

From: Ohio Bureau of Workers' Compensation
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Subject: Provider eNews - July edition

BWC Provider eNews



July 2, 2014

MCO open enrollment update

Every two years, BWC offers an open enrollment period for employers to change their managed care organizations (MCOs). Changes made during 2014 open enrollment became effective June 30. More than 14,100 employers changed their MCOs, which impacts approximately 27,000 active injured worker claims.

We are committed to ensuring a smooth transition for providers as well as employers and injured workers. To help facilitate the transition, affected injured workers will receive a:

- Letter;
- New BWC ID card identifying their new MCO;
- Fact sheet that answers many of their questions about the transition.

Physicians of record

Providers noted as a physician of record on any affected claim also will receive a copy of the letter along with a fact sheet. We recommend you ask your patients if their MCO changed to ensure you're sending treatment reimbursement requests and bills to the correct MCO.

Important points for providers

- **[Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease \(C-9\)](#):** The new MCO must honor, in its entirety, any authorizations approved by the previous MCO that extend past June 30 unless the injured worker, the worker's employer and you agree a treatment change will have positive outcomes.
- **Alternative dispute resolution (ADR):** The previous MCO will continue to manage any disputed treatment or service already in the ADR process prior to June 21, through completion of the ADR process. The previous MCO will forward new ADRs received on or after June 21 to the new MCO for processing. This will ensure the MCO that performs the ongoing medical-case management reviews new ADRs.
- **Medical bills:** Beginning June 30, send all bills to the new MCO.

- If the new MCO receives a bill with a last date of service before June 30, it will review and process the bill. The new MCO will discuss or review bill history with the previous MCO, if necessary.
- If the previous MCO receives a bill after June 30, with a last date of service before June 30, it will review and process the bill.
- If the previous MCO receives a bill with a last date of service on or after June 30, it will forward the bill to the new MCO for review.

For more information, contact our provider relations department toll-free at 1-800-644-6292, and follow the prompts.

2015 Ohio Safety Congress & Expo call for presentations by July 15

BWC invites you to demonstrate and educate how safety innovations and proven techniques result in a safer, healthier workforce. The 2015 Ohio Safety Congress & Expo (OSC15) will be March 31 to April 2 at the Greater Columbus Convention Center and feature more than 170 educational sessions.

You can submit a presentation that lasts one hour or six. We must receive your application to present by July 15.

For more information on what we're looking for in a presentation and to fill out an application, click [here](#).

2014 hospital outpatient reimbursement

BWC implemented the 2014 hospital outpatient reimbursement methodology on May 5. We base our methodology on Medicare's 2014 outpatient prospective payment system. This includes but is not limited to the following provisions.

Provisions

- **New health care common procedure coding system (HCPCS) code for hospital clinic visits** – A new level II HCPCS code, G0463, is described as Hospital outpatient clinic visit for assessment and management of a patient. The new code replaces CPT® evaluation and management (E/M) codes 99201-99205 (new patient) and 99211-99215 (established patient). This code will be reimbursed at a single level of payment for all clinic visits, whether the patient is new or established.
- **Increased packaging of items and services** – The Centers for Medicare & Medicaid Services (CMS) continues to increase the number of items and services that are packaged into the ambulatory payment classification (APC) payment. For example, reimbursements for services described by add-on codes are now packaged into payment for the primary service. Hospitals should continue to separately report all packaged services.
- **Exceptions to packaged laboratory services** – We are adopting the Medicare provision to separately reimburse for certain laboratory services under certain circumstances. Per the 2014 Medicare OPPS final rule, the limited exceptions to the packaging policy to obtain separate

payment are only in the following circumstances:

- 1. Non-patient (referred) specimen;
- 2. A hospital collects specimen and furnishes only the outpatient labs on a given date of service; or
A hospital conducts outpatient lab tests that are clinically **unrelated** to other hospital outpatient services furnished the same day. Unrelated means the laboratory test is ordered by a different practitioner than the practitioner who ordered the other hospital outpatient services, for a different diagnosis.

Reimbursable lab services

Medicare requires hospitals to submit separately reimbursable lab services on bill type 14X for service dates between Jan. 1 and June 30, 2014. Beginning July 1, 2014, hospitals are required to submit separately reimbursable lab services on bill type 13X with modifier L1. Since we do not accept bill type 14X, we've developed a temporary process:

- 1. **Dates of service before May 5, 2014, submitted on bill type 14X** – Because BWC did not adopt the 2014 outpatient rule until May 5, bill type 14X will be rejected to the provider and providers will be instructed to bill on bill type 13X.
- 2. **Dates of service from May 5 to June 30, 2014, submitted on bill type 14X** – MCOs will change the bill type from 14X to 13X and document the change in the claim notes. MCO's will also apply the new L1 modifier to the lab services on the bill.
- 3. **Dates of service on or after July 1, 2014** – Hospitals should be using the new modifier (L1) and reporting services on bill type 13X.

Percent adjustment factor

In addition to these Medicare changes, BWC adopted a new 1.0212 percent adjustment factor to all hospital outpatient payments. Details of BWC's 2014 hospital outpatient reimbursement rule are on our [website](#).

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