

**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	BWC website <sup>2</sup> , call employer/call 1-800-OHIOBWC.
Treating physician reports injury to the MCO or to BWC through the BWC website <sup>2</sup>	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, causal relationship statement, accident description, injury description. 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. Notice to MCO if the injured worker will be off work for more than two calendar days	Phone, EDI, Fax (FROI or other comparable form), BWC website <sup>2</sup>
MCO reports injury to BWC	70% within 3 days 100% within 5 days	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 BWC website <sup>2</sup>	N/A	BWC claims management 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.  MCO sends data to BWC	<b>Provider:</b> W/in 5 days from notice of injury <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 code(s)  <b>Other:</b> Initial Treatment Plan, as appropriate	EDI, Phone, Fax to MCO, Mail (FROI or other comparable form)
Provider forwards hard-copy medical documentation to MCO for allowance of claim	Within 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 workers claim), EDI, Mail,
BWC makes claim determination	Within 28 days from claim number assignment	N/A	BWC Order
BWC notifies IW, employer, authorized reps, POR, and MCO of claim status	Within 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

<b>Treatment</b>			
POR/ treating physician submits <b>Request for Medical Services</b> (C-9) with documentation (i.e. office notes that contains treatment plan) to the MCO.	<b>Initial:</b> Prior to any non-emergency treatment (includes 60-day presumptive authorization services). <b>Subsequent:</b> Usually every 30 days on active claims or as treatment plan changes.	IW name, Claim number, treatment request begin/end date, MCO contact name/phone #, treating/primary ICD 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.	Fax to MCO, Mail
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.	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.	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.	Fax to MCO, or Mail to the MCO C-9-A available on BWC website <sup>2</sup> .
<b>Additional Condition:</b> 1. POR notifies MCO or party to the claim notifies BWC 2. BWC makes subsequent determination 3. Appeal period 4. BWC notifies MCO of status of additional condition <i>(Not subject to ADR Process)</i>	1. Anytime in allowed claim. MCO sends to BWC 24 hrs from notice 2. Upon completion of investigation 3. 14 days from determination 4. 24 hrs from date of determination 5.	1. Written notice requesting additional conditions in the claim with supporting documentation, including causal relationship and ICD code(s) 2. N/A 3. N/A 4. Current status of additional allowance	1. Fax/Mail C-9 to MCO, Phone <b>NOTE:</b> Providers are not a party to the claim and may not file or advise an IW to file a C-86 2. BWC Order 3. BWC Order 4. EDI
<b>Physician's Report of Work Ability</b> - POR/treating physician completes report when the IW is under work restrictions and/or is temporarily totally disabled	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.	IW's work/non-work capabilities, MMI indicator, narrative of diagnosis and, ICD codes for allowed conditions being treated which prevent return to work, work/non-work restrictions, dates restricted duty applicable, vocational rehabilitation indicator.	Fax, Mail Physician's Report of Work Ability (MEDCO-14) or other equivalent form.
IW forwards a written request for a change of physician to the MCO	Anytime in an allowed claim	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	Phone, Fax, Mail (letter or BWC form C-23)

<sup>1</sup> All MCO and BWC addresses and phone numbers can be found on BWC's website at <https://www.bwc.ohio.gov/provider/brochureware/MCOupdate/default.asp> . Providers should fax all documents to medical documentation fax number, and BWC gets a copy at the same time. No additional faxing to BWC is necessary. Allow 48 hrs before refaxing documents for indexing purposes.

<sup>2</sup> BWC website is [www.bwc.ohio.gov](http://www.bwc.ohio.gov)

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

<b>TASKS</b>	<b>TIMELINES</b>	<b>DATA ELEMENTS</b>	<b>METHOD</b>
<b>Billing</b>			
Provider submits bill to MCO with claim number	Earliest: Upon notification of claim number. Latest: 6 months from date of determination or 1 year from date of service	Specific to the form used to report billing (See Method column and refer to the BWC Billing and Reimbursement Manual on our website), as well as claim number, date of injury and provider number.	Preferred method- electronic transmission in the <b>ASC X12 837</b> format, ADA form, CMS-1500, UB-04
MCO submits bills to BWC on allowed claims	Within 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	Within 7 days of receipt from MCO	EDI format Outbound 835	EFT
MCO forwards payment to Provider on allowed claims	Within 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	Within 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	Within statute of limitations timeframe from date of adjudication and MCO will return	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 10 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) Fax, Mail
<b>Alternative Dispute Resolution</b>			
Employee, employer or provider files (C-11) appeal of initial MCO medical treatment decision	Within 14 calendar days of receipt of written notice of an initial MCO determination	Written medical dispute must contain at a minimum the following elements: IW name, claim number, date of treatment reimbursement request in dispute, disputed issue, reason for dispute, signature of party making written appeal request or the party's authorized representative. and date signed.	Mail, Fax
MCO/BWC Level determines the dispute	W/in 21 days from receipt of the appeal written notice	The ADR process consists of one level of independent review which may be a peer or different perspective review or an ADR independent medical examination (IME).	Mail, Fax
MCO may pend a written medical dispute until a previous issue is resolved under the following circumstances+:	Once the bureau or industrial commission has made a decision, the MCO resumes the ADR process.	+MCO receives a dispute involving treatment that may be same or similar to a previous treatment for which the MCO conducted a review and the previous treatment is pending before the bureau or industrial commission. +MCO receives a dispute involving treatment related to the delivery of medical services for a condition not allowed in the claim, and the issue of the allowance is pending before the bureau or the industrial commission.	
In the event the MCO recommends the employee be scheduled for an IME	Timeframe is tolled for completing the ADR process, The ADR decision is submitted within 7 days after the receipt of the IME report.	Miller Criteria must be applied to all requests of medical services. Reports are sent to all parties. This includes original reports and addendums.	Mail, Fax
Specific guidelines for DEP physicians performing ADR IME	Examination appointment is available within 7 calendar days of the request. Fax the ADR IME report within 5 calendar days for the examination to the MCO.	Stand alone exam. The focus is on the allowed conditions in the claim and the treatment issue in dispute. Miller criteria must be addressed. Justification of opinions and conclusions by providing specific citations to treatment guidelines, literature or position statements.	Fax
Report fails to contain all requested information.	Physician has 2 calendar days from the date of the request to submit the addendum.	Occasionally a report addendum is requested from the reviewer or IME physician to clarify conflicting information or vague statements	Fax

BWC Order is issued	Within 2 business days after receipt of a recommended ADR decision from the MCO, the bureau shall publish a final order.	The order is mailed to all parties to the claim and may be appealed to the Industrial Commission.	Mail
BWC ADR Order appeal period to the Industrial Commission.	14 calendar days from the receipt of the order. For parties to the claim other than BWC, 4 days are added to the 14 days for mailing.	Parties to the claim disagreeing with the BWC Order may appeal the decision to the IC ( <a href="http://www.ic.ohio.gov">www.ic.ohio.gov</a> ) by completing an online IC12 form. In the event the IC receives an untimely filed appeal, to an MCO decision, the IC will issue an ex parte order returning the appeal to BWC. The BWC will return the motion to the MCO to continue the ADR process.	Online claim

**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 45 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 expiration 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.