

Title	Description
Policy Name:	General Provider Billing Instructions
Policy #:	BRM-2024-04
Code/Rule Reference:	OAC 4123-3-23 ; 4123-6-14 ; 4123-6-25 ; 4123-6-10 , Bill and Adjustment Submission Timeliness (PDF)
Effective Date:	April 1, 2024
Origin:	Medical Policy
Supersedes:	All medical policies, directives and memos regarding general billing instructions that predate the effective date of this policy.
History:	Rev. 4/1/2024, 4/1/2020; New 10/1/2017
Review date:	4/1/2029

I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to identify Ohio BWC specific billing requirements for submission of a bill for services provided under the Health Partnership Program. Industry standard billing forms, such as the UB-04 for hospitals and CMS1500 for professional providers, ambulatory surgery centers, home health and skilled nursing providers are required and as part of this policy, BWC will identify specific data submission requirements which may deviate from the industry standards or are unique to BWC. This policy does not identify bill timeliness requirements, defined under OAC 4123-3-23 and the Billing and Reimbursement Manual policy, [Bill and Adjustment Submission Timeliness \(PDF\) policy](#), which must be met for reimbursement consideration.

II. APPLICABILITY

This policy governs the application of billing protocols for services provided to injured workers in the Ohio Workers' Compensation system.

III. DEFINITIONS

Explanation of Benefit (EOB): The EOB is used to communicate to providers about reimbursement and billing. This is a numeric code accompanied by a reason for denial of a bill or a service line item or to communicate information regarding the payment or partial payment of a bill or a service line item.

National Standard Billing Forms: Medical billing forms part of standardized billing processes that ensure that medical professionals and institutions are paid for their services. Examples of two main industry standard forms used by BWC are the CMS-1500 and UB04.

CMS1500: Standard paper form that the Centers for Medicare and Medicaid Services (CMS) require non-institutional healthcare professionals, like physicians, to use for bill submissions, which are widely accepted for bills submitted to other government payers, commercial payers and Ohio BWC.

837P: The ANSI X12 standard EDI transaction used by professional providers to transmit health care bills electronically. Data elements are consistent with the hard copy CMS1500 data set.

UB04: Standard paper form that CMS requires hospitals to use for billing, widely accepted for bills submitted to other government payers, commercial payers and Ohio BWC. Also referred to as the CMS-1450.

837I: The ANSI X12 EDI transaction used by institutional providers to transmit health care bills electronically. Data elements are consistent with the hard copy UB04 data set.

Proprietary BWC Billing Forms: Billing forms developed by BWC for use in specific billing situations.

C-17: Outpatient medication billing form: Hard copy billing form used by injured workers to be reimbursed for the purchase of outpatient medication, not submitted electronically by a pharmacy to BWC's Pharmacy Benefits Manager (PBM). Outpatient pharmacies bill electronically to the PBM.

C-19: Service invoice: Proprietary hard copy billing form permitted by BWC for use with limited providers in lieu of using the CMS 1500.

Bill - The billing invoice submitted electronically or in hard copy as a request for payment for medical treatment and services provided to Ohio's injured workers. The form contains the BWC required minimum set of information needed to evaluate and process the bill for services, including the injured worker's demographic information, diagnostic and procedure codes, itemized charges for each service and a provider identifier.

IV. POLICY

A. General Billing Form Completion Instructions

1. The most current version of the hard copy billing forms shall be filled out in

accordance with national standard practices except where a deviation may be noted in this policy.

- a. When submitting bills on the CMS 1500, providers must use the standard in the National Uniform Claim Committee (NUCC) instructions as the guideline.
 - b. When submitting bills for the UB04, providers must use the standard in the National Uniform Billing Committee (NUBC) instructions as the guideline.
2. Billing Forms submitted in hard copy:
 - a. Billing information should be typed, not handwritten.
 - b. All paper billing forms should be submitted flat, not folded.
 - c. Use Paper Clips - To avoid tearing forms, use paper clips.
 - d. Do not use staples.
 - e. When using a computer to complete applicable fields on the paper billing form, use letter quality forms.
 - f. Do not use products to mask or hide text, including correction fluid, tape or markers.
 - g. Do Not Alter Billing Standards:
 - i. Hard copy forms shall not be altered in any manner (customized by adding lines, etc.)
 - ii. Do not enter two lines of information in one form field locator, unless specified through the standard billing instructions.
3. MCOs accept electronic bill submission through ANSI X12 ASC 837.
 - a. Please use cross references to the ANSI X12 ASC 837 (i.e., American National Standards Institute (ANSI) X12 5010 version.
 - b. [MCO billing contact information](#) for electronic transmission to the MCO.

B. Provider billing requirements

1. The provider must submit all bills to the MCO assigned to the claim.
2. In the event of an MCO transition (i.e., merger/acquisition, open enrollment, auto-assignment due to contract termination), all bills must be sent to the newly assigned MCO as of the effective date of the transition.
 - i. It is the provider's responsibility to ensure that the appropriate MCO is billed.
 - ii. BWC does not forward misdirected bills from the provider to the MCO.
3. Providers may submit bills to the MCO prior to the allowance of an injured worker's claim. However, payment shall not be made until the claim is allowed.
4. **Professional providers billing on the CMS-1500**
 - a. Number of Provider IDs Submitted Per Bill - Only one servicing provider per bill.
 - b. A provider meeting the qualifications to enroll as an Ohio Bureau of Worker's Compensation (BWC) provider must bill independently for services

he/she directly provided.

5. Provider identifiers:

- a. Bills must include the provider's National Provider Identifier (NPI):
 - i. Unless the provider is unable to be assigned an NPI due to licensure or provider type.
 - ii. If a provider does not have an NPI, the provider is required to submit both the FEIN and BWC Specific Provider Number.
 - iii. Registering National Provider Identifier - The provider must register the provider's NPI with BWC before submitting bills with that identifier.
 - iv. When the provider bills using the same NPI for multiple locations, the provider must ensure that BWC has the accurate address information on file for each billing location.
- b. In addition to the NPI, the provider may submit a secondary identifier:
 - i. The Federal Tax ID number (FEIN); and/or
 - ii. BWC Specific Provider Number.
- c. The MCO will match the identifier(s) submitted to ensure the bill's servicing provider identifier information matches BWC records.
- d. Taxonomy Code Information - If applicable, providers may include Taxonomy Code information. Taxonomy Codes are not required in BWC billing but may be helpful in cross walking the NPI to the BWC Specific Provider number.

- 6. Changing Provider Information in BWC Records** - To make any changes, additions or corrections to the provider information as it is recorded in BWC's records, the provider must submit a written request on company letterhead to Ohio BWC Provider Enrollment at fax number (614) 621-1333 or the following address:

Ohio BWC Provider Enrollment
P.O. Box 15249
Columbus, OH 43218-2031

- 7. IRS Request For Taxpayer Identification Number & Certification (W-9)** - In order to ensure correct information on your Internal Revenue Service (IRS) 1099 form, please submit a current IRS [Request for Taxpayer Identification Number and Certification \(W-9\)](#) form to BWC's Provider Enrollment Department.

C. Provider Bill Type Form Requirements

- 1. BWC accepts industry standard hard copy billing forms and BWC proprietary billing forms as described below.
- 2. [UNIFORM BILLING \(UB-04\) FORM](#) is submitted by
 - a. Hospital- General Acute Care Provider Type 34
 - b. Hospital – Psychiatric Provider Type 36

- c. Hospital – Rehabilitation Provider Type 37
- d. Hospital – Detox Provider Type 35
- e. Hospital specific billing policy is included in BRM-23, Hospital Services Policy.
- 3. [AMERICAN DENTAL ASSOCIATION \(ADA\) FORM](#) is submitted by dental providers.
- 4. Under certain circumstances, BWC allows the submission of BWC-generated billing forms:
 - a. [OUTPATIENT MEDICATION INVOICE \(C-17\)](#) is submitted by
 - i. Injured workers for reimbursement of outpatient medication.
 - ii. Outpatient pharmacies must electronically bill BWC's PBM for payment.
 - b. [SERVICE INVOICE \(C-19\)](#) is submitted by
 - i. Rehabilitation retraining Provider Type 78
 - ii. Retail stores Provider Type 80
 - iii. Interpreter Provider Type 99
 - iv. Members of the Disability Evaluators Panel.
- 5. CMS-1500 Health Insurance Claim Form is submitted by all other providers not noted in IV.C. 1 through 4, including:
 - a. Professional providers, ambulatory surgery centers, home health and skilled nursing providers.
 - b. Dentists may also use the CMS 1500 in lieu of the ADA form.
 - c. Members of the disability evaluators panel may also use the CMS1500 in lieu of the C-19.

D. BWC Specific Billing Instructions

- 1. **Questions Related to Provider Billing** - Questions relating to provider billing should be directed to the Bureau of Workers' Compensation (BWC) Provider Relations at 1-800-644-6292.
- 2. **National Correct Coding Guidelines** - A provider should bill in accordance with national correct coding guidelines.
- 3. Providers must include the following fields to submit a bill to BWC:
 - a. BWC Claim Number;
 - b. Date of service;
 - c. Servicing Provider NPI or BWC identifier when the provider cannot be issued an NPI;
 - d. Diagnosis code(s) to establish relatedness;
 - e. Applicable procedure code (i.e., revenue code, CPT code, HCPCS code, NDC, or Dental code.)

4. Specific BWC Billing Requirements for the CMS-1500 Form Submission:

- a. Line-Item Number 24A (Date(s) of Service) – The provider should enter the beginning date of service in month, day, and year format.
 - i. BWC will not accept any medical bill that contains more than one (1) date of service per line;
 - a) Except for codes identified as eligible for date span billing in the Professional Provider Fee Schedule OAC 4123-6-08;
 - b) The units of service in these instances shall reflect the total number of **consecutive** days represented in the date span.
 - c) If there is a break in service, where the service is not provided daily, the provider must bill using separate lines for each date of service.
 - ii. Except as noted in IV.D. 4. line items that contain a different “From” and “To” date will be denied with the following: *“EOB 269 – Payment is denied as BWC allows only one date of service per line item.”*
- b. Line-Item Numbers 24I, 24J, 25 & 33 - The provider should pay special attention to instructions for completing line-item numbers 24I, 24J, 25 and 33, which are used in determining provider eligibility in bill processing and financial reporting to the IRS.
- c. Line-Item Numbers 14, 21, 24F, 24I, 24J & 33B - The provider should complete the form in its entirety to ensure the provider follows the BWC-specific instructions for the items listed below (*Note: The numbers listed below correspond with the line-item numbers on the form*).

CMS-1500 Health Care Claim Form

Form Locator Number	Section Title	Instructions (As Applicable)
1a	Insured's ID number	Enter the BWC claim number. Required.
14	Date of current illness, injury or pregnancy (LMP)	
19	Notes	Enter notes, including a reason for requesting an adjustment to a prior bill or VOID.

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21	Diagnosis or nature of illness or injury	Enter the International Classification of Diseases-Clinical Modification (ICD-CM) code(s) that correspond(s) to the conditions treated, in accordance with National Correct Coding Initiative and ICD-CM coding guidelines. The billed diagnoses must be related to the services billed.
22	Resubmission and reference number	Used to submit for a replacement bill or void: When billing for an adjustment or a void, bill resubmission (claim frequency) code 7 (replacement bill) or 8 (void) and the original BWC claim invoice number (CIN)
23	Prior authorization number	When applicable, enter the prior authorization number. This field is also reserved to enter the CLIA number, when applicable to bill for lab services requiring CLIA certification.
24F	Charges	Enter your usual, customary, and reasonable charge for the procedure performed. If more than one unit of service is billed, make sure your charges reflect this in the total.
24I	ID qualifier (ID QUAL)	When the provider does not have an NPI number, providers use the 11-digit BWC specific provider number. Refer to the EDI specifications for the qualifier values.
24J	Rendering Provider	The MCO and BWC can only accept one rendering provider ID per bill. When the provider has an NPI number, the NPI must be reported in this field. When the provider cannot be issued an NPI number, report the BWC specific provider number.
25	Federal Tax ID Number	Enter the federal tax ID for the provider. This is the tax ID number intended to be used for 1099 reporting purposes.

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33A	Billing Provider 10-digit NPI #	This is the NPI number of the pay-to provider.
33B	Other ID Billing Provider 11-digit BWC #	Enter the billing provider's 11-digit BWC Provider Number for the pay-to provider. If billing only with NPI, enter NPI taxonomy code instead of the BWC specific provider number.

5. Specific BWC Billing Requirements for the ADA Form Submission

- a. BWC will not accept any dental bill that contains more than one (1) date of service per line item.
- b. The provider should complete the form in its entirety following industry standard guidelines;
- c. Except where BWC-specific instructions for the items listed below differ:
(Note: The numbers listed below correspond with the line-item numbers on the form).

American Dental Association Billing Form

Form Locator Number	Section Title	Instructions (As Applicable)
2	Predetermination or Preauthorization number	When applicable, enter the pre-authorization number.
15	Policyholder/Subscriber ID (Assigned by plan)	Enter the BWC assigned claim number.
49	NPI	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.
54	NPI	Treating dentist's 11-digit BWC provider number; BWC also accepts your NPI

E. [Explanation of Benefits \(EOB\) Listing](#) –

1. All MCOs are required to use the EOB Reference Listing.

F. Incorrect Bill Completion

1. A bill submitted with missing or invalid information will not be considered a proper bill and cannot be processed in BWC's medical billing system.

- a. MCOs will reject bills with missing or invalid data.
 - b. MCOs will notify providers in writing of the reason for rejecting the bill.
 - c. Rejected bills are considered when determining if the provider met timely filing requirements. Providers should maintain rejection documentation if needed to demonstrate timeliness.
2. The provider may experience delays if a bill is not completed correctly.

G. Incorrect identification of Provider or Payee information during bill submission

1. Failure to correctly identify the pay-to-provider or group practice provider number may result in warrants and Internal Revenue Services [\(IRS\) 1099](#) statements issued to individual practitioners or denial of bills.
2. When a payment is made to the wrong provider, the original bill paid to the wrong provider must be voided.
 - a. The MCO collects/recovers inappropriate payments or payments made in error.
 - b. If the name or payee number appearing on any payment from the MCO is incorrect, return the uncashed warrant and remittance advice to the MCO.
 - c. If the name or payee number appearing on any payment is incorrect for BWC payments, return the uncashed warrant and remittance advice to BWC Cash Control, 30 W. Spring St., L 24, Columbus, Ohio 43215-2256.
3. If the payment was made to the wrong party because of a BWC or MCO error, a corrected payment will be issued.
4. If the payment was made to the wrong party because of a billing error, the payment will be recovered.
5. Once the payment has been recovered, the provider should rebill the services with correct payee information. Failure to return the warrant to BWC will result in payments being reported to the IRS according to the information that appeared on the warrant.