Highlights of Billing and Reimbursement Manual (BRM) Changes Q1 2024

BWC is excited to begin to transition medical reimbursement policies from the former Billing and Reimbursement Manual (BRM) "Chapter" layout to individually published policies. Unless otherwise noted within this highlights document, the policies are being migrated into the new format without changing policy content.

NEW LOOK and Navigation

On the BRM landing page, providers will have new menu choices to help improve searchability of policies. Menu options will include:

Highlights of Recent Changes

BRM Manual Under Transition

BRM Preamble

BRM Policies A-H

BRM Policies I-P

BRM Policies Q-Z

Highlights of recent changes: On the main landing page providers will be able to review the most recent published changes, such as republication highlights, newly converted policies, new policies, or updates to existing policies. (This will replace the Future effective policy section and quarterly update highlights links.)

BRM Under Transition: Through this link, providers will be able to access what remains in Chapter 2 and Chapter 3, as well as the Medical Documentation, Beryllium policy, and BWC Recognition of ICD-10-CM for Pain links, until these are transitioned. Upon transitioning all previous chapters and links into the new policy format, this menu option will be removed.

BRM Preamble: This is the guiding document for the Billing and Reimbursement Manual. This section also includes General BWC Information, such as service office listings.

Billing and Reimbursement Manual Policies in alphabetical order: Policies will be listed in alphabetical order. Due to the number of policies, they will be broken up into 3 links: A-H, I-P, and Q-Z.

Policy Alerts: On the main landing page providers will be able to access all remaining (non-archived) policy alerts in the right-hand panel. Policy alerts are used to provide immediate notification of policy clarifications to providers. The goal is to transition these alerts into existing or new policies.

Policies will have a new numbering format identifying the four-digit year, followed by the two-digit month reflecting the latest policy revision date. Policies will no longer be referred to by

the numbering system as more than one policy can have the same publication date. Policies will be identified by title in the search features and publication listing from the Billing and Reimbursement landing page on the BWC website.

April 2024 Changes:

In the first quarter of 2024, 64 policies will be converted during this release. We removed several links and replaced the links with policies in the index tabs, listed alphabetically. Chapter 1 and the New/Updated/Revised Policy links have been completely migrated into the index tabs. Policy alerts will be accessible on the right-hand navigation pane. BWC will continue to migrate policies and policy alerts to the technical format until all policies are individually listed. The releases will occur quarterly until the process is complete.

Q1 2024 Highlights of Republication
64 policies will be republished:

1. **Removing** New/Revised/Updated BRM policy link, republishing all 34 policies by individual policy.
2. Republish the **Preamble** with no changes.
3. **Republish 29 policies reviewed in Q1** from Chapters 1 and 2 of the BRM, with no content changes.
4. The list of **links that will be removed from the BRM landing page** for the April publication include:
   - BRM Preamble
   - Chapter 1 (Policies will be individually published alphabetically by subject)
   - New/Updated/Revised Policies (Policies will be individually republished alphabetically by subject)
   - Presumptive approval guidelines (Will be included in the Prior Authorization policy)
   - MCO standard prior authorization table (Will be included in the Prior Authorization policy)
   - MCO directory (This link is still available on the BWC website)
   - Cardiac clearance for non-cardiac surgery
   - New medical technologies and procedures
   - Policy alert 2022-01 Audio Only (Policy will be included in the Audio-Only Telemedicine policy)
   - Policy alert 2021-01 COVID State of Emergency Temporary policy expansions (Information included in Telemedicine and Telephone policies)
   - Policy alert 2020-03 Telehealth for Check in Services (Information included in the Telephone policy)

- Policy alert 2020-01 Temporary Telehealth Policy – COVID state of emergency (Information included in the Telephone and Telemedicine policies, respectively).
- Preauthorization of durable medical equipment – clarification as to the monetary requirements for prior authorization (Included in the DME policy).
- Policy alert 2017 BWC coding clarification, proper coding of qualitative and quantitative drug screens (information included in the drug testing policy)
5. The **list of the 64 policies included within this transition** are listed on the next several pages.

- It is important to note that five of the policies included have minimal content updates. BWC's *General Provider Billing Guidelines* Policy includes updates for date span eligibility and the EOB list has been updated. The *Arthroplasty certification for ASC* policy includes an updated appendix, which will be effective 5/1/2024. The *Home Health Services* policy was updated due to a rule change effective 5/1/2024. The *Telemedicine* policy includes clarifications, and finally, the *Drug Testing* policy incorporates the 2017 policy alert: BWC coding clarification, proper coding of qualitative and quantitative drug screens (PDF) as appendix A and the chain of custody form moves to appendix B.

Number	Title
1	$15,000 medical only program
2	Additional Allowances
3	Adult Day Care Services
4	Alternative Dispute Resolution (ADR) - Medical Treatment Disputes Alternative Dispute Resolution
5	Always and sometimes therapy modifier billing requirements
6	Ambulatory Surgical Center Billing and Reimbursement
7	Anesthesia Billing and Reimbursement
8	Applicability of Medical Documentation Submitted by Nurse Practitioner, CNS, Physician Assistant
9	Arthroplasty certification for ambulatory surgery centers
10	Audio Only Telemedicine
11	Bill adjustment or void of a denied, prior paid or partially paid bill

12	Bill and adjustment submission timeliness
13	Bill Grievances and Appeals
14	BRM Preamble
15	Caregiver Services
16	Catastrophic Care Management Services
17	Chronic Pain Management Programs
18	Claim reactivation
19	Concussion injury Treatment
20	Documentation of timed services
21	Drug Testing
22	Durable Medical Equipment
23	Erroneous MCO Payment Denials
24	Exposure or contact with blood or other potentially infectious materials with or without physical injury
25	Fraud Investigations
26	Functional capacity evaluation services
27	General BWC Information
28	General provider billing instructions
29	General Reimbursement Guidelines
30	Global Surgical Package Billing
31	Health and Behavior Assessment and Intervention
32	Home and Vehicle Modifications
33	Home Health Agency Services
34	Hospice services
35	Hospital services
36	Interpreter Services
37	Lumbar Fusion Services
38	Multiple Evaluation and Management (E/M) Visits
39	Nursing Home, Residential Care and Assisted Living Facility Billing Requirements
40	Office based surgeries
41	Outpatient Medication Prior Authorization Program
42	Overpayment recovery and appeal process
43	Physician's report of work ability and return to work options

44	Prior Authorization Requirements for Medical Treatment (including presumptive auth link and prior auth table link)
45	Provider compliance with submitting reports, forms and medical documentation
46	Provider Decertification Progressive Compliance
47	Provider Enrollment and certification
48	Provider's responsibility to report an injury
49	Psychiatric condition
50	Reimbursement For Assessment and Treatment of Dependency on Targeted Medications Used to Treat the Allowed Condition
51	Reimbursement for in-home physician visits and physician mobile office visits
52	Sensitive data policy
53	Smoking deterrent programs
54	Spinal decompression therapy
55	Substantial aggravation of a pre-existing condition
56	Telemedicine
57	Telephone check in services
58	Teletherapy - Payment for select physical or occupational therapy services performed using synchronous telemedicine
59	Transcutaneous electrical nerve stimulators (TENS) and neuromuscular electrical nerve stimulators
60	Traumatic brain injury services
61	Treatment of Family Members OAC 4123-6-06.2
62	Two Physicians Treating at the Same Time
63	Use of Treatment guidelines
64	Working with Self-Insuring Employers