

**Injured Worker Name:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_ **MCO Name:** \_\_\_\_\_  
**Allowed Diagnosis(s):** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**PROVIDER TASKS AND TIMELINE CHART**

| <b>TASKS</b>  | <b>TIMELINES</b>   | <b>DATA ELEMENTS</b>   | <b>METHOD</b>  |
|---|--|--|--|
| <b>Reporting an Injury</b>  |  |  |  |
| Treating physician identifies the IW's MCO <sup>1</sup>   | Same day as initial treatment  | N/A  | Dolphin <sup>2</sup> , call employer/call 1-800-OHIOBWC.                             |
| Treating physician reports injury to the MCO or to BWC through Dolphin  | Within 24hrs from initial treatment or knowledge of work related injury  | IW name/address/phone # date of birth/ gender/ SSN & occupation. Designation of injury, occupational disease or death, and date of injury or death, <b>causal relationship statement, accident description, injury description.</b> Determine if 7 or less days (medical only) or 8 or more days (lost time) will be missed. Employer name/address/phone #. Initial treating physician & provider of record name and number. <b>Notice to MCO if the injured worker will be off work for more than two calendar days</b> | Phone, EDI, Fax (FROI or other comparable form), Dolphin <sup>2</sup>                |
| MCO reports injury to BWC   | <b>70% within 3 days</b><br><b>100% within 5 days</b>  | Data elements listed above, as well as, date reported to employer and date reported to MCO. (MCO is responsible for gathering missing data elements from this set.)  | EDI  |
| BWC assigns claim number <sup>3</sup>   | W/in 24hrs from date of notice or assigned at the time of filing on Dolphin  | N/A  | Version 3 (V3) Computer System   |
| BWC sends written notice of claim number to IW, employer, authorized reps, POR (if included on FROI), and MCO   | W/in 48 hours of claim number assignment plus four days mailing time   | Explanation of HPP, IW right to compensation, 1-800-OHIOBWC number, purpose of attached ID card, IW name, claim number, injury date, Customer Service Specialist name, phone/fax #, and service office, MCO name and phone number  | Letter, EDI  |
| Provider sends subsequent data to MCO.<br><br>MCO sends data to BWC   | <b>Provider:</b> W/in 5 days from notice of injury<br><b>Hospital:</b> W/in 2 days from initial treatment<br><b>MCO:</b> W/in 7 days from notice of injury | <b>Expected:</b> Date of initial treatment, date last worked/date returned to work, ICD-9 code(s) (5 days for hospitals)/ location/site<br><br><b>Other:</b> Initial Treatment Plan, as appropriate  | EDI, Phone, Fax, Mail (FROI or other comparable form), Face Sheet (Hospitals)        |
| Provider forwards hard-copy medical documentation to MCO for allowance of claim   | W/in 5 days from date of request by MCO  | Radiological interpretations, nuclear medicine, diagnostic interpretations, ER reports, operative/hospital admission/history/ physical reports, and initial treating report  | Fax (stored electronically in Medical Repository), EDI, Mail, Face sheet (Hospitals) |
| BWC makes claim determination   | W/in 28 days from claim number assignment  | N/A  | Version 3, BWC Order   |
| BWC notifies IW, employer, authorized reps, POR, and MCO of claim status  | W/in 24hrs from date of determination  | Claim status and claim number. The status change would include Allow/Appeal or Deny/Appeal.  | EDI, Mail  |
| BWC holds claim for appeal period. Appeal can only be filed by an IW, Employer, Authorized Reps, and BWC. (If the employer certifies the claim, BWC does not wait for the appeal period to issue payment to the IW and physician of record) | 14 days from initial determination   | N/A  | BWC Order  |
| BWC notifies MCO of change in claim status  | W/in 24hrs from notice of appeal or expiration of appeal period  | The status change would include Allow/Appeal to Allow; Deny/Appeal to Deny or the Hearing status   | EDI  |

| Treatment  |   |   |  |
|--|---|---|--|
| <p>POR/treating physician submits <b>Request for Medical Services (C-9)</b> with documentation (i.e. office notes that contains treatment plan) to the MCO.</p>  | <p><b>Initial:</b> Prior to any non-emergency treatment (includes 60-day presumptive authorization services).<br/><b>Subsequent:</b> Minimum every 30 days on active claims or as treatment plan changes.</p> | <p>IW name, Claim number, treatment request begin/end date, MCO contact name/phone #, treating/primary ICD-9 code(s), description of services rendered. Include referrals, therapy, medications, diagnostic testing, expected outcomes of medical interventions, results of treatment, office notes that contains treatment plan, etc.</p>    | <p>Fax, Mail,</p>  |
| <p>POR/treating physician forwards hard-copy medical documentation to MCO to support treatment/services requested if requested by a C9A or to keep MCO updated.</p>  | <p>W/in 5 days from date of receipt of C-9-A (Request for Additional Information) from MCO. Includes services that fall under 60-day presumptive authorization.</p>   | <p>Radiological interpretations, nuclear medicine, diagnostic interpretations, ER reports, operative/hospital/admission/history/physical reports, updated treatment report, evaluation and/or management reports, progress notes, EKG/nerve study results, second opinion and consultation reports, and statement of causal relationship.</p> | <p>Fax, or Mail to the MCO C-9-A available on Dolphin <sup>2</sup>.</p>  |
| <p><b>Additional Condition:</b><br/>1. POR notifies MCO or party to the claim notifies BWC<br/>2. BWC makes subsequent determination<br/>3. Appeal period<br/>4. BWC notifies MCO of status of additional condition (Not subject to ADR Process)</p> | <p>1. Anytime in allowed claim. MCO sends to BWC 24 hrs from notice<br/>2. Upon completion of investigation<br/>3. 14 days from determination<br/>4. 24 hrs from date of determination</p>                    | <p>1. Written notice requesting additional conditions in the claim with supporting documentation, including causal relationship and ICD-9 code(s)<br/>2. N/A<br/>3. N/A<br/>4. Current status of additional allowance</p>   | <p>1. Fax/Mail C-9, Phone <b>NOTE: Providers are not a party to the claim and may not file or advise and IW to file a C-86</b><br/>2. NA<br/>3. BWC Order<br/>4. EDI</p> |
| <p><b>Physician's Report of Work Ability</b> - POR/treating physician completes report when the IW is under work restrictions or is temporarily totally disabled</p>   | <p>A copy must be given to the IW, at the time of the exam and a copy faxed or mailed to the MCO or Self-Insuring Employer.</p>   | <p>IW's work/non-work capabilities, MMI indicator, ICD-9 codes for allowed conditions being treated which prevent return to work, work/non-work restrictions, return to work dates, vocational rehabilitation indicator.</p>  | <p>Fax, Mail<br/>Physician's Report of Work Ability (MEDCO-14) or other comparable form.</p>   |
| <p>IW forwards a written request for a change of physician to the MCO</p>  | <p>Anytime in an allowed claim</p>  | <p>IW name/address, claim number, date of injury, current provider name, address, phone #, provider #, requested provider name, address, phone # and provider #, reason for change, IW signature, phone # and date</p>  | <p>Phone, Fax, Mail (letter or BWC form C-23)</p>  |

<sup>1</sup> All MCO and BWC addresses and phone numbers can be found in Chapter 1 of the Provider Billing and Reimbursement Manual

<sup>2</sup> BWC website a [www.ohiobwc.com](http://www.ohiobwc.com)

<sup>3</sup> Claim number assignment does not mean claim allowance. The Claim number is a method of tracking the claim through the system

| TASKS   | TIMELINES   | DATA ELEMENTS  | METHOD  |
|---|---|--|---|
| <b>Billing</b>  |   |  |   |
| Provider submits bill to MCO with claim number  | Earliest: Upon notification of claim number.<br>Latest: 6 months from date of determination or 2 years from date of service | Specific to the form used to report billing (See Method column and refer to the BWC Billing and Reimbursement Manual Chap. 18), as well as claim number, date of injury and provider number. | Preferred method-<br>electronic transmission in the <b>ASC X12 837</b> format, ADA form, HCFA-1500, UB-92, BWC Service Invoice (C-19) |
| MCO submits bills to BWC on allowed claims  | W/in 7 days of allowance of the claim   | EDI format Inbound 837 with expected clinical editing EOB codes  | EDI   |
| BWC forwards payment to MCO on allowed claims   | W/in 7 days of receipt from MCO   | EDI format Outbound 835  | EFT   |
| MCO forwards payment to Provider on allowed claims  | W/in 7 days of receipt from BWC   | Remittance Advice with appropriate EOB codes   | Remittance Advice and Check   |
| MCO forwards explanation of denials on disallowed claims or unpayables                                | W/in 7 days of knowledge of unpayable status  | Claim number, date of injury, date of service, amount billed, provider name and number, and appropriate EOB codes  | Phone, Fax, Mail  |
| Provider forwards inquiry to MCO for non-receipt of payment   | W/in 45 days from date of submission and MCO will return response w/in 5 days   | Claim number, date of injury, date of service, amount billed, provider name and number   | Phone, Fax, Mail  |
| Provider forwards inquiry to BWC when inquiry for non-receipt of payment to MCO has not been answered | After the 5 days have concluded for an MCO response, as indicated above   | Claim number, date of injury, date of service, amount billed, provider name and number, date of inquiry to MCO   | Phone (1-800-OHIOBWC)<br>Fax, Mail  |
| <b>Alternative Dispute Resolution</b>   |   |  |   |
| Provider files appeal of initial MCO medical treatment decision                                       | Within 14 calendar days of receipt of written notice of an initial MCO determination  | Specific to the requirements of the MCO, but should include: IW name, claim number, disputed issue, reason for dispute, signature of provider and date signed                                | Mail, Fax   |
| MCO notifies BWC upon receipt of dispute  | W/in 48 hrs of receipt of written notice from provider  | Name of person disputing, statement of dispute, date received  | Fax   |
| MCO determines the dispute  | W/in 21 days from receipt of first appeal written notice  | Dispute goes through one level of review for medical disputes filed on or after January 1, 1999. Review must include peer review. May include an I.M.E.                                      | Mail, Fax   |
| Provider files appeal of MCO's ADR decision   | W/in seven calendar days of receipt of the MCO ADR decision   | Disputed issue, MCO allowance/denial decision, supporting evidence, appeal and contact information, signed and dated.  | Fax, Mail   |
| MCO forwards appealed dispute to BWC's ADR Dept.  | W/in seven calendar days of receipt of request  | Disputed issues, MCO allowance/denial decision, supporting evidence. All medical, appeal and decision documents  | Overnite Express Mail   |
| BWC investigates appealed disputes and makes determination  | W/in 14 calendar days of receipt from MCO   | BWC is required to provide an independent review of all medical disputes received  | BWC Order   |
| BWC appeal period   | 14 calendar days from the date of BWC determination   | N/A  | BWC Order   |

**Hearing Process:** Once an appeal is filed with the Industrial Commission (IC), there are three possible levels of hearing. They include the District Hearing Officer (DHO), Staff Hearing Officer (SHO) and a discretionary Commission level hearing. A claim can go to hearing or be advanced to another level of hearing whenever a BWC/IC decision is published by Order and is appealed by the injured worker, employer, authorized representatives, and/or BWC, who are parties to the claim. The DHO has 38 days from the date of the appeal to hear the issue and 7 days to issue the order. The SHO has 45 days from the date of the appeal to hear the issue and 7 days to issue the order. The IC has 14 days from the date of the appeal to determine if a hearing will be held, 45 days to hear the issue if the appeal is accepted, and 7 days to issue the order. Compensation is payable to the injured worker after the DHO hearing and expiration of the appeal period. Medical benefits are payable after the SHO hearing and expiration of the appeal period.

