

Zenith Medical Provider Network Participation Requirements

Zenith monitors and evaluates provider performance using economic analysis and assessments for compliance with Zenith requirements and to determine inclusion and ongoing participation in the Zenith Medical Provider Network #3142 ("ZMPN"). You are required to comply with the Workers' Compensation Act and corresponding rules and regulations. You are also required to comply with the ZMPN Participation Requirements.

You are responsible for periodically checking Zenith's website for updated versions of this document to remain informed of, and compliant with, all ZMPN Participation Requirements. Failure to comply with ZMPN Participation Requirements may result in mentoring, suspension, or removal from the ZMPN.

You can access and review the ZMPN Participation Requirements as well as Zenith's California Provider Evaluation Policy online at TheZenith.com (under Medical Providers, select Information for Providers, Policies and Procedures, then California, ZMPN Providers Only). Please contact us at 800-841-3988 if you have any questions.

Requirements for Continued Participation in the ZMPN

General Duties

1. Treat within the scope of your specialty and maintain your medical license in good standing at all times. Providers who do not maintain medical licensing or lose eligibility to participate in a federal or state program, including but not limited to Medicare, Medicaid, or MediCal, will be removed from the ZMPN. Providers charged with fraudulent activities will be subject to utilization review on all services. Providers who admit to facts of wrongdoing, enter a plea, or are convicted of charges, will be removed from the ZMPN.
2. You are responsible for the oversight and supervision of Nurse Practitioners and Physician Assistants working for you. Therefore, you will be held accountable for their actions including failure to comply with the ZMPN Participation Requirements.
3. Provide treatment in a manner that is compatible with the ZMPN goal of working collaboratively with Zenith, injured employees, and other providers to deliver appropriate, timely and cost effective care to attain optimal outcomes and return injured employees to work as soon as medically appropriate.
4. Provide treatment by PTPs and specialists at a geographic location that is within a reasonable travel distance of the injured employee's home or workplace and refer to providers and facilities that are within a reasonable travel distance of the injured employee's home or workplace. For this purpose, Zenith is adopting the same travel distances for PTPs and specialists as set forth for network access under §8 CCR 9767.5 which is 15 miles or 30 minutes for PTP services and 30 miles or 60 minutes for specialty services.

Communication with Zenith

5. Treat injured employees, Zenith employees, and other providers with respect and ensure that communications are appropriate and professional at all times.
6. Promptly communicate with, and respond to, Zenith employees and agents, such as but not limited to Zenith's utilization review organization and medical directors, to help ensure that there is no delay in care for the injured employee or in the management of the claim. This includes responding timely to requests for additional information and participating in peer-to-peer conversations as part of Zenith's claim review, quality review, and utilization review/independent medical review processes. This also includes following Zenith and its vendors' workflows for scheduling, providing, and billing for medical services.
7. Provide advance notice to Zenith before extending the originally approved course of treatment based on a clinical assessment and before adding body parts beyond those originally approved.

Network Administrative Compliance

8. Ensure that referrals for care are made within the ZMPN.

Listing of ZMPN Providers: To locate network providers, utilize the Zenith provider online search tool at TheZenith.com (under Medical Providers, select Information for Providers, then Find A Provider) or contact Zenith's Provider Group at 800-841-3988. ZMPN participation is specific to the Medical Provider and at the respective listed location(s). In addition, a list of preferred ancillary services ("Zenith Contact List") is included with

this letter and can also be found at TheZenith.com (under Medical Providers, select Information for Providers, then Find an Ancillary Service Vendor). All services must be provided in network.

9. Provide treatment only at your practice locations that have been listed in the ZMPN directory. Any location not listed in the ZMPN directory is not included in the ZMPN and treatment rendered at those locations will be subject to denial as out of network.
10. Provide and bill for services only at locations and under Taxpayer Identification Numbers (TIN) selected by Zenith for inclusion in the ZMPN. Other physicians or health care providers who treat workers' compensation patients and who use your TIN are only considered participants in the ZMPN if the physician or health care provider has been selected for participation in the network, is independently listed/appears on Zenith's network list, and the medical group or clinic has signed an Acknowledgement as required by 8 CCR §9767.5.1. Otherwise, other physicians or healthcare providers sharing your TIN are not included in the ZMPN.
11. If you participate in the ZMPN through one of Zenith's ancillary vendors, you must comply with the ancillary vendor's procedures including requirements that treatment requests, coordination of care, and billings be processed through the vendor. Treatment rendered that is not in compliance with the ancillary vendor's procedures is subject to denial as out of network treatment.
12. Contact Zenith's Provider Group at 800-841-3988 or email the Provider Group at providergroup@thezenith.com within 10 days of any demographic information change (i.e. address, phone or TIN) or if you are no longer treating workers' compensation injuries and illnesses.
13. Sign any Acknowledgment Forms agreeing to participate in the ZMPN when requested by Zenith or its designated agent.

Billing and Payments

14. Submit bills timely to Zenith that accurately reflect the services you provided to Zenith's injured employees and that comply with the Official Medical Fee Schedule (OMFS) and other applicable regulatory requirements. If you disagree with a bill payment, you must submit reconsiderations using the appropriate dispute resolution process within the applicable time frame set forth for second review of bills and independent bill review.
15. Accept the applicable contract rate as payment in full, and not pursue reimbursement in excess of the contract rate or file liens in excess of the applicable contract rate.

Medical Authorizations

16. Deliver care to injured employees accessing the ZMPN within MTUS, MTUS Drug Formulary, or other evidence based medicine guidelines where appropriate. If the requested treatment is outside the scope of applicable guidelines, the treatment request must include supporting documentation to substantiate the medical necessity and rationale for the requested treatment. MTUS is presumptively correct on the issue of extent and scope of medical treatment and diagnostic services addressed in the MTUS for the duration of the medical condition.
17. Request preauthorization for medical treatment including drugs that are not listed as Exempt on the MTUS Drug Formulary utilizing DWC Form RFA along with documentation to substantiate the medical necessity of the requested treatment. Participate in peer-to-peer reviews and provide additional information, as requested, in a timely manner. Documentation for drugs must include details such as strength, quantity, and frequency of use. Zenith's preauthorization requirement does not apply to a) treatment exempted from preauthorization when provided within the first 30 days following the initial date of injury pursuant to Labor Code §4610(b); b) drugs listed as Exempt under the MTUS Drug Formulary when used within guidelines; and c) emergency health care services. Zenith may deny reimbursement for treatment that is determined not to be medically necessary. If you do not request preauthorization as required by Zenith, Zenith may perform retrospective review of the treatment, may deny payment for the treatment, and may remove you from the ZMPN. Emergency health care services may be subject to retrospective review; however, failure to obtain prior authorization for emergency health care services shall not by itself be an acceptable basis for refusal to cover medical services provided to treat and stabilize an injured employee presenting for emergency health care services. Providers must abide by utilization review requirements and determinations, including appeal and independent medical review processes.

Submit treatment requests to Zenith either:

BY MAIL TO:
Zenith Insurance Company
PO Box 769

Woodland Hills, CA 91367

BY FAX TO:

818-227-3057

18. Zenith does not accept nor respond to any treatment requests submitted to other addresses or through other means, including RFAs submitted through electronic billing systems. Bills for services are required to be submitted separately from RFAs.
19. Prescribe and use generic medications, medical devices, and equipment whenever possible. If a generic equivalent is not medically appropriate due to medical concerns, you are required to submit an RFA to request a brand name and include supporting documentation showing why the brand name is medically necessary for the injured employee. All medications, medical devices and equipment must meet medical necessity requirements.
20. Authorization is only for the treatments and technology listed on the submitted RFA. You must request and obtain authorization for each specific medical technology, medical device, medical implant or intraoperative monitoring that will be used during requested treatments and services. Failure to do so will subject the technology or service to retrospective review and may result in denial of the technology or service and will not be in compliance with Zenith requirements. For example, approval of a surgery does not include approval for robotic surgery. Services requiring specific approval include but are not limited to robotic surgery, intraoperative neurophysiological monitoring, stem cell infused mesh, and amniotic stem cell infusion.
21. Provide approved surgical services all in a single surgical event unless you have specifically requested surgical services be provided as staged surgeries and Zenith has previously approved the requested staged provision of surgical treatment.
22. Submit DFRs (Form 5021), PR2s, PR4s, or other supporting document(s) within state established guidelines or within the time frame requested by Zenith, whichever is applicable. DFRs must be submitted for all claims including first aid claims. Medical reports must be legible, complete and accurate. The DFR must also include a description of the mechanism of injury to show the method by which damage or trauma to skin, muscles, organs, and bones happened and describe how the injury arose primarily out of and in the course of employment. When a medication subject to the Controlled Substance Utilization Review and Evaluation System ("CURES") requirements is initially prescribed, the medical report must note that CURES was checked as required. Reports must discuss the results of any urine drug testing performed, including whether the test results will or will not impact the course of treatment.
23. Zenith does not use a voluntary appeal process for adverse determinations of medical treatment. All disputes of utilization review decisions that denied or partially approved a medical treatment request, will be resolved using the Independent Medical Review process pursuant to 8 CCR §9792.10.1 et seq.

Pharmacy Network

24. Comply with Zenith's Pharmacy Network (ZPN) requirements. Prescriptions must comply with state and federal regulations in both form and substance, including MTUS Drug Formulary requirements. Preauthorization is required for both non-exempt and unlisted drugs, as well as for exempt drugs when the use is one which is not recommended under the MTUS Drug Formulary. Provider and office dispensing are neither included in, nor covered through the ZPN. Injured employees are required to fill prescriptions at a pharmacy participating in the ZPN. Medications dispensed at a provider's office will not be reimbursed unless for an intrathecal pump (including refills), antibiotic, or antiviral. Assistance locating a pharmacy, compounding pharmacy, or accessing mail order services is available by contacting Cadence Rx at 888-813-0023, you may also locate a pharmacy at <https://cadencrx.com/find-a-pharmacy/>.
25. The California Prescription Drug Monitoring Database ("PDMP") maintains the Controlled Substance Utilization Review and Evaluation System ("CURES") database which is located at <https://oag.ca.gov/cures>. As a ZMPN provider you are expected to register and consult the CURES database no earlier than 24 hours, or the previous business day before prescribing, ordering, or administering scheduled and controlled medications to any ZMPN injured employee. You are also required to consult CURES at least once every four months when continuing to prescribe a controlled substance to any ZMPN injured employee. Medical reports must note that CURES was checked as required.