

QUAL-LYNX WORKERS' COMPENSATION PROVIDER MANUAL



Table of contents

Workers' compensation plans	3
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.....	5
Patient copayments	6
Important terms and definitions.....	7
Appendix.....	8
Exhibit A: Duty Determination Instructions form.....	8
Exhibit B: 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 and health insurance payers. 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 all 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.
- Arrange for durable medical equipment.

Workers' compensation contact information

You may contact us to make medical referrals 24 hours a day, 365 days a year.

Workers' compensation contact information	
Workers' compensation department	800.425.3222
Workers' compensation department fax number	732.562.2815



What to expect: Initial interaction

Your office will be contacted 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 or the applicable carrier will provide you with additional information regarding necessary authorizations, precertifications, and medical documentation necessary to treat the occupationally injured claimant. If an injured worker visits your office without advance contact, please gather the appropriate information from the person, and ask his or her employer who you should contact to obtain billing information and begin the case management process.

You must make:

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

Authorization to treat claimant: Duty Determination Instructions form

Prior to each medical encounter, we will fax to your office a Duty Determination Instructions (DDI) form (see Exhibit A) and precertification letter, which together will act as authorization to treat the claimant.

We use the DDI form to quickly gather the medical diagnosis, treatment, and work status information, and share it with employers and claim adjusters. You will receive the top portion of the form with prepopulated 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 bottom portion 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.
- Anticipated discharge date (when appropriate).

We work with contracted employer groups to identify alternate duty assignments for claimants during the treatment period. Therefore, we require that you evaluate claimants in terms of functional capacity, providing 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 in its entirety at the time of the claimant's office visit, and fax it to the case manager 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 the bottom of the DDI form, and forward it to the case manager 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 us 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

We require precertification of all nonemergency services, including, but not limited to:

- Diagnostic tests.
- Physical therapy.
- Occupational therapy.
- Surgery.
- Inpatient procedures.
- Durable medical equipment.

Physical and occupational therapies

When ordering physical therapy or occupational therapy, you must include a prescription when you fax the DDI form to your case manager.

Surgical authorizations

If a claimant needs nonemergency surgery, use the space on the bottom right of the DDI form. You will receive a Workers' Compensation Surgical Authorization Form to complete and return to Qual-Lynx prior to the procedure date. (See Exhibit B.) **Please note:** All procedures must be performed at a hospital or facility in the QualCare network.

You must include the following information on the form:

- Diagnosis
- Name of the surgical procedure
- Anticipated 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, a Qual-Lynx Medical Director will review it. 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 case manager handling the initial referral. The case manager will identify an appropriate network provider to



meet the referral need, and make all arrangements related to appointments. **Referrals made directly to providers 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 Qual-Lynx DDI form or the authorization number assigned by the claim adjuster or case manager when you scheduled the patient's initial visit. The DDI form or quick note form must be submitted within 48 hours of the visit.

Electronic bill submission required for providers with 24+ workers' compensation bills per month

Effective November 1, 2019, providers who participate in the QualCare network in New Jersey that submit more than 24 workers' compensation bills per calendar month are required to submit the bills electronically. We have implemented this process in compliance with New Jersey Assembly Bill No. 3401 AS.

Please use the Change Healthcare **payer ID 83867** when submitting workers' compensation bills electronically. Change Healthcare is the vendor we have contracted with for the electronic transmission of workers' compensation bills data for payment determination.

Bill submission options for all other providers

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

(1) **Electronically** (preferred method). See previous section for information.

(2) **Mail**. Use the address listed below to mail your bills.

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

(3) **Fax**. Use the following fax number: **732.562.2815**



Important terms and definitions

Term	Definition
Claim	A covered employee's request for workers' compensation benefits for a compensable illness or injury.
Compensability or compensable	A determination that an illness or injury has resulted out of, and in the course of, a claimant's employment with a participating entity.
Covered employee	A person who is eligible to receive occupational medical care and other workers' compensation benefits from his or her employer.
Managed care organization	A health care provider, or a group or organization of medical service providers, that offers managed care health plans. Qual-Lynx provides managed care services by using case managers to coordinate medical services for claimants, as well as communicate with the claim adjuster and employer.
Maximum medical improvement	This occurs when a claimant reaches a state in which his or her condition cannot be improved further, or a person's healing process reaches a treatment plateau and treatment options have been exhausted.
Network access client	An employer group (client) that accesses providers in the QualCare workers' compensation network.
Occupational medical care	All medical services and treatments to which a covered employee is entitled under the workers' compensation law for a claim.
Payer	The company responsible for paying medical bills on behalf of the employer group.
Workers' compensation	Insurance that reimburses an employer group for medical and lost wages that must be paid to a claimant for an injury that occurs in the course of employment.
Workers' compensation law	Applicable statutes and regulations (NJSA 34:15) governing workers' compensation benefits for a covered employee making a claim.
Utilization management	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: 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"/> 1-3 HOURS	<input type="checkbox"/> Cannot drive <input type="checkbox"/> < an hour	<input type="checkbox"/> Single grasping
<input type="checkbox"/> 4-6 HOURS	<input type="checkbox"/> 3-5 HOURS	<input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours	<input type="checkbox"/> Pushing / Pulling
<input type="checkbox"/> 5-8 HOURS	<input type="checkbox"/> 6-8 HOURS	<input type="checkbox"/> 5-8 hours	<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 nd DATE PRESCRIBED: _____	3 rd 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: Workers' Compensation Surgical Authorization Form



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

