

Workers' Compensation Medical Provider Authorization & Billing Instructions

Patient Name:	
Employer:	
Injured Body Part:	
Date of Injury:	

Dear Medical Provider,

This letter will verify and authorize initial treatment for the above-mentioned employee's work-related injury. Please be advised that our Workers' Compensation administrator is **Prescient National Insurance Services, LLC**.

1. Please initial/sign the enclosed Transitional Duty Task List and return to Prescient National Insurance Services; please also return a copy to the injured worker to hand to their Supervisor. This will help in finding modified duty work within the limitations and capabilities outlined.
2. Confirm with the injured worker's Supervisor to determine whether or not a Post-Accident Drug Test is required. If yes, Prescient National recommends a 10-panel drug screen is performed to include the following substances:
 - Cocaine
 - Marijuana
 - Opiates
(codeine, morphine, hydrocodone, hydromorphone)
 - PCP
 - Amphetamines
(both prescribed and street amphetamines)
 - Benzodiazepines
 - Methadone
 - Oxycodones
(oxycontin, Percocet)
 - Barbiturates
 - Buprenorphine
3. Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include the claim number, medical notes and W-9 form.** Bills can be submitted using any of the following options:
 - Secure file upload: www.prescientnational.com/file-upload
 - Encrypted or secured email: vendoremails@prescientnational.com
 - Fax: (704) 927-2867
 - Mail: Prescient National Insurance Services, Attn: Claims, 217 South Tryon Street, Charlotte, NC 28202**Please do not send any invoices to the employer or injured worker*
4. Approved Providers: All Prescient National claims have the following partners associated:
 - Mitchell
Medical Network
 - Optum
Pharmacy Network
5. As a result of prescription cards issued to injured workers from our Pharmacy Benefits Manager, **ALL PHYSICIAN DISPENSED MEDICATIONS** are **NOT AUTHORIZED/HONORED** by Prescient National Insurance Services.

If you have questions, please call Prescient National Insurance Services at (704) 927-2860 or 1-866-710-0908.

Thank you,

X _____

Employer Representative

MAKING IT EASY TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured person:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. In most cases, the pharmacy will fill the prescription at no cost to you. **Please be advised that Prescient National does not pay for physician-dispensed medications. You may be prescribed compounds or other medications that require prior authorization, which will be indicated to the pharmacist when you present your prescription. When this occurs please have the pharmacist contact Optum at 1-800-964-2531 for an approval and/or assistance.**



If your workers' compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Finding a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.





Questions? Need Help?

1-866-599-5426



Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to the employee.

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Prescient National Insurance Services
 CARRIER/TPA _____ EMPLOYER

INJURED PERSON NAME _____

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER _____ DATE OF INJURY (YYMMDD) _____

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.
 Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk

1-800-964-2531

	NDC	or	Envoy
RxBIN	004261		002538
RxPCN	CAL		Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.

Transitional Duty Task List: General Industry

Evaluating Physician: Please indicate tasks you feel are within the current physical capacities of the employee you are treating. All tasks have been classified as sedentary or sedentary/transitional and can be used to accommodate most types of injuries. Physical capacities of each task are available by fax.

- | | |
|--|--|
| <input type="checkbox"/> Manage incoming calls | <input type="checkbox"/> Manage inventory |
| <input type="checkbox"/> Make signs & posters | <input type="checkbox"/> Organizing & filing |
| <input type="checkbox"/> Shred designated materials | <input type="checkbox"/> Parking lot surveillance |
| <input type="checkbox"/> Stuff envelopes | <input type="checkbox"/> Pick up trash on property |
| <input type="checkbox"/> Make copies | <input type="checkbox"/> Cleaning/housekeeping |
| <input type="checkbox"/> Distribute mail | <input type="checkbox"/> Water and care for plants |
| <input type="checkbox"/> Update bulletin boards, newsletters | <input type="checkbox"/> Conduct or assist with safety inspections |
| <input type="checkbox"/> Routine clerical work | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greet guests & direct to appropriate department or staff member | _____ |
| | _____ |

Comments: _____

Employee Name: _____

Signature: _____
Evaluating Physician

Date: _____

Emergency Treatment: Essential Information for Employers

Please complete during initial emergency treatment and submit to Prescient National Insurance Services with First Report of Injury.

Employee Name: _____ Date of Accident: _____

Employee Date of Birth (if available): _____ Employee SSN (if available): _____

Place of Accident: _____

Employee transported by: Ambulance Private vehicle

If ambulance, name of EMS service: _____

Did EMS administer pain medication? Yes No Unknown

Employee who accompanied injured worker to Emergency Room: _____

Phone number: _____

Hospital providing emergency services: _____

Was employee seen at another facility prior to ER (i.e., Urgent Care, local hospital)? Yes No

If yes, name of facility: _____

Please complete the following activities:

Inform Charge Nurse this is a workers' compensation injury and inquire if a drug test can be performed.

If drug test was not performed, notify Prescient National ASAP at 1-866-987-0042

If able, have employee sign drug test release and give to Charge Nurse.

Communicate with employee's emergency/family contact.

Name: _____ Phone: _____

Ask for details of care and expected length of hospital stay.

Notes:

Report claim on www.prescientnational.com/report-a-claim or by calling 1-877-327-5444.

REMINDER: If a drug test was not performed, notify Prescient National ASAP at 1-866-987-0042

Medical & Drug Test Authorization

The undersigned person hereby consents to, and by the Authorization or any photocopy hereof authorizes the collection of and release to Prescient National Insurance Services, their designated laboratory, Medical Review Officer or any other agent or employee of Prescient National Insurance Services by any hospital, medical clinic, physician, or any other provider of medical services, treatment, or supplies of any and all laboratory specimens, i.e. blood and/or urine, collected on _____ for the purpose of drug and/or alcohol testing by an independent laboratory.

(Date of injury)

The undersigned understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by Federal and State privacy and confidentiality laws. Further, the undersigned person understands and acknowledges that the refusal to sign this Authorization could affect their workers' compensation claim and/or employment based on state statutes, laws and/or any employment agreement in effect.

This Authorization shall automatically expire without express revocation on the 31st day after the signature date of this authorization; and prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: _____

Injured Employee: _____
(Print Name)

Injured Employee: _____
(Signed Name)

Witness: _____
(Print Name)

Witness: _____
(Signed Name)

The undersigned person DOES NOT consent to the above authorization and understands that the refusal of a drug and/or alcohol test could negatively affect his/her workers' compensation claim and/or employment.

Date: _____

Injured Employee: _____
(Print Name)

Injured Employee: _____
(Signed Name)

Witness: _____
(Print Name)

Witness: _____
(Signed Name)

Billing Information for Emergency Treatment

Employee Name: _____ Date of Accident: _____

Employee Date of Birth: _____ Employee SSN: _____

Employer Name: _____

Registration Staff,

This letter will verify that the above-mentioned employee has been injured on the job. All bills must be accompanied by medical notes and should be sent to the Workers' Compensation administrator:

**Prescient National Insurance Services
217 South Tryon Street
Charlotte, NC 28202**

You may also securely upload files online at www.prescientnational.com/file-upload for faster processing.

*Please do not send any medical bills to the patient.

PLEASE NOTE: This is a workers' compensation injury and medical notes are REQUIRED to be included with all bills for payment. Bills without medical notes will be denied and returned without payment.

If you have a billing question, please call Prescient National Insurance Services at (704) 927-2860 or 1-866-710-0908.

Workers' Compensation Claim | Emergency Room Visit To Do List

IMMEDIATE ACTION

1. Transport the injured worker to the hospital by calling 911 or through another safe means of transportation.
2. Go with the injured worker or meet them at the hospital.
 - a. Inform Registration Staff that this is a workers' compensation injury and all bills and medical notes should be sent to Prescient National Insurance Services:
Prescient National Insurance Services Securely upload medical notes & bills:
217 South Tryon Street or www.prescientnational.com/file-upload
Charlotte, NC 28202
P: (704) 927-2860 F: (704) 927-2867
 - b. If able, have the injured worker sign the Medical & Drug Test Authorization for the drug test and hand to the Charge Nurse.
 - c. Explain to the Charge Nurse that this is a workers' compensation claim and inquire if a drug test can be performed; charges will be honored and paid within 30 days.
3. Assist with phone calls to the injured worker's family that are necessary or requested.
4. Get as much information as possible on the injured worker's expected treatment and length of hospital stay. Document information on the Emergency Treatment: Essential Information for Employers form and submit to Prescient National with First Report of Injury.

TO DO By end of injury day

1. **If the facility refuses to perform a drug test, contact Prescient National as soon as possible to discuss details of the drug testing request and any other pertinent medical information you may know.**

Call: **1-866-987-0042**

Have available:

- Full name of injured worker with correct spelling
- Date of birth
- Social Security Number
- Hospital location name (if treated at a different hospital initially, both locations are needed)

**If you reach voicemail, please leave ALL the above information on a recorded voicemail message.*

2. Report the claim to Prescient National Insurance Services.
Online: www.prescientnational.com/report-a-claim
By Phone: 1-877-327-5444
3. Obtain pictures of the accident scene prior to its spoilage. Pictures from a mobile device are acceptable.