

Quick Reference for New Providers



Welcome to Workforce Safety & Insurance (WSI). This quick reference includes basic information and resources for a provider who is new to treating a worker covered by WSI.

Step 1: Visit the WSI Website

The [Medical Providers](#) section of the WSI website contains valuable information on treating patients, prior authorization, billing/payment, and pharmacy.

Step 2: Register with WSI

Prior to reimbursement for treatment, a provider is required to register with WSI. To register, complete the [Payee Registration & Substitute IRS Form W9](#).

Step 3: Become Familiar with Unique Aspects of Treating a Worker

There are unique aspects of treating a worker compared to other patient populations. Below are common elements of care a provider may encounter that are specific to working with WSI.

- **Claim verification:** [Claim Number Lookup](#) allows a provider to look up a claim number on a worker.
- **Primary treating provider:** A worker may only have one primary treating provider who manages treatment and establishes functional capabilities.
- **Referral/transfer of care:** Referral to other specialties, excluding mental health, does not require approval. Claims adjuster approval may be required for transfer of care to a new primary treating provider.
- **Functional capability:** Establishing functional capabilities should focus on the worker's abilities rather than disabilities, using the job as part of the recovery process. A provider must document the worker's abilities at each visit. The [Capability Assessment \(C3\) form](#) is a useful tool to aid in this documentation. The worker should receive a copy of the C3 to give to their employer to assist in determining appropriate job accommodations.
- **Prior authorization:** Services may require prior authorization from either the claims adjuster or the Utilization Review department, as outlined in the [Utilization Review Guide](#). Failure to obtain prior authorization may result in WSI denying reimbursement for the service. Prior authorization approval is not a guarantee of payment. Reimbursement is dependent upon the final liability determination of the claim.

- **Resources for Chiropractic, Dental, and Therapy:** The following resources include information specific to therapy, chiropractic, and dental services:
 - [Quick Reference for Chiropractors](#)
 - [Quick Reference for Dental Providers](#)
 - [Quick Reference for Physical & Occupational Therapists](#)
- **Maximum Medical Improvement (MMI):** MMI is the point of recovery at which the injury is stable and will no longer improve with continued care. Medical documentation must include the worker's MMI status, when appropriate, as this status is required for claim management.
- **Pharmacy Formulary:** [Pharmacy Formulary](#) includes all generic and brand prescription medications covered by WSI.

Step 4: Review the WSI Fee Schedule

The [WSI Fee Schedule](#) applies to all providers regardless of whether they are in state or out of state. Information on WSI's Pricing Methodology, Payment Parameters, Billing Requirements, and Reimbursement Procedures is available in the [Fee Schedule Guidelines](#). WSI does not accept out-of-state specific codes or billing guidelines.

Step 5: Learn about Billing

The following are common topics relevant to billing:

- **Documentation:** Supporting medical documentation must accompany each medical bill submitted for reimbursement. [Documentation polices](#) are available which outline requirements for specific services.
- **Billing options:** A provider may submit medical bills in the following formats:
 - **Paper:** Only red and white UB04 and CMS-1500 forms are accepted.
 - **Electronic:** For information, contact iHCFA EDI Support Services at 973-795-1641, option 2, or Noridian EDI Support Services at 800-967-7902.
- **Payment adjustment:** A provider must submit the [Medical Bill Appeal \(M6\) form](#) to appeal a denied or reduced charge.

Step 6: Enroll in Provider News Electronic Mailing List

WSI utilizes the [Provider News](#) section of the website to communicate updates regarding the agency, billing/fee schedules, utilization review, and pharmacy. To receive notification of new postings, a provider may [subscribe](#) to the electronic mailing list.