

MedProLink



**Workforce Safety
& Insurance**

To us, it's personal.

your source of information for medical professionals

Fall 2005



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MISSION

Our mission is our passion.
Our passion is North Dakota's workforce.
To us, it's personal.

VISION

To be an independently governed and recognized leader in providing superior workers' compensation products and services to employers, workers, and providers.

CORE VALUES

Excellence • Integrity
Service • Passion
Honesty • Trust
Compassion • Justice
Commitment • Financial Stability

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From the Desk of WSI's Provider Relations Manager



Welcome to the second edition of Workforce Safety & Insurance's (WSI) *MedProLink*. This fall has been a busy time for the Provider Relations Department.

In September and October, we hosted seven regional medical provider seminars around the state. They were well received and provided an opportunity for WSI staff to meet medical providers face to face. With your contribution, the seminars were a success. Thank you to those who took time away from their schedules to participate. If you missed the opportunity to attend, we will be hosting similar seminars in the future.

In order to help improve our services, the Medical Services Department will soon be conducting a survey of health care providers. This survey will be available in both paper and electronic format. Your input and suggestions are vital. Please be watching for more details regarding the survey.

Please contact me if you have any questions, comments, or ideas on topics to include in future editions.

This newsletter, as well as past newsletters, can be accessed through our website at www.WorkforceSafety.com under the Medical Providers section. You may also call our Customer Service Department at 1.800.777.5033 or 701.328.3800 to obtain a paper copy.

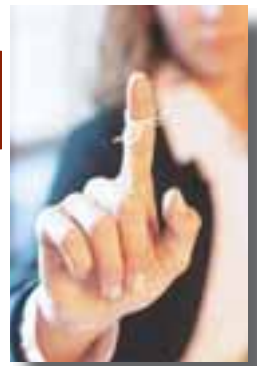
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Reminders from MedProLink Summer 2005

- WSI offers medical providers online Claim Number Lookup capability
- Medical bills can be submitted electronically through Noridian
- First Report of Injury (FROI) submitted online offers immediate return of claim number



Legislative Changes Effective January 1, 2006

The 2005 Legislative Session redefined Temporary Total Disability (TTD) and Permanent Total Disability (PTD).



- TTD is paid to injured workers whose injury results in total disability and is temporary in nature. For claims filed on or after January 1, 2006, the new law will cap the TTD benefit at 104 weeks (2 years) or at Maximum Medical Improvement (MMI) whichever is first.
- If the injury results in a decreased earnings capacity Temporary Partial Disability (TPD) benefits can be provided for up to 260 weeks (5 years).
- If the injury meets the definition of Permanent Total Disability (PTD), the status of the claim will be changed. PTD is for those workers who are determined to be totally disabled and unable to return to work of any kind.

This change will allow WSI to use an objective standard when considering an injury as temporary or permanent. The WSI Claims Adjuster and Return-to-Work Services will be working closely with injured workers, employers and the medical communities to ensure injured workers are making progress and awarded the correct benefits due to them.

Return-to-Work Services (RTW)

Return-to-Work Services provides medical and injury management services as soon as possible after a work related injury occurs. Their goal is to help injured workers return to work quickly and safely.

Depending on the needs of the injured worker, there are several services available.

- **On-site return-to-work case managers**

Contracted registered nurses, located in major medical facilities across the state provide assistance to injured workers seeking medical attention at their facilities. In addition to coordinating care, transitional work and work restrictions, they also act as a liaison between the injured worker, employer, medical provider and WSI Claims Adjuster.

- **Medical case managers**

Registered nurses, located at WSI offices in Bismarck, Fargo, Grand Forks and Minot assist those injured workers who have sustained a potentially catastrophic or medically complex injury. They work with the injured worker, employer, WSI Claims Adjuster, and medical provider to assess, plan, and implement the options and services needed to support the injured worker in the recovery process and help them return to work.

- **Vocational rehabilitation**

Vocational rehabilitation is an option when early intervention is not successful in returning the injured worker
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Return-to-Work Services (RTW) con't

to work with the employer of injury. This service is provided by an independently contracted company. Vocational rehabilitation utilizes a worker's functional capabilities, education, employment history, work experience, and transferable skills to develop a return-to-work plan.

• Preferred Worker Program

There are some injured workers who will never be able to return to their former occupations. In 2001, legislators passed a bill to create the Preferred Worker Program for those injured workers. The program offers premium incentives to employers that hire injured workers. From the program's implementation in 2002, nearly 200 workers have registered and are ready to be re-employed. More than 50 employers have agreed to participate in the program.

For the medical provider treating an injured worker, RTW services can be an important tool in coordinating the care and return-to-work options. It is important to keep all parties involved during recovery and provide an understanding of expectations.

For more information on the RTW services department, contact Robin Halvorson at 701.328.3826 or visit our website at www.WorkforceSafety.com.

Medical Guidance Council (MGC) and Pharmacy and Therapeutics (P&T) Committees

WSI is excited to announce the formation of two new committees involving the medical community. Our intention is to bring together representatives from health care specialties to provide recommendations to WSI in the provision of medical care for injured workers.

The Medical Guidance Council will be responsible for reviewing medical treatment guidelines and policies. This committee will be a forum to discuss experimental and/or new treatment procedures. The committee will also provide discussion on standards of care and assist in researching data to further define courses of treatment. The following specialties will be included in the committee:

- Neurologist
- Psychiatrist
- Occupational Medicine Physician
- Orthopedic Surgeon
- General Surgeon
- Internist or Family Practice Physician
- Psychiatrist
- Chiropractor
- WSI Medical Director
- WSI Pharmacy Director



The Pharmacy and Therapeutics Committee will be responsible for making recommendations for inclusion of preferred medications which will constitute a formulary. They will also assist WSI in ensuring drug therapies are cost effective and successful. This committee will include the following specialties:

- Clinical Pharmacist
- Retail Pharmacist
- Internist or Family Practice Physician
- Psychiatrist
- WSI Medical Director
- WSI Pharmacy Director

The committees will meet quarterly, with WSI utilizing the Fargo office and Interactive Video Network (IVN) Technology. The committee members will sign contracts that may be renewed in two year increments. The terms will be staggered to facilitate new committee members. Members will be reimbursed for each meeting attended. The first committee meetings will be held after January 2006. For more information, contact Marsha Buchwitz at 701.328.5973 or 800.440.3796 ext. 5973.



Official Disability Guidelines (ODG)

In the last *MedProLink* we briefly introduced the new treatment and disability duration guidelines adopted by WSI, “Official Disability Guidelines” (ODG). At the medical provider seminars we explored ODG in more depth and received a great deal of positive feedback on the fact that the guidelines were evidence-based and supported by medical studies. This section provides more detailed information on these guidelines.

Background

ODG was developed by Work Loss Data Institute (WLDI) in 1996. WLDI is an independent database company focusing on workplace health and productivity with offices in California and Texas.

WSI chose ODG because of its evidence-based resource specific to workers’ compensation that combines treatment guidelines and disability duration guidelines. It is accepted by the Agency for Healthcare Research and Quality (AHRQ). The lost-time guidelines use actual experience data from federal government databases and are not “expert” opinion based. This makes these guidelines one of the few to stand up in a court of law, as they are scientifically valid and outcome based. ODG is straightforward, complete, and authoritative, based on an aggregate of over 10 million disability cases and a decade of research, including a systematic medical literature review.



WSI is utilizing ODG as a starting point for “best practice.” It is our hope that medical providers, employers and WSI use these guidelines as a reference to understand the expectations of specific injuries. It will serve as a reference for the expected activity modifications and appropriate level of work associated with a specific injury.

Major Sections

WSI will be utilizing the Treatment Guidelines and Disability Duration Guidelines sections.

- The Treatment Guidelines section identifies specific pathways for each injury or body part. This recommended treatment pathway is considered the “ideal” case plan and will cover the majority of workers’ compensation patients being treated for a specific condition.
- The Disability Duration Guidelines section identifies the expected duration of disability associated with a specific ICD-9 code. The guidelines provide modified return-to-work options and compares treatment with national standards.

Procedures

Both sections are linked to procedures appropriate for a specific injury. The procedure listing further defines selection inclusion or exclusion criteria to assist with determining the appropriate course of treatment.

Medical Studies

Both guidelines are also linked to medical studies supporting the recommendation for approval or denial of a procedure. These studies are fully accessible for review and can be “copied & pasted” into other documentation if you need to reference a source to support your decision on providing a service or procedure. A complete peer-review and comprehensive update is done annually. The important points in the study are highlighted for easy referencing and include the most recent revision date to ensure use of current medical studies.



Helpful Billing Hints

WSI frequently sees incorrect billing which may result in a loss of revenue for the medical facility. Here are some hints to ensure correct codes are utilized.

- Work Hardening should be 97545 instead of 97110
- Phonophoresis should be 97139 or 97039 instead of 97035
- E-stim should be 97014 instead of G0283
- Blood Born Pathogen exposure claims need to have modifier 22 added to the lab charges billed for the testing of the source or carrier
 - Use of modifier 22 for this blood born exposure is specific to WSI
- Charges for chiropractic and PT services should have one day of service per bill
- PT initial evaluation code 97001 should be used when performing the initial evaluation. If an evaluation is being done for continuation of care, the re-evaluation code 97002 should be used.
- When chiropractors are billing an Evaluation & Management (E & M) code, there must be corresponding documentation to support the E & M code. This documentation is generally in the form of a S.O.A.P note. The regular progress notes used to document manipulations and adjustments will not be adequate for billing an E & M code.
- ICD-9 must be submitted on all First Report of Injury (FROI) forms, C3 forms and billing information
- Medical facility contact information should be provided



Designated Medical Provider

Starting January 1, 2006 all employers will be eligible to select a Designated Medical Provider (DMP). Because of this change, you as a medical provider may receive calls from employers wanting to select your medical facility as a DMP. The role of a DMP is to:

- Provide prompt and appropriate care to injured workers
- Evaluate the injury and develop treatment plans including using the job as part of the recovery process
- Provide completed reports promptly. NOTE: For each medical appointment a C3 or Workability Assessment form should be completed
- Establish appropriate restrictions, with the focus on the injured worker's abilities rather than disabilities
- Establish and maintain communication with the injured worker, employer*, and WSI
- Share in the employer's goal to return the injured worker to transitional work
- Acquire knowledge of the employer's business operations and job functions
- Maintain responsibility for the direction of medical management including referrals to specialists



If you have questions on the DMP program you may call our Customer Service Department at 800.777.5033 or 701.328.3800.

* Legislative change effective August 1, 2005 does allow the medical provider to communicate directly with the employer about the care of their injured worker.