

BWC's Provider Billing and Reimbursement Manual

Title	Description
Policy Name:	Vocational Rehabilitation Case Manager By-Report Coding Requirements
Policy #:	BRM-2023-09
Code/Rule Reference:	OAC 4123-18-09
Effective Date:	9/1/2023
Supersedes:	All medical policies, directives, and memos regarding vocational rehabilitation case manager requirements that predate the effective date of this policy.
History:	Created 9/1/2023, Republished 11/1/2024
Review date:	10/1/2029

I. POLICY PURPOSE

This policy clarifies the requirements of the vocational rehabilitation case manager (VRCM) when a vocational rehabilitation plan includes a service code designated as “by report” on BWC’s Vocational Rehabilitation Provider Fee Schedule [OAC 4123-18-09](#).

II. APPLICABILITY

This policy is in direct support of Ohio Administrative Code [OAC 4123-18-09](#) and applies to all actions relevant to the request, authorization, and reimbursement of vocational rehabilitation case manager requirements.

III. DEFINITIONS

Not applicable.

IV. POLICY

A. Research and Required Documentation: When incorporating a service listed on BWC’s fee schedule as “By Report”, the VRCM must research and prepare a written analysis to justify the following:

1. Service identification:
 - a. itemization of services, supplies, etc. needed,
 - b. Frequency and duration of services needed, and
 - c. Vocational necessity.
2. Provider selection:

- a. Identification of three (3) or more provider selection options,
 - b. Availability of the identified providers for the service,
 - c. Provider enrollment status (i.e., currently enrolled or willing to become enrolled).
 - d. Ability to provide timely services, and
3. Cost reasonability:
 - a. Cost comparisons for the service, supply, etc., and
 - b. Service-specific cost justification, as applicable (e.g., Kelley Bluebook value for vehicle repair; or placement statistics for schools).
 4. Any other pertinent information considered in the analysis, and
 5. Recommendation:
 - a. Summarization of the findings of IV.A.1-5, and
 - b. The justification for the recommendation.

B. Staffing Requirements: After the required research is complete and prior to submitting the vocational rehabilitation plan, the VRCM is required to:

1. Submit the completed research from IV.A. and analysis documentation to the assigned managed care organization (MCO).
 - a. Request and complete a staffing with the MCO and the BWC disability management coordinator (DMC) to request consideration of the proposed services.
 - b. The documentation from IV.A. will be maintained in the claim file with any adjustments identified during the MCO staffing.
2. Following the staffing, the VRCM may submit the "by report" service on the vocational rehabilitation plan to the MCO for authorization.