



To ensure maximum efficiency & the highest level of care & quality, we ask that all Employers be aware of the following policies

1. Before a patient will be seen by a Tri-State Orthopaedics & Sports Medicine (TSO) physician, the patient must provide:
 - Patient's name, address, home telephone, and work telephone numbers
 - Social security number
 - Claim number
 - Employer & date of injury
 - Compensable body part(s)
 - Name, address, telephone and fax number of the claims processing office
 - Personal health insurance of injured worker (*optional*)
2. The Employer agrees to forward the first report of injury upon completion, and in cases of lost time, a copy of the Notice of Compensation Payable (NOCP). This information can be faxed to (412) 367-9862.
3. TSO will submit claims directly to the work comp insurance company or payor.
4. The Employer needs to inform its work comp insurance company that TSO requires that they forward a copy of the formal written denial to TSO upon completion for any rejections or denials for work comp coverage.
5. TSO does not require personal health insurance (or a referral) for office visits. However, if the patient requires surgery, it will be necessary for the patient to sign a form acknowledging the he/she understands the following two options:

Option 1: To protect the patient from being financially responsible (if the claim is denied by the work comp carrier), the patient can request that TSO submit the claim to his/her personal health insurance. In order to ensure this coordination of benefits, in addition to the work comp insurance information, the injured worker must provide personal health insurance information, contact his/her primary care physician (PCP) prior to the appointment, and obtain the necessary approvals/referrals for the visit (according to the policy of the personal health insurance coverage). Again, this will ensure that in the event that the work comp claim is denied, TSO will be able to submit charges to the personal health insurance carrier. The patient must sign the "Work Comp Acknowledgement" form indicating that he/she understands the options.

Option 2: Patients declining to provide personal health insurance information must sign the "Work Comp Acknowledgment" form indicating that they understand their financial responsibilities if the claim is denied.
6. TSO agrees to provide a completed Medical Report Form (i.e. LIBC) within 24 hours of the patient's visit to one party designated by the Employer. The Employer agrees to identify one contact person and provide the contact name, telephone and fax number. Unless otherwise indicated, TSO will assume the one party is the work comp insurance company (or TPA).
7. TSO only accepts work comp claims filed in the states of Pennsylvania and Ohio. TSO does not pre-certify treatment or surgery for Pennsylvania work comp claims.
8. As panel providers, TSO will treat work-related injuries for patients that have not previously had surgery/fracture care on the injured body part or have had surgery more than 2 years ago. If TSO is a panel provider, and the patient has had surgery/fracture care on that body part within the past 2 years, please contact our Work Comp Liaison to discuss the situation and our physicians will review on a case-by-case basis. These situations may require an IME.

If TSO is not a panel provider, we will schedule patient-requested second opinions prior to surgery on the injured body part. We will evaluate and provide treatment options. If there has been prior surgery or the insurance carrier/case manager requests the second opinion (not the patient), TSO physicians will perform an IME.
9. TSO physicians do not treat work-related injuries that require treatment by a trauma center.
10. The Employer must inform its work comp insurance company that TSO will accrue interest at 10% per annum for claims not paid within 30 days of receipt, as mandated by Pennsylvania state work comp law.
11. IME's and second opinions requested by work comp carriers or TPA's can be scheduled by calling our IME services manager, at (412) 369-4000 ext. 347.