Ohio | **Bureau of Workers' Compensation**

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Guide for Dental Providers

Contents

Introduction

This guide will help you and your staff navigate the workers' compensation system quickly and easily. It contains policies and procedures for reporting injuries, obtaining authorization for treatment and submitting your bills. It also lists five primary concepts you should understand to effectively manage a BWC claim. You can find details for each topic within this guide.

1. **First report of injury** — Identifying the injured worker's managed care organization (MCO), completing the *First Report of an Injury, Occupational Disease or Death* (FROI) and obtaining a BWC claim number

2. **Diagnostic codes** — Identifying the diagnosis associated with the injury and affected tooth or teeth

3. **Treatment plans and authorization** — Obtaining authorization for non-emergency services and requesting allowance of an additional diagnosis

4. **Procedure codes** — Identifying the services you render

5. **Billing** — Submitting properly formatted bills to the MCO

For personal assistance

Our provider relations staff is committed to assisting you. Please call us at **1-800-OHIOBWC** if you have questions or need information about the forms or contacts listed in this guide.

For online help and account access 24/7

You can find most of the information you need online at **ohiobwc.com**. Once you log on, you can set up an account using your BWC provider number. This will allow you to access general BWC information, view specific claims data and even download or submit forms online, free of charge. Please call our provider relations department if you need help setting up your account.

First report of injury

Reporting the injury

You are obligated to report work-related injuries to the appropriate MCO **within one business day of treatment if you are the first provider*** to treat an injured worker. Each state-fund employer has an MCO. Injured workers may not know which MCO to contact, but their employers should. You may contact the employer to get this information or call our provider relations staff at 1-800-OHIOBWC. However, you will need to tell us the name of the injured worker's employer for us to find this information. Address, telephone and fax numbers for all the MCOs are also available online at ohiobwc.com. Simply click on Medical Providers and then MCO directory (under the Services menu).

Ensuring accuracy

It's important to provide accurate information when completing the FROI, including the exact International Classification of Diseases (ICD-9) diagnosis codes for the injured worker's treatment. You must also give an opinion of the causal relationship between the diagnosis code(s) you report and the accident. Please see page 5 for more information on ICD-9 codes.

Submitting the FROI

You may submit the FROI electronically via ohiobwc.com. This will ensure timelier processing of the claim. However, you can also submit hard copies of the FROI to the MCO if you do not have Internet access. Please call our provider relations department to get hard copies of the FROI free of charge.

Getting a claim number

Once BWC receives information from the FROI, we immediately assign a claim number. This is the first step in the determination process to decide whether to allow a claim.

You may continue to render medical services during the determination process. However, you will only receive reimbursement if BWC allows the claim and its related medical conditions. If we disallow the claim, BWC will not pay bills for any treatment provided to the injured worker. The injured worker, or his or her health insurance company, would be responsible for such payments.

If you are not the first provider*

If a previous provider has already filed the FROI, you do not need to file another. You can obtain the claim number and MCO name by calling our provider relations department at 1-800-OHIOBWC.

Treatment plans and authorization

The C-9 form

The *Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease* or C-9 form is the standard way for you to communicate with MCOs. Use a C-9 to request authorization for services or to request that we allow an additional diagnosis in the claim. Send office notes that justify the requested treatment or additional diagnosis with each C-9 you submit.

Submit the C-9 to the MCO in hard-copy form. You can complete the form online, and then print and mail or fax it to the MCO. Log on to ohiobwc.com and click on Medical Providers, then forms, to obtain hard copies of the C-9. If you do not have Internet access, please call our provider relations department for copies of the form and/or needed MCO information.

Prior authorization needed

All dental services require prior authorization, except in emergencies. (In emergency cases, please contact the MCO immediately for further instructions.)

You may request authorization by completing the C-9 and submitting it to the injured worker's MCO. The MCO is contractually obligated to respond to your request within three business days.

Requesting additional allowance

You can use the C-9 form to request allowance of an additional diagnosis. BWC will notify the physician of record of all claims allowance updates. If you are not the physician of record, you may check the status of allowance updates by logging on to ohiobwc.com or calling our provider relations department.

Diagnostic codes

What is an ICD-9 code?

This three- to five-digit number represents a uniform, international classification system for coding diseases and injury diagnoses. It comes from the official version of the World Health Organization's *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM). BWC recognizes the current version of the ICD-9-CM.

What is causal relationship and why is it important?

Workers' compensation is not a whole-health insurance concept. Therefore, BWC is responsible for determining the specific conditions allowed in each claim. As a result, you must provide sufficient evidence to show that your diagnosis was a direct result of a specific workplace injury.

It's important to be as specific as possible when coding your diagnosis and describing the accident and injury. Again, workers' compensation looks at treating a specific injury to a specific body part. Therefore, we only allow treatment for the specific diagnosis with medical evidence showing a causal relationship in the claim.

What is the significance of location?

ICD-9-CM codes do not identify specific tooth numbers (1-32). However, you must provide the specific tooth number(s) when reporting an injury. This is because BWC is only responsible for the medical care of those teeth and/or body part(s) injured as a result of a workplace accident.

Always code your diagnosis to the highest degree of specificity by using the maximum number of digits possible (three to five).

How can I find out the ICD codes allowed in an existing claim?

There are three ways to find out the allowed conditions in an injured worker's existing claim.

o   Log on to ohiobwc.com. Then enter the injured worker's claim number or Social Security number and date of injury.

o   Call us at 1-800-OHIOBWC and select the appropriate automated option to enter the injured worker's claim number or Social Security number and date of injury.

o   Call our provider relations department at 1-800-OHIOBWC for personal assistance.

What are some common ICD-9 codes in dentistry?

524.60	TMJ disorders
524.69	Other specified temporomandibular joint (TMJ) disorder
525.11	Loss of teeth due to trauma
525.19	Other loss of teeth
525.63	Fractured dental restorative material without loss of material
525.64	Fractured dental restorative material with loss of material
525.8	Other specified disorder of the teeth and supporting structures
729.1	Myalgia and mysositis
802.2*	Mandible fracture, closed, *see codes 802.21 - 802.29 for specific sites
802.4	Fracture of the malar and maxillary bones, closed
830.0	Dislocation of jaw, closed
848.1	Other ill-defined sprains and strains of the jaw
873.43	Open wound of lip
873.44	Open wound of jaw
873.60	Open wound of mouth
873.63	Broken tooth without complication (chipped or cracked)
873.73	Broken tooth, complicated
920	Contusion of face, scalp and neck, including cheek, ear, gum, lip, mandibular joint, nose or throat

What should I do if I'm treating a condition not allowed in the claim, but which appears to be causally related to the claim?

Request the allowance of the additional condition by completing a C-9 form. Then submit it to the MCO with supporting medical documentation. BWC will review the information and issue a decision. See *Treatment plans and authorization* on page 4 of this guide for more information.

How can I get help finding an ICD code?

Call our provider relations department at 1-800-OHIOBWC if you need help finding an ICD code. Ask to speak with one of our ICD coding specialists.

Billing instructions

General guidelines

Please follow these general guidelines to ensure quick processing of your bills. We have also included line-by-line instructions to help you complete the various billing forms.

You may bill using a hard copy of the American Dental Association (ADA) form, our *Service Invoice* (C-19) or the Centers for Medicare & Medicaid Services (CMS) CMS-1500 form.

You can download the C-19 from ohiobwc.com or obtain free copies by calling 1-800-OHIOBWC.

You must enroll with BWC and get a provider number to perform workers' compensation services. This applies whether you are a single-practice provider or in a group. Please call 1-800-OHIOBWC if you do not know your individual or group BWC provider number, want to make changes or need to enroll.

Submit all bills to the injured worker's MCO. You can find MCO addresses and fax numbers in Chapter 1 of BWC's *Provider Billing and Reimbursement Manual* online at ohiobwc.com.

Please contact the appropriate MCO for follow-up questions about your bills. If you cannot resolve the situation to your satisfaction, contact our provider relations department for assistance.

Procedure codes

To report procedures and/or services provided to injured workers, providers are required to use the current *Healthcare Common Procedure Coding System* (HCPCS) codes as established by the Center for Medicare & Medicaid Services (CMS). HCPCS Level 2 codes are descriptive codes for reporting dental and other services.

BWC Fee Schedule

You can download a copy of the entire BWC Fee Schedule or individual billing codes on ohiobwc.com. From the ohiobwc.com home page, click on Medical Providers, then choose Fee schedule look-up under the Look-Ups heading on the left-hand side of the page. You must accept the terms of the online agreement to view, download and/or print a copy of the BWC Fee Schedule.

Instructions for completing the ADA form

Below are line-by-line instructions for completing the ADA billing form for payment of dental services. No entry is required in the fields without block numbers. For details, please see Chapter 4 of BWC's *Provider Billing and Reimbursement Manual* available online at ohiobwc.com.

Block number	Entry required
2	Pre-authorization number
3	MCO's name and address
12	Injured worker's name and address
15	Injured worker's BWC claim number
23	Account number your office assigns to this claim
24	Date service was performed
25	Place of service; code for each procedure performed
26	Units of service rendered for each detail line
27	Tooth number(s)
28	ICD-9-CM code that corresponds to the primary diagnosis
29	HCPCS code that describes service provided
30	Narrative; description of service
31	Your usual, customary and reasonable fee
33	Total fee charged for all services listed
45	Check "Occupational illness/injury" box for workers' compensation claims
48	Name and billing address of the provider to whom payment is to be made
49	11-digit BWC provider number of the individual dentist or dental group to whom payment will be made; BWC also accepts your national provider identifier (NPI) number, if we have it on record
53	Authorized signature and the date the invoice was signed
54	Treating dentist's 11-digit BWC provider number; BWC also accepts your NPI
56	Address where treatment was performed
57	Office telephone number including the area code

Instructions for completing the C-19

Below are line-by-line instructions for completing the C-19 for payment of dental services. No entry is required in the fields without block numbers.

Block number	Entry required
1	Check type of bill (dentists check 'K')
2	Injured worker's BWC claim number
4	Injured worker's original date of injury
5	Injured worker's full name
6	Injured worker's address
9	Injured worker's pre-authorization number, if given
10	Injured worker's account number up to 15 characters
11	11-digit BWC provider number for the treating dentist
12	Group providers only: Enter the name of the group
13	Check this block if payment is to be made to the injured worker
14	Group providers only: Enter the 11-digit BWC provider number for the group
15	Date of service
16	Place of service code: 11-office; 21-hospital; 22-hospital outpatient; 23-hospital emergency room; 24-ambulatory surgical center. Call our provider services department at 1-800-OHIOBWC if your place of service code is not one of the above.
17	Procedure code: Enter the HCPCS code or five-digit CPT (see the *Procedure codes* section for more information).
18	When applicable, enter the two-digit modifier code to more fully describe the services performed.
19	Diagnostic code: Enter the ICD-9-CM code that corresponds to the primary treatment diagnosis.
20	Description of service
21	Fee for the procedures performed. If you bill for more than one unit of service, make sure the charges reflect it.
22	Units of service for each line
23	Tooth number(s)
24	Enter an authorized signature
25	Date the bill was signed
26	Total charges for all services performed
28	Name, address and telephone number of provider to whom payment is to be made

Instructions for completing the CMS-1500

Below are line-by-line instructions for completing the CMS-1500 for payment of dental services. No entry is required in the fields without block numbers.

Please note: You are not required to use NPIs or taxonomy codes when billing BWC.

Block number	Entry required
1a	Injured worker's BWC claim number
2	Injured worker's full name
3	Injured worker's birth date and sex
5	Injured worker's address
14	Injured worker's original date of injury
15	If injured worker has had a similar illness, enter the date of injury or illness
17	Name of referring physician; ONLY required for consultation codes 99241 through 99263. Enter the referring physician's full name or BWC provider number (17a).
21	Diagnosis or nature of illness or injury. Enter the ICD-9-CM code that corresponds to the primary treatment diagnosis.
24a	Date of service. Do not use date spans in the 'from' and 'to' blocks.
24b	Place of service code: 11-office; 21-hospital; 22-hospital outpatient; 23-hospital emergency room; 24-ambulatory surgical center. Call our provider services department at 1-800-OHIOBWC if your place of service code is not one of the above.
24d	Procedure code: Enter the HCPCS code or five-digit CPT (see the *Procedure codes* section for more information). When applicable, enter the two-digit modifier code to describe more fully the services performed.
24e	Reference number from Block 21 or the ICD-9-CM code on each line. BWC only accepts one ICD-9 code per line item.
24f	Your usual, customary and reasonable fee for the procedure performed. If you bill for more than one unit of service, make sure the charges reflect it.
24g	Units of service for each line
24i	This section has two parts: a shaded and a non-shaded area. In the shaded part of 24i and 24j, you may report additional information about identifiers pertaining to the service provider on the bill. If you report the taxonomy code, use the appropriate CMS qualifier in 24i to indicate that the value in 24j is a taxonomy code. In the non-shaded part of 24i, CMS has pre-populated the NPI value. Therefore, you do not need to make an entry in box 24i. If you report the NPI in box 24j (non-shaded), all line items must have the same NPI.
24j	This section has two parts: a shaded and a non-shaded area. In the shaded part of 24i and 24j, you may report additional information about identifiers pertaining to the service provider on the bill. If you report the taxonomy code, use the appropriate CMS qualifier in 24i to indicate that the value in 24j is a taxonomy code. BWC only uses taxonomy codes as additional identifiers, when applicable.
25	11-digit BWC provider number for the treating dentist
28	Total charges for all services
30	Balance due (same as amount in block 28)
32	Optional, but if you use this, it must be for the service provider/rendering provider and must agree with the other service provider information submitted on the form. Any use of box 32a or 32b must refer to the service provider/rending provider. If you use 32a for NPI, it must be for the service provider/rendering provider and must not conflict with the NPI in box 24j. If you use box 32B for taxonomy, it must not conflict with the taxonomy code in box 24j. If you use box 32b for the BWC provider number, it must be the service provider's number and must not conflict with the number required in box 25.
33	Name, address and telephone number of provider who should receive payment. Box 33a is for the NPI of the pay-to provider (aka billing provider). You must submit the bill with identifiers as follows: a. BWC provider number (the 11-digit tax ID-based BWC provider number) in box 33b, nothing in box 33a; or b. BWC provider number (the 11-digit, tax-ID based BWC provider number) in box 33b, and the NPI in box 33a; or c. NPI in box 33a and nothing in box 33b.