

BWC's Provider Billing and Reimbursement Manual

Title	Description
Policy Name:	Additional Allowances
Policy Number:	BRM-2017-10
Code/Rule Reference:	OAC 4123-3-09, Substantial Aggravation of a Pre-Existing Condition (PDF)
Effective Date:	10/1/2017
Supersedes:	All medical policies, directives, and memos regarding the request for additional allowances that predate the effective date of this policy.
History:	Rev. 10/1/2017, Republished 4/1/2024
Review date:	10/1/2026

I. POLICY PURPOSE

Periodically, either the treatment of or nature of an injured worker's disability may require you to recommend additional conditions. For example, a claim may be allowed for a lumbar sprain/strain, but additional diagnosis and treatment reveals that a herniated disc is the underlying cause of the injured worker's disability. By law, this condition must be added to the claim to pay compensation to the injured worker and reimburse providers for their services.

The policy for requesting additional allowances establishes guidelines for processing physician recommendations for additional allowance(s). In addition, this policy improves coordination and communication between BWC, Managed Care Organizations (MCOs) and providers as a result of BWC's proactive allowance consideration. See the [How a Medical Provider Recommends an Additional Condition](#) fact sheet for additional information.

The purpose of this policy is to identify the process and documentation required to submit for additional claim allowances. This policy will highlight the type of allowances that could be considered, such as a substantial aggravation of a preexisting condition. However, when providers encounter a substantial aggravation of a preexisting condition, they should also review BWC's [Substantial Aggravation of a Pre-Existing Condition \(PDF\)](#) policy.

II. APPLICABILITY

This policy applies to all actions related to the recommendation of additional allowances by providers within the Ohio workers' compensation system.

III. DEFINITIONS

Not applicable.

IV. POLICY

A. Submitting Evidence to Support [C-9 \(PDF\)](#) injury).

1. When the C-9 is submitted with a recommendation for an additional condition, in addition to checking “yes” or “no” to the question of causality, the physician must attach medical evidence that supports the recommendation.
2. Supporting documentation for additional allowance: The medical documentation, mechanism of injury and time sequence must support the additional allowance.
3. Relevant information includes but is not limited to:
 - a. Clinical examination and diagnostic test findings;
 - b. Current treatment plan;
 - c. ICD code for the requested diagnosis with location (right, left, bilateral), level (L5-S1, C1-C3), and/or site (digits, teeth, or body part), when applicable.
 - d. A clear narrative description of the condition(s) you are recommending.
4. The **causality statement** explaining how the mechanism of injury resulted in the requested diagnosis (i.e., is the diagnosis causally related to the industrial injury). **The causality statement must** indicate whether the recommended condition is as follows:
 - a. A direct and proximate result of the industrial injury - A direct condition must be directly and proximately caused by the injury, and generally has appeared immediately or close in time after the injury. A direct condition would not be present prior to, or pre-exist, the injury.
 - b. Aggravation of a pre-existing condition (for claims with date of injury prior to August 25, 2006) - An aggravation of a pre-existing condition does not have to be of any particular magnitude in order to qualify as an aggravation. An aggravation of a pre-existing condition having some real adverse effect, even if that effect was relatively slight, would qualify as an aggravation. However, an aggravation of a pre-

- existing condition that was so negligible as to not be of any consequence would not qualify as an aggravation.
- i. Either objective or subjective evidence alone is sufficient for proof, but some real adverse effect must be shown.
 - ii. An aggravated condition must be present prior to, or pre-exist, the injury.
 - iii. The aggravation of the condition must be proximately caused by the injury.
- c. Substantial aggravation of a pre-Existing condition (for claims with date of injury on or after August 25, 2006) – A substantial aggravation of a pre-Existing condition must be considerable in amount, value or the like and firmly established and solidly based through presentation of objective diagnostic findings, objective clinical findings, or objective test results.
 - d. Subjective complaints must be accompanied by supporting objective diagnostic findings, objective clinical findings, or objective test results. A substantially aggravated condition must be present prior to, or pre-exist, the injury and the substantial aggravation of the condition must be proximately caused by the injury. For more information, Providers should consult the [Substantial Aggravation of a Pre-Existing Condition \(PDF\)](#) policy.
 - e. A flow-through from the previously allowed condition - A flow through condition must be indirectly caused by the previously allowed condition or the injury or treatments for them that has developed later and was not originally alleged in the initial injury.
 - i. It is not directly caused by the injury or treatments for them, and generally has developed later and was not originally alleged in the initial injury.
 - ii. It is not directly caused by the injury but must still be proximately caused by the injury.
 - iii. A flow through condition would not be present prior to, or pre-exist, the injury.
5. A psychiatric condition(s) must be requested on a [Motion \(C-86\) \(PDF\)](#) form submitted by the injured worker/authorized representative. BWC shall not consider allowance of a psychiatric condition(s) submitted on a [C-9 \(PDF\)](#).
 6. Once a final decision has been rendered on the requested/recommended condition(s), BWC shall notify the MCO of the final decision and the MCO shall notify the treating physician of the status of the request/recommendation.