

# WORKERS' COMPENSATION PROVIDER MANUAL

Qual-Lynx / QualCare  
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## Table of contents

<b>Workers' compensation plans .....</b>	<b>3</b>
Case management .....	3
Workers' compensation contact information .....	3
What to expect: Initial interaction .....	4
Authorization to treat claimant: Duty Determination Instructions form .....	4
Medical documentation.....	4
Precertification of nonemergency services required.....	5
Physical and occupational therapies.....	5
Surgical authorizations .....	5
Specialist referrals .....	6
Patient copayments .....	6
Bill submissions.....	6
Important terms and definitions.....	7
<b>Appendix.....</b>	<b>8</b>
Exhibit A: Example of Duty Determination Instructions form .....	8
Exhibit B: Example of Workers' Compensation Surgical Authorization Form .....	9



**Important notes**

*Please use the information in this manual as a guideline only for the Qual-Lynx workers' compensation program. If you have specific questions, or want to clarify the necessary workflow and documentation, contact the claims adjuster or the case manager assigned to the claim.*

*The term "claimant" is used to describe employees who receive care under the workers' compensation program.*

**Workers' compensation plans**

Qual-Lynx is a workers' compensation managed care provider and a third-party administrator for workers' compensation for self-insured employer groups, payers, and insurance carriers. Qual-Lynx accesses the QualCare provider network.

The Qual-Lynx workers' compensation program:

- Directs and manages quality medical care for claimants who have occupational injuries or illness.
- Returns claimants back to work as soon as it's safe and medically appropriate.
- Communicates work status information to employers and claim adjusters in a timely fashion.
- Addresses the needs of this unique population in a manner that fairly compensates providers and is cost effective for employers.

**Case management**

Case managers coordinate medical services for claimants, and are the hub of communications for employers and claim adjusters.

The case managers:

- Review treatment plans.
- Authorize and coordinate medical care.
- Oversee utilization management.
- Maintain open lines of communication with providers, claimants, employers, and claim adjusters.
- Communicate claimants' work status to employers and claim adjusters.
- Establish pharmacy services, and give prior authorization for any non-formulary prescription medications.
- Arrange for durable medical equipment.

**Workers' compensation contact information**

You may contact us 24 hours a day, 365 days a year.

<b>Workers' compensation contact information</b>	
Workers' compensation department	<b>800.425.3222</b>
Workers' compensation department fax number	<b>732.562.2815</b>



## What to expect: Initial interaction

Your office will be contacted by either the employer group, claims handler, nurse case manager, or clinical coordinator to:

- Schedule an appointment for a claimant, or
- Alert you that a claimant will be coming to your office (walk-in facilities only).

At the time of initial contact, Qual-Lynx, QualCare, or the applicable carrier will provide you with additional information regarding necessary prior authorizations, precertifications, and medical documentation necessary to treat the occupationally injured claimant. If an injured worker visits your office without advance notice, please gather the appropriate information from the person, and ask his or her employer who you should contact to obtain billing information and request appropriate authorization to treat.

You must make:

- Primary, urgent, or occupational care available immediately.
- Specialist appointments available within 72 hours of the request.

## Authorization to treat claimant: Duty Determination Instructions form

Prior to each medical encounter, a Duty Determination Instructions (DDI) form or similar form (see [Exhibit A](#)) and precertification letter will be sent to your office, which together will act as authorization to treat the claimant.

The DDI or other quick note form is used to quickly gather the medical diagnosis, treatment, and work status information, and share it with employers and claim adjusters. You will receive claimant information, such as the name, date of injury, date of visit, body part, precertification number, claim number, and service authorized.

After evaluating the claimant, you must complete the appropriate sections of the form, paying particular attention to the:

- Diagnosis codes and International Classification of Diseases, 10th Revision (ICD-10) codes.
- Causal relationship to the injury or illness.
- Treatment plan.
- Level of function.
- Date of return visit (if applicable).
- Request for specialist referral (which must be preauthorized by claims handler or nurse case manager).
- Anticipated discharge date (when appropriate).
- Current work status or any work restrictions (to be sent within 24 hours).

Nurse case managers and claims adjusters work with contracted employer groups to identify alternate duty assignments for claimants during the treatment period. Therefore, you are required to evaluate claimants in terms of functional capacity, and provide specific information in the areas of lifting, standing, walking, sitting, driving, use of hands and arms, bending, twisting, climbing, and reaching.

## Medical documentation

### DDI form completion

It is critical that you complete the DDI form or similar form in its entirety at the time of the claimant's office visit, and fax it to the nurse case manager or claims adjuster indicated on the form within 24 hours of the visit. Any delay in this process can interrupt claimant benefits, which are contingent on compliance with medical treatment programs. If the claimant misses an appointment, please make a note of it on DDI form



or similar form, and forward it to the nurse case manager or claims adjuster immediately. We carefully track this information, and may suspend benefits due to non-compliance.

## Medical notes

Within seven to 10 days following an office visit, you must provide the nurse case manager or claims adjuster with typed medical notes, including impressions, a recommended treatment plan, work status, anticipated date of maximum medical improvement, and return-to-office information.

## Precertification of nonemergency services required

Precertification is required for all nonemergency services, including (but not limited to):

- Diagnostic tests.
- Physical therapy.
- Occupational therapy.
- Surgery.
- Pain management procedures.
- Inpatient procedures.
- Durable medical equipment.
- Home health services.
- Specialist services.

Prescription medications related to an injury should be sent to the nurse case manager or claims adjuster for approval. No physician-dispensed medications will be reimbursed.

## Physical and occupational therapies

When ordering physical therapy or occupational therapy, you must include a prescription when you send the DDI form or similar form to the nurse case manager or claims adjuster.

## Prior surgical authorizations

If a claimant needs nonemergency surgery, please clearly note this on the DDI form or similar form. You will receive a Workers' Compensation Surgical Authorization Form to complete and return to the nurse case manager or claims adjuster prior to the procedure date. (See [Exhibit B.](#)) **Please note:** All procedures must be performed at a hospital or facility in the QualCare provider network.

You must complete the form in its entirety, which may include:

- Diagnosis
- Name of the surgical procedure
- Anticipated Current Procedural Terminology (CPT®) codes, as well as ICD-10 codes and modifiers to be billed
- Date of the surgery
- Date of pre-admission tests (PATs)
- Surgery location
- Admission type: Inpatient (and length of stay) or Ambulatory (same day)
- Projected return-to-work date
- Request for assistant surgeon (*assistant surgeons and cosurgeons will not be approved without precertification*)

Once you submit the Workers' Compensation Surgical Authorization Form, the appropriate parties will review it, and you will receive a notice of authorization or denial within 48 hours.



## Specialist referrals

If you determine the claimant needs a referral for additional medical services, you must advise the nurse case manager or claims adjuster handling the initial referral. An appropriate network-participating provider or facility will be identified to meet the referral need, and a nurse case manager or claims adjuster will make all arrangements related to appointments. **Referrals made directly to providers that do not participate in the QualCare network will not be covered.**

## Patient copayments

There are no copayments of any kind for care received under workers' compensation programs. The payments you receive from workers' compensation claims administrators constitute payment in full for the services rendered.

Furthermore, **New Jersey law** prohibits you from billing your patients for services rendered for workers' compensation claims. This means it is against the law to bill patients for any dollar amount, including the balance between actual charges and the allowable amount.

## Bill submissions

To expedite processing of workers' compensation bills, please use either the claim number provided on the DDI form or similar form, or the authorization number assigned by the claims adjuster or nurse case manager when the patient's initial visit was scheduled. The DDI form or quick note form must be submitted within 24 hours of the visit.

### **Electronic bill submission required for providers with 24 or more workers' compensation bills per month**

Effective November 1, 2019, New Jersey Assembly Bill No. 3401 AS mandates that any provider with 24 or more workers' compensation per calendar month are required to submit them electronically.

When electronically submitting workers' compensation directly to Qual-Lynx, please use the Change Healthcare **payer ID 83867**. Change Healthcare is the vendor we have contracted with for the electronic transmission of workers' compensation bills data for payment determination.

### **Qual-Lynx Bill submission options for all other providers**

Providers that submit 24 or fewer workers' compensation bills within a calendar month may submit them using one of the three methods listed below.

- (1) **Electronically** (preferred method). See previous section.
- (2) **By mail:**

Qual-Lynx  
PO Box 309  
Piscataway, NJ 08855-0309  
Attn: Workers' Compensation Department

- (3) **By fax:** 732.562.2815

**For all other payers, please continue to submit on applicable forms electronically through appropriate means.**



## Important terms and definitions

Term	Definition
<b>Bill</b>	Medical expenses for specific treatment related to a work-related injury or illness that is submitted to payer with appropriate coding and all supporting documentation in order to request payment for medical services rendered.
<b>Claim</b>	A covered employee's workers' compensation benefits for a compensable illness or injury.
<b>Compensability or compensable</b>	A determination that an illness or injury has resulted out of, and in the course of, a claimant's employment with a participating entity.
<b>Covered employee</b>	A person who is eligible to receive occupational medical care and other workers' compensation benefits from their employer.
<b>Managed care organization</b>	A health care provider, or a group or organization of medical service providers, that offers managed care health plans. Qual-Lynx/QualCare provides managed care services by using case managers to coordinate medical services for claimants, as well as communicate with the claim adjuster and employer.
<b>Maximum medical improvement</b>	This occurs when a claimant reaches a state in which their condition cannot be improved further, or a person's healing process reaches a treatment plateau and treatment options have been exhausted.
<b>Network access client</b>	An employer group (client) that accesses providers in the QualCare workers' compensation network.
<b>Occupational medical care</b>	All medical services and treatments to which a covered employee is entitled under the workers' compensation law for a claim.
<b>Payer</b>	The company responsible for paying medical bills on behalf of the employer group.
<b>Workers' compensation</b>	Workers' compensation is a form of insurance that provides wage replacement and medical benefits to employees injured in the course of employment.
<b>Workers' compensation law</b>	Applicable statutes and regulations (NJSA 34:15) governing workers' compensation benefits for a covered employee making a claim.
<b>Utilization management</b>	Evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan.



# Appendix

## Exhibit A: Example of Duty Determination Instructions form



**URGENT: PLEASE FAX COMPLETED FORM WITHIN 24 HOURS AFTER EACH VISIT**  
 Fax: (732)562-2815

**DUTY DETERMINATION INSTRUCTIONS**

EMPLOYEE: \_\_\_\_\_ CLAIM: \_\_\_\_\_  
 DATE OF INJURY: \_\_\_\_\_ QL CLAIM: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 BODY PART(S) INJURED: \_\_\_\_\_ GROUP: \_\_\_\_\_  
 DATE/TIME OF VISIT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 AUTHORIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INDICATE LEVEL OF PHYSICAL ACTIVITY**

**LEVEL OF FUNCTION:**  
 May return to work                       May return to work with restrictions                       May not return to work  
*No restrictions of job activities required.                      Indicate all restrictions on the form.*

**INDICATE RESTRICTIONS BELOW IF THEY APPLY TO INJURY:**  
*In an 8 hour day, employee may:*

STAND/WALK	SIT	DRIVE <i>(if driving is part of job):</i>	HAND LIMITATIONS
<input type="checkbox"/> 1-4 HOURS <input type="checkbox"/> 4-6 HOURS <input type="checkbox"/> 5-8 HOURS	<input type="checkbox"/> 1-3 HOURS <input type="checkbox"/> 3-5 HOURS <input type="checkbox"/> 6-8 HOURS	<input type="checkbox"/> Cannot drive <input type="checkbox"/> < an hour <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours	<input type="checkbox"/> Single grasping <input type="checkbox"/> Pushing / Pulling <input type="checkbox"/> Fine manipulation

INITIAL COMPLAINT: _____	CAN EMPLOYEE DRIVE TO WORK IF ALTERNATE DUTY IS PROVIDED? YES NO	
DX / ICD10: _____	VEHICLE TYPE EMPLOYEE MAY OPERATE: _____	
CAUSALLY RELATED TO INJURY: YES NO		

**PLEASE DESCRIBE ANY OTHER RESTRICTIONS THAT APPLY:**  
 \_\_\_\_\_

**LIFTING AND OTHER PHYSICAL RESTRICTIONS:**  
 Foot pedals     Reaching overhead     Bending to the floor     Twisting to transfer object     Climbing more than one flight of stairs     Lifting or carrying Less than \_\_\_\_\_ lbs.  
 /Repetitive use

RESTRICTIONS ARE IN EFFECT UNTIL: \_\_\_\_\_

**TREATMENT PLAN**

*Additional treatment and referrals require prior authorization. Prescription(s) must be faxed with this form.*

PT/OT: \_\_\_\_\_ ANTICIPATED RTW DATE: MOD DUTY \_\_\_\_\_ FULL DUTY \_\_\_\_\_  
 DIAGNOSTICS: \_\_\_\_\_ ANTICIPATED MMI DATE: \_\_\_\_\_  
 SURGERY (specify): \_\_\_\_\_ EMPLOYEE WAS A NO SHOW FOR THIS APPOINTMENT

OPIOID MEDICATION(S):

INITIAL DATE PRESCRIBED: _____	2 <sup>nd</sup> DATE PRESCRIBED: _____	3 <sup>rd</sup> DATE PRESCRIBED: _____
DAYS PRESCRIBED: _____	DAYS PRESCRIBED: _____	DAYS PRESCRIBED: _____

**\*\*NO MEDICATION IS TO BE DISPENSED THROUGH THE OFFICE\*\***

PHYSICIAN: \_\_\_\_\_  
 GROUP: \_\_\_\_\_ NEXT APPOINTMENT: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 FAX: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

*ALL MEDICAL BILLS RELATED TO THIS CASE WILL BE PAID ACCORDING TO QUALCARE'S NEGOTIATED TERMS*

**SUBMIT ALL MEDICAL BILLS TO:** Change HealthCare Payer ID 83867  
 Qual-Lynx Inc P.O. Box 309, Piscataway, NJ 08855



## Exhibit B: Example of Workers' Compensation Surgical Authorization Form



**QUAL-LYNX**  
LINKING YOU TO QUALITY CLAIM SERVICES

Please complete all information and **FAX TO THE ATTENTION OF THE CASE MANAGER**  
listed below as soon as possible so that authorization can be given in a timely fashion

**WORKERS' COMPENSATION SURGICAL AUTHORIZATION FORM**

PROVIDER:	CONTACT:
LOCATION:	PHONE:
	FAX:
FAX:	DATE:
EMPLOYEE:	EMPLOYER:
DATE OF INJURY:	GROUP:
QL CLAIM #:	ALTERNATE CLAIM #:

**PROCEDURE**

*Please supply narrative description and as well ICD10 and CPT codes*

DX \_\_\_\_\_ PROPOSED DATE OF SURGERY \_\_\_\_\_

ICD10(s) \_\_\_\_\_

RESULTS OF DIAGNOSTIC TESTS (please include hard copy results)

\_\_\_\_\_ DATE OF PAT \_\_\_\_\_

NAME OF SURGICAL PROCEDURE(S): \_\_\_\_\_ ANTICIPATED CPT CODES AND MODIFIERS THAT WILL BE BILLED.

\_\_\_\_\_

\_\_\_\_\_

*Assistant and Co-Surgeons will not be approved without prior Authorization. Please contact Case Manager for Authorization Name/Title \_\_\_\_\_ Assistant or Co-Surgeon (Circle One)*

*Please list below and required DME related to this surgical request for authorization. Must use a QualCare participating DME provider.*

DME Provider Name \_\_\_\_\_ Type of DME \_\_\_\_\_

**FACILITY WHERE PROCEDURE IS TO BE PERFORMED**

Only QualCare network facilities will be approved for scheduled procedures.  
If you are not sure your proposed location is participating, please call the Case Manager before completing this form.

FACILITY : \_\_\_\_\_ ADMISSION TYPE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Inpatient -Anticipated Length of Stay \_\_\_\_\_ days

PHONE: \_\_\_\_\_ Ambulatory / Same Day

**POST-OPERATIVE PROJECTION AND TREATMENT PLAN**

APPROXIMATE TIME OUT OF WORK	POST-OPERATIVE CARE (PT, etc.)
Modified Duty Date _____	_____
Return to Work Date _____	_____
Physician's Signature _____	Post-Op Appointment Date _____
Date Signed _____	

**Please await confirmation of Authorization for Requested Procedure and Facility**

C1045

