

The **ABCs** of Workers' Compensation for Medical Providers



And So It Begins: C-4 Forms

Know Your Responsibilities

- No C-4 Form = no workers' compensation claim
- NRS 616C.040 Health care providers responsible to ensure C-4s completed and filed timely
- Fines up to \$1000 for each incomplete or late C-4 Form

And So It Begins: C-4 Forms

- Complete lower half of C-4 (even if IE refuses to complete upper portion) within 3 working days, file C-4 with employer and correct insurer/third-party administrator (training provided by DIR at no cost)
- Must be on form prescribed by DIR
- C-4 Forms available on the WCS website: dir.nv.gov/WCS/Home/

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place		Name of Facility		
Date	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		
Hour				
Treatment:		Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____ _____ _____		
X-Ray Findings:		_____ _____ _____		
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)				
Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:		
Address		INSURER'S USE ONLY		
City	State			Zip
Provider's Tax I.D. Number				Telephone
Doctor's Signature		Degree		



And So It Begins: C-4 Forms

- Write name of facility
- Date/Time on upper left = date/time injured employee seen
- Date on lower portion near signature = date form completed (may not be the same)
- Both diagnoses codes and description helpful



And So It Begins: C-4 Forms

- Print legibly, including name
- Degree required – MD, DO, DC
 - May be completed by APN or PA
 - Requires co-signature of MD, DO, DC
- Review to ensure all spaces completed

And So It Begins: C-4 Forms

Know Your Boundaries

- Multiple questions with yes/no required
 - Screening tool – compensability decisions made by insurers/TPAs/SIE only
 - Do not leave blank or “?”
 - If uncertain, mark yes/no then “see medical record” for further explanation



And So It Begins: C-4 Forms

- In emergency:
 - Health care provider completes C-4
 - Make notation regarding circumstances and note name/title of person who completed C-4
 - Get injured employee's original signature as soon as possible.



Communication, Communication, Communication

- Health Information Portability and Accountability Act (HIPAA)
 - Federal law 45 CFR 164.512(1), specifically excludes workers' comp
 - C-4 contains release of information
 - Confidentiality protected – information may be provided to insurer/TPA, IE/legal representative, employer, DIR as appropriate and requested in writing



Communication, Communication, Communication

- Communicate with insurer/TPA/SIE
 - Keeper of records – all documents, reports
 - Communicate in writing whenever possible – email, prior auth
 - Document communication, including interactions with nurses/case managers and provide written copy to IE/attorney within 14 days



Communication, Communication, Communication

- Requests for reconsideration of medical bills should contain additional information and/or explanation regarding the basis for reimbursement
- Otherwise, often processed as duplicate bill
 - no further consideration given



Communication, Communication, Communication

- Communications with DIR WCS
 - Submit complaints, requests for medical billing determinations on timely basis
 - Always attempt to resolve disputes prior to contacting DIR (in writing)
 - Send all relevant documentation with initial complaint/request



Foreign Exchange Medical Billing

- Can't live with it, can't live without it
 - Learn basics of medical billing
 - Your bill, your name, your reputation, your money
 - Do it right the first time –
 - Bill correctly – use CMS 1500, ICD-10 codes, full NV Specific Codes (no optional digits)

Foreign Exchange Medical Billing

- Training regarding medical billing for NV workers' compensation is available at no cost
- Training provided quarterly at DIR offices in Henderson and Carson City
- See DIR WCS website for schedule and registration information
<http://dir.nv.gov/WCS/Home/>

THE RAIDERS (RATERS) ARE COMING

- Not everyone can be a rater
 - No substitute for NV workers' compensation experience
 - Looking for money in all the wrong places
 - Volume of PPD evaluations inconsistent
 - PPD reimbursement generally not sufficient to sustain practice

THE RATERS ARE COMING

- Objectivity must be the hallmark of your trade
 - Treating physician/chiropractor = patient advocate
 - Rating physician/chiropractor \neq advocate
 - Key - consistent application of AMA Guides, utilizing professional judgment and experience (don't work backwards)⁶

THE RATERS ARE COMING

- Times of Refreshment – Get your continuing education course
 - NAC 616C.021 (4)(d)
 - Raters must successfully complete biennially a course approved by DIR on rating disabilities, in accordance with the AMA Guides, 5th edition

THE RATERS ARE COMING

- D-35 (rater request) must be submitted for ALL PPD requests
 - Provide rater D-35 - if missing, call requester
- All PPD reports must be submitted to DIR
 - North → Carson City office
 - South → Henderson office
- Submit PPD reports to insurer/TPA, IE/representative, DIR within 14 days of date of service

THE RATERS ARE COMING

- I'd like to be paid, please
 - Bill using current CMS 1500 form
 - Include ICD-10 diagnosis code(s)
 - Use NV Specific Code for procedure
 - Must include all digits
 - Eliminating digits changes code leading to incorrect or no reimbursement

Contacting WCS Medical Unit

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