

Quick Reference for New Providers

This document provides general information related to treating an injured employee. A medical provider should be familiar with the following elements of care specific to working with Workforce Safety & Insurance (WSI). For additional information, forms, and resources visit www.workforcesafety.com.

Provider Registration

Prior to receiving reimbursement, a provider must complete a [Medical Provider Payee Registration](#) form for each unique business National Provider Identifier (NPI) used to bill WSI. WSI sets up a single medical provider payee account for each unique billing NPI, regardless of the number of service locations sharing it.

Primary Treating Provider

WSI considers the following types of practitioners eligible to be a primary treating provider: MD, DO, APRN, PA, DC, DPM, OD, DDS, DMD, or PT. An injured employee may only have one primary treating provider, who manages the following:

- **Capability assessment:** A treating provider must document an injured employee's abilities at each visit. The [Capability Assessment \(C3\) form](#) is a useful tool for this documentation. The injured employee should receive a copy of the C3 form to give to their employer to assist in job accommodation decisions.
- **Maximum Medical Improvement (MMI):** MMI is the point at which the injury will no longer improve with continued care. WSI relies on the primary treating provider's accurate and timely designation of MMI to guide claim management.
- **Referral:** A primary treating provider may refer an injured employee for evaluation and/or treatment with another specialty (except mental health) without prior authorization from WSI.

Prior Authorization

Services may require prior authorization from either the claims adjuster or Utilization Review (UR) department as outlined in the [Utilization Review Guide](#). Failure to obtain prior authorization will result in WSI denying reimbursement for the service. Prior authorization approval is not a guarantee of payment as reimbursement is dependent upon the final liability determination of the claim.

Bill Audit

WSI performs a prepayment audit of all medical bills and requires medical documentation to support each charge. A provider should refer to WSI's [medical policies](#), which serve to guide care and outline documentation requirements.

Billing

Effective July 1, 2021, WSI accepts medical bills solely by Electronic Data Interchange (EDI) through an exclusive vendor, Carisk Intelligent Clearinghouse.

To establish a direct EDI connection, contact Carisk by email at cicinfo@cariskpartners.com or by phone at 888-238-4792.

If a practice currently uses a clearinghouse other than Carisk, contact that clearinghouse to check if an indirect connection can be established.

Bill Appeal

To appeal a denied or reduced charge, submit a [Medical Bill Appeal \(M6\) form](#) along with any information or documentation supporting the reason for appeal.

Fee Schedule

A provider should review the [WSI Fee Schedule](#) for information on reimbursement rates. For pricing methodology, payment parameters, billing requirements and reimbursement procedures, a provider may review the [Medical Provider Fee Schedule Guideline](#).

Resources

WSI offers a single, online access point for many of your workers' compensation needs with [myWSI](#). Benefits of registering include convenient access to:

- Submit and monitor a utilization review request
- Access bill processing details and export results
- Look up WSI claim information
- Access WSI's medical fee schedules
- Submit a fraud investigation referral

A provider will also find useful information in the below publications:

- [Quick Reference for Chiropractors](#)
- [Quick Reference for Dental Providers](#)
- [Quick Reference for Physical & Occupational Therapists](#)
- [Quick Reference for WSI Pharmacy Services](#)
- [Utilization Review Guide](#)
- [Durable Medical Equipment \(DME\) Guide](#)
- [How to Read the WSI Remittance Advice](#)
- [Remittance Advice Reason Codes](#)

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