

Name:

Chart:

Date:



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**WORKERS' COMPENSATION
MEDICAL REPORT FORM**

THIS FORM IS TO BE FILED WITH THE EMPLOYER OR INSURER ACCORDING TO INSTRUCTIONS PROVIDED ON THIS FORM.

Name of Employee _____

Name of Employer _____

Name of Insurer _____

WCAIS claim number _____ Date of Birth _____

Employee SS# XXX-XX-____-____-____-____ Date of Injury _____
Or

WC ID number _____

Date of Report _____

Provider Name Orthopedic Associates of Meadville, PC

Provider Address 11277 Vernon Place, Suite 200, Meadville, PA 16335

Contact Person _____ Telephone (814) 724-1252

Health Care Providers shall complete and submit the appropriate HCFA billing form and needed documentation to the employer. If the employer is covered by an insurer, the appropriate billing form and documentation is to be sent to the insurer. The LIBC-9 form and required accompanying documentation shall be submitted within 10 days of commencing treatment and at least once a month thereafter, as long as treatment continues. **If a provider does not submit the required medical reports in the prescribed format, the employer/insurer is not obligated to pay for such treatment until the required report is received by the employer/insurer.**

Documentation should include (where pertinent) claimant's history, diagnosis, description of treatment and services rendered, physical findings and prognosis including whether or not there has been recovery enabling the claimant to return to work with or without limitations, and specific restrictions, if any, regarding return to work. Bills for follow-up visits should include progress/office notes to support the diagnosis and codes billed.

Providers may not charge for documentation supporting a claim for payment. Providers may charge their usual fee for special reports specifically requested by the employer/insurer. All patient information shall be submitted with the knowledge of the patient and must be maintained as confidential by the employer/insurer. The employer/insurer shall not be liable to pay for treatment until the required documents have been provided.

Listed on the reverse are guidelines for the completion of billing forms and submission of records.

Name:
Chart:
Date:

BILLING FORM GUIDELINES:

Requests for payment of medical bills shall be made either on the HCFA Form 1500 or the UB92 Form, or any successor forms required by HCFA/CMS. Forms must be signed or typed with the name of the provider. Name and signature (if signature is used) must match.

Cost-based providers shall submit a detailed bill including service codes and rev codes consistent with the service codes and rev codes submitted to the Bureau of Workers' Compensation on the detailed charge master.

Until a health care provider submits bills on one of the forms specified above, employers/insurers are not required to pay for the treatment billed.

MEDICAL REPORT FORM GUIDELINES:

This form must be submitted within 10 days of initial treatment and monthly thereafter, and must be accompanied by documentation to support the billing.

Suggested supporting documentation:

- Physicians - Office notes
- Physical/Occupational therapists - Daily treatment records/notes with physician referral
- Pharmacies - NCD#, amount dispensed, RX#
- DME vendor - Medicare/HCPC code, certificate of medical necessity
- Chiropractors - Treatment notes
- Ambulance providers - Medicare codes, notes/reports
- X-ray/MRI facilities - Reports
- Lab Facilities - Test results
- Anesthesia services - ASA code, base/time units, anesthesia record
- Hospitals - Records from area providing the service (e.g. emergency, outpatient surgery...)
- Inpatient hospital admissions - H&P, discharge summary, operative report (if applicable)
- CORFs & Rehabilitation Centers - Daily treatment notes, including physician orders
- Ambulatory surgery centers - Notes and reports

General for all providers: Use the most appropriate and specific HCFA/CMS coding on billing.
When using miscellaneous codes, include detailed description of services.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act 77 P.S. § 1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud)

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

Email
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*