

Resolution 2024-045

Approving 120 hrs. of Injury Leave for Eric Pierce

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, April 4, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED, by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the Board approves 120 hours of injury leave for employee Eric Pierce for the period 03/24/2024-04/06/2024, per Article 34 of the employee's collective bargaining agreement.

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to the adoption of this Resolution were passed in an open meeting of this Board and that all deliberations of this Board and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and be effect immediately upon adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

Roll was called for the adoption of the Resolution, and the vote was as follows:

Leezer: YES/ NO

Fleshman: YES/ NO

Blevins: YES/ NO

Excused

Trustee James Leezer

[Signature]

Trustee John Fleshman

[Signature]

Trustee Mike Blevins

Adopted on April 4, 2024

Attested to on this 4th day of April 2024

[Signature]
Fiscal Officer, Linzie Justus

Received 3/28/2024
2:43:00 PM
ImageFax ID: 8480412
Sedgwick MCO 10005

2 Pages split from original



Bureau of Workers' Compensation

Request for Medical Service Reimbursement and Recommendation for Additional Conditions for Industrial Injury or Occupational Disease

FAX INFO	To	Sedgwick	Toll-free fax number	Phone number
	From		Phone number	Fax number
	Answer		214-338-2000	814-545-4224

• Instructions for completing the C-9 on reverse side.

I. Injured worker name	1 Injured worker name		Date of injury	
	EOL Pierce		1-20-24	
	2 Treating diagnosis for this request to include body part/levels		3 Date service begins	
	S90.02XA, Whole Leg		3-22-24	
II. Requested services	4 Requested services with CPT/HCPCS codes (required)		Date service ends	
	1 P.T. - 3x's per week for 4 weeks (extending)		3-22-24	
	2		Date of last exam or treatment	
	3		2-22-24	
4 to left ankle per medical dated 03/22/24 - JM		Frequency		
		Duration		
5 Provide the two-digit facility site of service code as used by the Centers for Medicare and Medicaid Services (CMS), if applicable.				

III. Additional conditions	6 If you are recommending additional conditions to the claim, supporting documentation is required. You may not use the C9 to request additional conditions for claims of self-insuring employers.	
	7 Provide diagnosis (narrative description only), and location and site for conditions you are requesting.	
8 In your opinion, based on the history from the injured worker, your clinical evaluation and expertise, is the diagnosis or condition causally related, either directly or proximately, to the alleged industrial accident or exposure?		
<input type="checkbox"/> Yes, please attach explanation. <input type="checkbox"/> No, please attach explanation.		

IV. Physician/provider information	9 Identify the provider who will render the requested services and the address where he or she will provide the services (required). Travel reimbursement may not be authorized when the service provided is available within 40 miles round trip from the injured worker's residence.	
	10 Requesting physician/provider name and address (please print, type, or stamp)	
	11 Physician/provider authorized signature (required)	
		<input type="checkbox"/> PDR
		<input checked="" type="checkbox"/> Not PDR - but treating physician/provider
		Date (M/D/Y) (required)
		3-22-24

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.

MCO If this page is not faxed or mailed back to the submitting physician within three business days of receipt or within five business days of receipt of information requested on the C-9-A, the authorization for treatment shall be deemed granted subject to BWC policy, excluding retroactive requests.

V. MCO/ST Employer decision	<input type="checkbox"/> APPROVED WITH DISCLAIMER - This medical payment authorization is based upon a claim or additional condition that is currently being considered by BWC/HC as of the date of the MCO's signature. If the claim or additional condition is ultimately disallowed, the services/supplies to which this medical payment authorization applies may not be covered by BWC and may be the responsibility of the injured worker.	
	<input checked="" type="checkbox"/> Approved	Date service begins 4/1/2024 Date service ends 5/15/2024
	<input type="checkbox"/> Amended approval	Approved. "PT 3x's per week for 4 weeks (extending)" to left ankle. Miller Applied: Request is reasonably related to and necessary for treatment of the injury, costs N/A. ODG Referenced. Time frame to not overlap with previous auth. Approved to transition to a home exercise program and terminate.
	<input type="checkbox"/> Denied explanation: Disputes to the decision	Maximum time allowable per visit is up to 1 hour/4 units Requested services must be with an Ohio BWC provider and final reimbursement will be in accordance with BWC policy and contracted fee schedule. Travel investigation required: A Reimbursement is only for specialized treatment that cannot be obtained within the city or community where the IW resides and MUST be pre-authorized.
	<input type="checkbox"/> Pending: The documentation submitted to the MCO case manager allows for a treatment that may result in denial	
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Dismissed	

BWC claim status: <input checked="" type="checkbox"/> Allowed <input type="checkbox"/> Denied <input type="checkbox"/> Pending	List allowed ICD code(s): S96.912A
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MCO company/ST Employer name (please print, type or stamp)	MCO name and signature (print, type or stamp and sign)		
Sedgwick Managed Care Ohio	Janet M., R., CRR		
MCO number	Telephone number	Date	
10005	888-627-7586	3/28/2024	