

THE PHYSICIAN OF RECORD...

INITIAL ACTION STEPS

Upon treatment of the initial injury, the Physician of Record completes box two of the FROI-1, (Hamilton County form HamCoo44) form and a MEDCO-14, (Hamilton County form, HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment if one is advised.

The Physician of Record completes a C-9, Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease, form if employee is to have any treatment for injuries sustained requiring prior-authorization and forwards to the Managed Care Organization.

The Physician of Record will complete a MEDCO-14, (Hamilton County form, HamCoo49), or similar form with each successive visit to determine physical ability.

The provider shall retain records documenting the following minimum information concerning the goods or services provided to injured workers:

- Date the service was provided.
- Description of service, treatment or product provided.
- Record of patient appointments, if appropriate.
- Dates where injured worker canceled or failed to appear for a scheduled examination, treatment, or procedure.
- Treatment plans.
- Subjective and objective complaints, if the provider is the practitioner or Physician of Record.
- Injured worker's progress, if the provider is the practitioner or Physician of Record.
- Wholesale purchase records, if goods, products, or prescriptions are delivered.
- Delivery records, if goods, products, or prescriptions are delivered by way of a third party (ex. Medical suppliers).
- The identity and qualifications of any individual involved in the delivery of health care or billing for services to injured workers on behalf of the provider billing for the services.

Provider's failure to create, maintain, and retain such records shall be sufficient cause for the bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.

MEDICAL TREATMENT

Providers who undertake treatment of an Ohio injured worker assume an obligation to submit initial and subsequent reports to the MCO on the injured worker's behalf, to provide and complete all forms required by the Bureau and may not charge for completing required forms or submitting necessary documentation.

RETURN TO WORK

The Physician of Record will identify restrictions for work, and authorize the employee to participate in vocational rehabilitation programs including but not limited to, physical therapy, occupational therapy, work conditioning, work hardening, and Transitional Work programs when appropriate. This may include, but is not limited to:

- Reviewing job analysis and description of the employee's regular job and making recommendations as to the injured worker's ability to return to work.
- Reviewing and approving Transitional Work assignments in conjunction and in collaboration with Hamilton County's Transitional Work Program partners (Workers' Compensation Specialist, Vocational Case Manager, and Department Head/Supervisor).
- Notifying the Vocational Case Manager of any changes in treatment restrictions.
- Routinely Reviewing (once every 1 to 2 weeks) progress reports provided by the therapist to the attending physician during the course of the program.

RECORDING & RECORDS RETENTION

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- Description of service, treatment or product provided.
- Record of patient appointments, if appropriate.
- Dates where injured worker canceled or failed to appear for a scheduled examination, treatment, or procedure.
- Treatment plans.
- Subjective and objective complaints, if the provider is the practitioner or Physician of Record.

- Injured worker's progress, if the provider is the practitioner or Physician of Record.
- Wholesale purchase records, if goods, products, or prescriptions are delivered.
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- The identity and qualifications of any individual involved in the delivery of health care or billing for services to injured workers on behalf of the provider billing for the services.

The provider's failure to create, maintain, and retain such records shall be sufficient cause for the Bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.

COMPENSATION

When an injured worker is requesting Temporary Total Compensation the physician of record must complete their specific sections of Bureau form C-84, Request for Temporary Total Compensation, and sign it to indicate the injured worker is unable to work. The injured worker must complete Part I, then the C-84, Request for Temporary Total Compensation, is sent to the Bureau for processing. A new C-84, Request for Temporary Total Compensation, must be completed for each new period of disability.