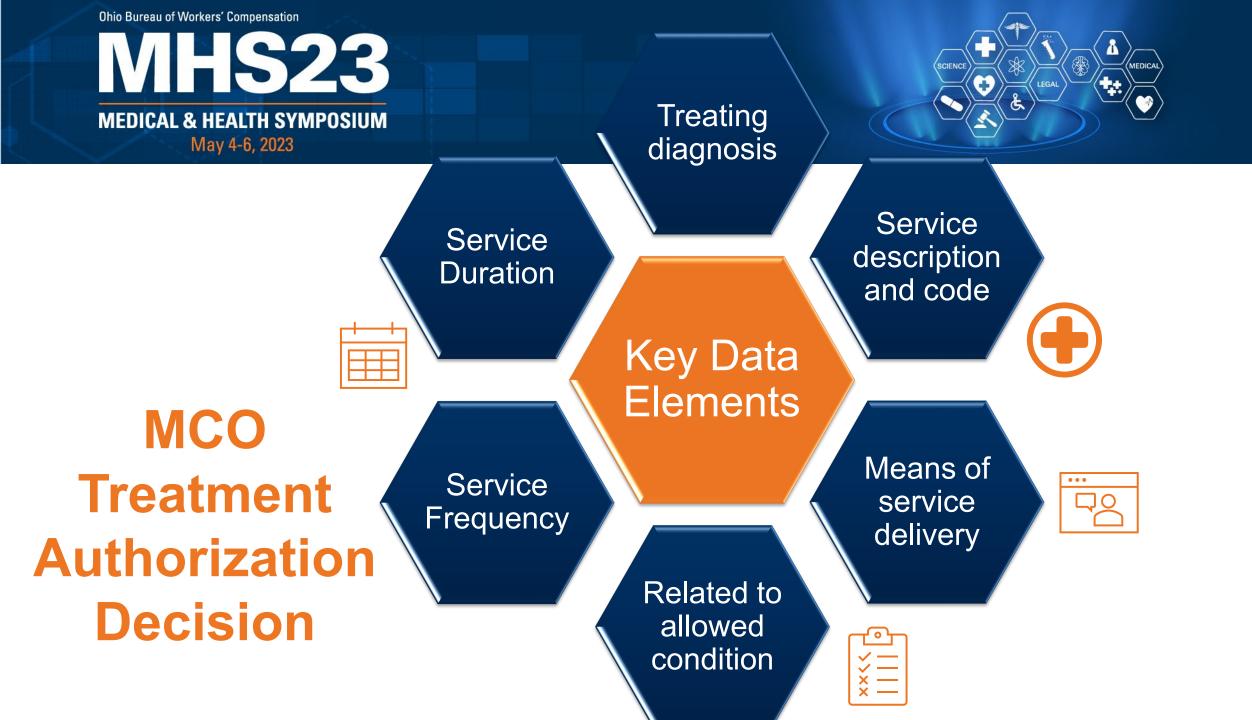
 Demonstrate relatedness  Identify need for additional allowances





# Tools and Resources









## **Common issues with requesting treatment**

- Missing key data elements
  - Service begin and end dates
  - Use of specific CPT codes without service description
  - Missing diagnosis, treatment frequency or duration





## **Common issues with requesting treatment**

- Incomplete or conflicting information
  - Use of unlisted codes when more specific codes exist
  - Not demonstrating relationship to allowed condition
  - Not demonstrating reasonability when comparable services may exist to treat the allowed condition
    - Using name brands

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#### **Type of Request for Treatment or Services**



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## Presumptive Authorization

- Soft tissue or musculoskeletal injuries
- Used in first 60 days
- Criteria
  - FROI filed prior to initiating treatment
  - C-9 submitted prior to initiating treatment
  - Within 24 of treatment, MCO notified if injured worker off more than 2 days

#### MCO standardized prior authorization table

Service	Prior Authorization Required	No Prior Authorization Required
Physical medicine services, including chiropractic/osteopathic manipulative treatment and acupuncture	Yes	
Psychological services	Yes	
Dental	Yes	
Evaluation and management services	Yes for psychological consults or chronic pain program consults	All other evaluation and management services
Diagnostic testing	Yes. For drug test, please refer to the " <u>Drug Testing</u> " policy.	Basic X-rays
Durable Medical Equipment (DME)	Yes, if purchase price is equal or greater than \$250 Yes, for DME rentals anticipated to or having the probability to exceed 80 percent of the purchase price of the DME	DME purchase price is less than \$250
	For DME, please refer to the " <u>Durable Medical Equipment</u> " policy.	
Home/Vehicle modifications	Yes. For home/vehicle	



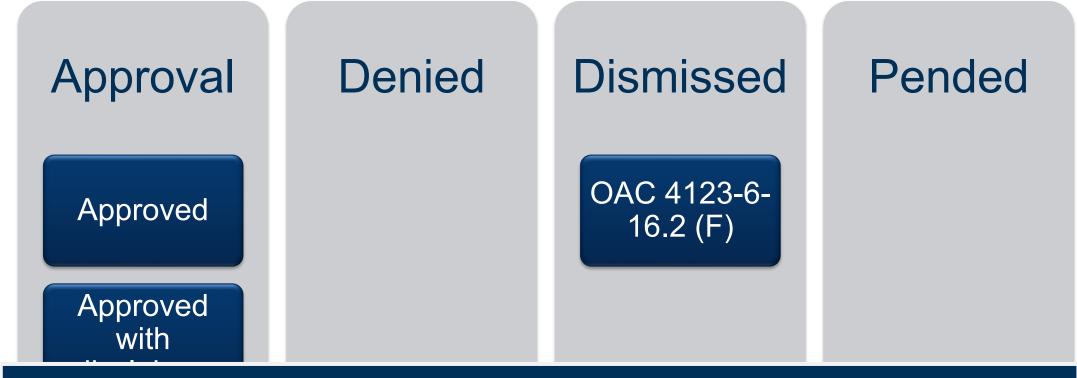


## Retrospective Request for Treatment Authorization

- Treatment request submitted after service has been rendered
- 25% reduction in reimbursement
- Exceptions (OAC 4123-6-16.3)
  - Emergency services
  - Treatment request was for pending claim allowance
  - Not aware claim was under workers' compensation

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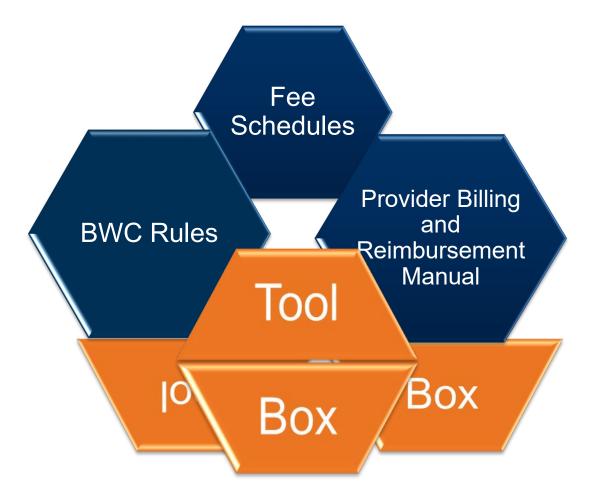


## Treatment Authorization Request Determinations



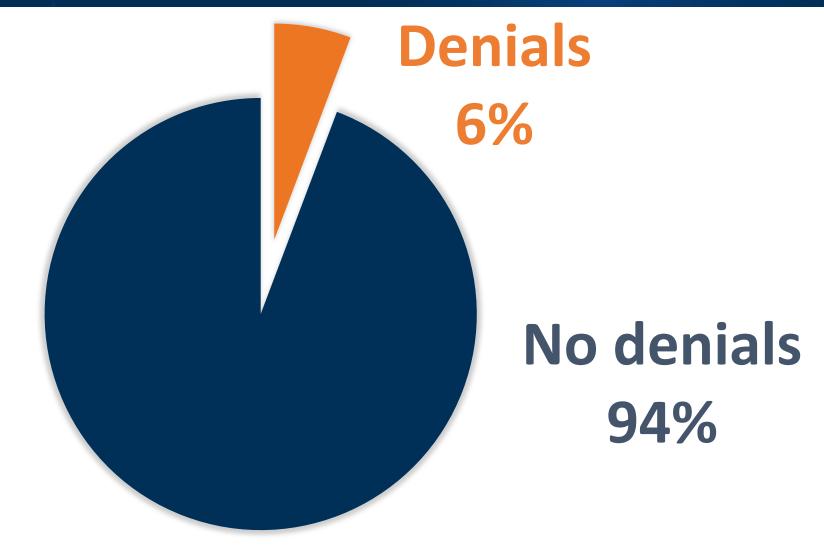


# Tools and Resources



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# # 1 reason for denial Diagnosis not allowed in the claim EOB 276











# 2 reason for denial Missing supportive medical documentation EOB 522

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# 3 reason for denial Bill timeliness – submitted past the filing limit. EOB 125

Offect 4123-3-23 (A and BRM-27 Bill and Adjustmen Submission Timeiness 1 year from original date of service to MCO receipt. date (initial-bill) Adjustment: One year and days from the initial adjudication date







#### EXACT DUPLICATE EOB 099



#### BUNDLED – Not separately payable EOB 490

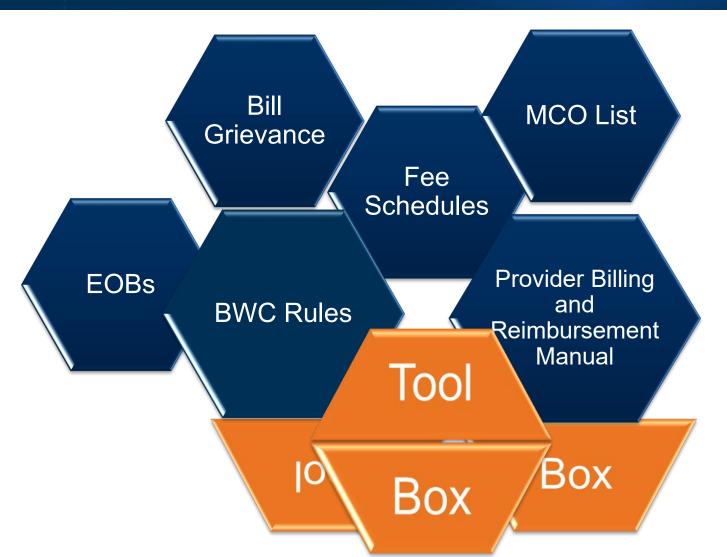


**Tools and** 

Resources

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### Important Policy Updates:

- Policy alert 2022-01 Audio Only Services
- Payment for select physical or occupational therapy services performed using synchronous telemedicine BRM-32
- Payment for Spinal Cord Stimulator OAC 4123-6-35
- Arthroplasty Certification for Ambulatory Surgery Centers BRM-33





## **Questions?**







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