TheZenith®

Zenith Medical Provider Network

Provider Manual

ZMPN Provider Manual

Zenith has designed this manual for providers participating in the Zenith Medical Provider Network (the "ZMPN").

As a valued member of our Zenith Medical Provider Network, your role is to provide appropriate, timely care to injured employees within your specific area of medical expertise, based on clinical judgment and sound medical practice. Not all injuries are the same, so not all treatment should be the same. Zenith's medical management team will work with you to help injured employees recover and regain function.

WHAT IS THE ZMPN?

The ZMPN is a network of providers that has been certified by the State of California Department of Industrial Relations, Division of Workers' Compensation (the "DWC"), to provide health care to injured employees. The ZMPN has met specific access and health care delivery standards for providers in order to be certified. The relationship between Zenith Insurance Company ("Zenith") and the ZMPN physicians is one of cooperation and respect.

Why Participate in the ZMPN?

Under the ZMPN, employees must obtain care through the ZMPN except under very limited circumstances. Participation in the ZMPN allows you to be selected by the employer, the employee or Zenith as a treating physician for an injured worker whose employer chose Zenith's workers' compensation insurance. This includes the selection of contracted ancillary providers.

DEFINITIONS

Primary Treating Physician (PTP) – The physician who is primarily responsible for providing and managing the care and disability of an injured employee in accordance with California Code of Regulations Section 9785.

Consulting Specialist – The consulting specialist provides care to the injured employee after referral from a PTP.

Employer – The employer as defined in Section 3300 and 3301 of the California Labor Code.

Medical Provider Network – An organization certified as a medical provider network by the DWC.

Participating Provider – A provider who is contracted either directly with Zenith or otherwise is a provider participating in the ZMPN.

Utilization Review – Utilization review is a process of medical management functions that retrospectively, prospectively, or concurrently review medical treatment requests and recommendations by medical providers and approve, modify, delay, or deny these

requests based in whole or in part on the extent and scope, reasonableness and necessity of the medical treatment to cure and relieve. The scope and purpose of utilization review is not to determine the work-relatedness of a medical illness, disease, or condition to the industrial injury (medical causation) or to determine whether the medical services rendered were accurately billed. Utilization reviews are conducted pursuant to the Medical Treatment Utilization Schedule (MTUS) adopted by the Administrative Director under CCR §9792.21 and other evidence based guidelines if there is no applicable MTUS guideline.

PROVIDER EVALUATIONS

Zenith may conduct provider evaluations to determine whether or not providers will be included or retained within the ZMPN and to establish the level of utilization review oversight that will be applied to a specific provider. These evaluations are performed in a manner that is consistent with California Labor Code Section 4616.1, et seq.

Zenith uses defined metrics to directly monitor utilization of services associated with medical care provided by physicians, providers, medical groups, or individual practice associations (together, "Providers") within the ZMPN. These metrics may include examination of temporary, total disability; claim duration; narcotic utilization; and/or surgery utilization, and may further include, directly or indirectly, an examination of economic costs and/or utilization of services.

Zenith may compare results for each metric against evidence-based guidelines, such as MTUS guidelines (which includes the ACOEM Practice Guidelines, Second Edition), or the Official Disability Guidelines ("ODG") for non-network medical care. In addition, the results for each metric for a particular Provider may be compared against the average results for such metric for other Providers. Providers that have results outside of the evidence-based guidelines or that, to a relevant degree, are above or below the average for the peer group of Providers are identified as potential outliers and may be further evaluated by Zenith as described below (collectively, this process is the "Evaluation"). Zenith also may consider other factors such as the sufficiency of the ZMPN, provider cooperation and work volume when it reviews the composition of the ZMPN.

If Zenith determines that further steps are required to maintain professional standards or network sufficiency, Zenith may take any appropriate actions in a fair and non-discriminatory manner, including:

- Addition, retention or termination of providers;
- Change in the degree or extent of utilization review (within the scope of the filed utilization review plan applicable to the ZMPN);
- Change in the degree or extent of peer review; or
- Implementation of any appropriate incentive or penalty programs.

Provider Directory and Network Steerage

Zenith requires that injured employees obtain care through network providers whenever feasible. In order to help steer care into the network, Zenith maintains a ZMPN provider

directory that is made available to Zenith employees, and Zenith's covered employers and their employees. Zenith works with its network vendors to maintain the provider network directory. The employer or injured employee may request a regional area listing of ZMPN participating providers which will include all ZMPN participating providers within 15 miles of the employer's workplace and/or employee's residence or a list of all ZMPN participating providers within the county where the employee lives and/or works.

As a ZMPN provider, you are listed in this directory. It is important that you update Zenith with any new contact information to help keep the directory as current as possible. You can view a complete listing of all ZMPN providers online at www.TheZenith.com/ZMPN. If you do not find your name in this listing, or find that your listing is not accurate, please contact Zenith's Provider Relations department immediately (Refer to *ZMPN Contact Information* below).

General Cooperation Requirements

As a ZMPN provider, you are expected to cooperate with Zenith in order to deliver medically necessary care to injured workers in an efficient and timely manner. This includes, but is not limited to:

- Complying with all state and federal licensing, certification, continuing education or other laws, rules and regulations applicable to you as a medical provider in the State of California.
- Complying with all applicable laws, rules and regulations governing the provision of medical care to injured workers, including administrative items such as records retention and maintenance;
- Complying with Zenith medical management and ZMPN processes, policies and procedures;
- Following applicable treatment guidelines; and
- Responding to requests for information and medical records in a timely and professional manner.

Failing to follow Zenith processes and procedures or applicable treatment guidelines is cause for removal from the ZMPN under Zenith's provider evaluation process.

Role of the Primary Treating Provider ("PTP")

Initial Care

The PTP is responsible for rendering initial care to the injured employee and assessing whether further care may be necessary. The PTP is responsible for managing disability as well as the treatment course throughout the duration of the claim including post referrals to specialists.

Appointments

Injured employees requiring urgent care should be seen within 24 hours of the request. Non-urgent care appointments for initial treatment of an injury should be accommodated within 3 business days or sooner of the employer or insurer's request for treatment.

Non-urgent care appointments for specialist care treatment should be accommodated no later than 10 business days after the employer's or insurer's request for specialist care treatment.

Providers should contact Zenith immediately if they are not able to reasonably accommodate a referred injured employee for either urgent or non-urgent care so that another Provider may be assigned.

Waiting Time – Injured employees are to be advised of wait time by your office staff. Acceptable waiting time in a provider's office or clinic should not exceed reasonable community standards of more than 45 minutes.

Referrals to Consulting Specialists

PTP's should make referrals to consulting specialists as recommended by MTUS (including ACOEM) or other evidence based guidelines. Any request for a consultative specialist evaluation:

- Must be pre-authorized by a Zenith claims examiner or nurse case manager in writing prior to the referral; and
- Requires a rationale why the specialist referral is medically necessary to evaluate and/or diagnose the medical condition of the injured employee; and
- Shall be made within the ZMPN unless there is a medically substantiated reason why a physician specialist uniquely qualified to evaluate or manage the specific problem of the injured employee can't be identified within the ZMPN.

Exceptions are red flags as defined by the ACOEM Practice Guidelines in which no preauthorization is required.

There may also be occasions in which a referral is requested for a type of specialist that is not included in the ZMPN. In this circumstance, Zenith will verify that the designated specialty type is not part of the ZMPN and will authorize the referral to a specialist outside of the ZMPN. Any medical treatment ordered by the non-ZMPN specialist will be reviewed in accord with Zenith's utilization review process. Any referrals made by the non-ZMPN specialist must be made to ZMPN providers unless otherwise authorized by Zenith. Once specialty treatment is completed with the non-ZMPN specialist, the covered injured workers' ongoing treatment will be provided by either the original PTP in the ZMPN or another provider within the ZMPN.

To identify appropriate consultative specialists, you may access Zenith's preferred provider directory under "Tools and Resources" at www.thezenith.com, by clicking "Find a Medical Provider" and then clicking "California", or call Zenith's *Provider Helpline* at (800) 841–3988.

Limitation on Physical Therapy, Chiropractic and Occupation Therapy Visits

Injuries on or after January 1, 2004, with the exception of surgical intervention, will be limited to a maximum number of twenty-four (24) visits each for chiropractic, occupational therapy and/ or physical therapy treatments per industrial injury. The allowable limit does not extend to multiple body parts claimed to arise from the same industrial injury or postoperative treatment.

The limitation will not apply if one or more of the following situations exists:

(1) the employer authorizes, in writing, additional visits to a health care practitioner for physical medicine services; or

(2) the visits are for post surgical physical medicine and post surgical rehabilitation services provided in compliance with a post surgical treatment utilization schedule as established by the administrative director pursuant to California Labor Code Section 5307.27; or

(3) The injury is not covered by the MTUS adopted under CCR §9792.21 by the Administrative Director. For these injuries, authorized treatment shall be in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.

Clinical Management & MTUS

Providers are expected to cooperate with Zenith's case management department in order to comply with utilization review policies and protocols.

For all dates of injuries, the Medical Treatment Utilization Schedule (MTUS) including ACOEM is considered presumptively correct on the issue of extent and scope of medical treatment. Should you need more information about ACOEM guidelines, please visit the ACOEM website at www.acoem.org. For injuries not covered by MTUS guidelines adopted by the DWC, including ACOEM, authorized treatment must be in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.

All non-emergency health care services (including treatment recommendations, medicines, diagnostic procedures and durable medical equipment) provided shall be:

- Reasonably and medically necessary;
- Pre-authorized in writing prior to implementation;
- Focused on improving function at home and at work for the injured employee; and
- Consistent with MTUS, including ACOEM, or other nationally recognized and scientific evidence-based treatment guidelines

Request for Authorization of Treatment

A request for authorization must be either submitted originally in writing or be a "written" confirmation of an oral request for a specific course of proposed medical treatment". This written confirmation must:

- Follow an oral request within seventy-two (72) hours; and
- Be set forth in either Form DLSR 5021, DWC Form PR-2, or in narrative format clearly marked at the top that it is a "request for authorization of treatment".

Continuity of Care

"Continuity of Care" allows a covered injured employee to continue treatment with a non-ZMPN provider when a provider is terminated from the network for reasons other than a medical disciplinary cause or reason, as defined in Section 805(a)(6) of the California Business and Profession Code, fraud or other criminal activity or when Zenith, in its sole discretion, determines that care should be continued with a non-ZMPN provider due to clinical or business reasons.

If a provider is terminated or not renewed due to a medical disciplinary cause or reason, fraud or other criminal activity, Zenith will not agree to Continuity of Care and care will be immediately transferred to an existing ZMPN provider.

If you or Zenith terminates your participation in the Zenith Medical Provider Network, an injured employee or Zenith may request you remain the provider of care if the injured employee was receiving services from you that meet one of the following conditions:

1. An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and has a limited duration of less than ninety (90) days. Zenith will review such treatment and the rationale for non-ZMPN treatment and render a Continuity of Care determination. If it is determined that an acute condition exists for a compensable claim and therefore, Continuity of Care applies, the completion of treatment will be provided for the duration of the acute condition.

2. A serious chronic condition. A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time of at least ninety (90) days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be authorized for a period of time necessary to:

    a. complete a course of treatment that has been approved by either Zenith or the employer; and
    b. to arrange for transfer to a provider within the ZMPN, as determined by Zenith in consultation with the injured covered employee and the terminated or prior non-ZMPN provider.

The one year period for completion of treatment begins on the date the injured employee receives notice of the determination that the injured employee has a serious chronic condition.

3. A terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment will be provided for the duration of a terminal illness.

4. Performance of a surgery or other procedure that is authorized by Zenith or the employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within one hundred and eighty (180) days of the provider contract's termination date.

If the injured employee does not qualify for Continuity of Care, the injured employee's ongoing care will be transferred to an existing ZMPN provider.

Continuity of Care – Sole Discretion of Zenith – Permitted but Not Required by Labor Code 4616.2

Pursuant to Labor Code 4616.2(d)(7), Zenith may, in its sole discretion, provide Continuity of Care beyond that required by law or regulation. If an injured employee requests Continuity of Care, but the injured employee does not meet the requirements for Continuity of Care, Zenith may determine that continued treatment with the terminated provider is still appropriate due to business and/or clinical considerations. . All such discretionary determinations of Continuity of Care must be approved by a Zenith Medical Director when the approved ongoing care with the terminated provider will exceed one month.

Situations in which Zenith might allow discretionary Continuity of Care include but are not necessarily limited to the following:

1. An injured employee is expected to complete care within a very short period of time of the terminated provider's contract end date, such as 1-2 days;
2. An injured employee has only has one follow-up visit remaining prior to being fully released from the terminated provider's care;
3. An injured employee is receiving ongoing care for a condition that does not meet one of the requirements set forth for Continuity of Care under the Standards section of this policy, but Zenith in its sole discretion determines that continuing care with the terminated provider is appropriate under the circumstances presented.

Discretionary Continuation of Care may be for a limited period of time in order to arrange for transfer of care to a ZMPN provider or for the duration of care at the sole discretion of Zenith.

If Continuity of Care is provided pursuant to Zenith's sole discretion, Zenith will notify the injured employee of the determination and indicate the estimated length of time for which care will be continued.

EMERGENCY CARE

Treatment and services for Emergency Health Care Services do not require preauthorization from Zenith. Emergency Health Care Services is defined as health care services provided for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy.

A covered injured worker is permitted to receive Emergency Health Care Services from any provider, whether or not the provider is within the Zenith Medical Provider Network. If a covered injured worker receives Emergency Health Care Services outside of the ZMPN, Zenith will review treatment to determine when the injured worker has stabilized, so that the care of such worker may be transferred into the ZMPN as appropriate and consistent with other applicable policies.

While prior authorization is not required, Zenith may request documentation for Emergency Health Care Services from the treating provider. Emergency Health Care Services may also be reviewed through retrospective utilization review to determine if the treatment recommended by the treating physicians was medically necessary to cure or relieve an injury or condition. Zenith will also determine whether the injury or condition is compensable under workers compensation. Based on this review, Zenith may approve, modify, delay or deny services.

Provider Agreement to Provide Continuity of Care

If requested to continue treatment, you may accept or decline to provide ongoing care to the injured employee. If you agree to provide ongoing care, you will be required to agree in writing to treat the injured employee under the same contractual terms and conditions that were in effect immediately prior to the contract termination date. You must also agree to be compensated at the same rate and under the same method of payment as contracted providers providing similar services in the same or similar geographic area as you. This rate may or may not be the same as the rate that was in effect at the time your contract terminated. If you do not agree in writing to comply with the terms, conditions and rates, Zenith is not required to authorize treatment with you (the terminated provider) beyond the date of the provider's contract termination date, and care may be transferred to a ZMPN provider.

Dispute Resolution for Continuity of Care Determinations

The injured employee may dispute Zenith's determination that the employee's medical condition does not qualify for Continuity of Care. In order to dispute the determination, the injured employee must:

1. Notify Zenith that he or she is disputing the determination; and
2. Request a report from the injured employee's PTP that addresses the medical condition or situation that qualifies the injured employee injured employee within twenty (20) calendar days of the request.

If the treating physician fails to issue the report to the injured employee within 20 calendar days, the determination made by Zenith will be upheld and the injured employee's care will be transferred to an existing ZMPN provider.

If the physician issues the report and either Zenith or the injured employee objects to the medical determination made by the treating physician, the dispute will be resolved pursuant to California Labor Code section 4062.

If the treating physician's report agrees with Zenith's determination that the injured employee's medical condition does not meet the criteria for Continuity of Care, the injured employee must choose a new provider from within the ZMPN and care will be transferred to that provider during the dispute resolution process.

If the treating physician report does not agree with Zenith's determination that the covered injured employee's medical condition does not qualify for Continuity of Care, the injured employee will continue to treat with the terminated provider until the dispute is resolved.

CHANGE OF PHYSICIAN

Injured employees are entitled to change physicians within the MPN at any time after the initial medical evaluation with a ZMPN physician. Please notify Zenith if an injured employee requests a change of physician. The number of times an injured employee can change physicians is unrestricted except that the selection of a treating physician and any subsequent physicians shall be based on the physician's specialty or recognized expertise in treating the particular injury or condition in question.

SECOND AND THIRD OPINIONS

If an injured employee disputes either the diagnosis or the treatment prescribed by the treating physician, the injured employee may seek the opinion of another physician in the ZMPN. If the injured employee disputes the diagnosis or treatment prescribed by the second physician, the employee may seek the opinion of a third physician in the ZMPN. If after the third physician's opinion, the treatment or diagnostic service remains disputed, the injured employee may request an i*ndependent medical review* ("IMR) through the DWC.

When an injured employee seeks a second on third opinion, the injured employee must select a provider from the list of available ZMPN providers and make an appointment with the selected provider within 60 days of the day the injured employee receives the list of available providers. Failure to make an appointment with the selected provider within this 60 day period will waive all rights the injured employee had for a Second or Third Opinion with respect to the disputed diagnosis or treatment. If you are chosen to by the injured worker to provide a second or third opinion, it is important that you schedule the appointment within the 60 day period.

Upon notice of an injured employee's provider selection and appointment date, Zenith is required to contact the existing treating physician and provide the selected reviewing physician a copy of the injured employee's applicable medical records prior to date of the injured employee's appointment. Zenith will also notify the selected provider in writing

that they have been selected to provide an opinion and the nature of the dispute. A copy of this notice will be sent to the injured employee.

Please notify Zenith immediately if an injured employee is disputing the treatment you are providing or the diagnosis prescribed.

If you are selected to provide a second or third opinion and determine that the injury or illness is outside the scope of your area of practice, you must notify Zenith and the injured employee so that a new list of ZMPN providers can be provided to the injured employee.

If you agree to provide a second or third opinion, you must provide a written opinion on the disputed diagnosis or treatment and offer alternative diagnosis or treatment recommendations, if applicable. Your written report must be provided to the injured employee, Zenith and the original treating physician within 20 days of the later of the date you see the injured employee or the date the results of diagnostic testing are received. You may also order any medically necessary diagnostic testing you deem necessary to complete your review of the disputed diagnosis or treatment.

At the time of the injured covered employee's selection of a physician for a third opinion, Zenith will notify the injured covered employee about the IMR process and provide the injured covered employee with a copy of the IMR process and an IMR application form set forth in the California Code of Regulations, Section 9768.10. Our ZMPN providers are required to cooperate with us to help ensure that all applicable medical information is made available for any Independent Medical Review.

Role of the Secondary or Specialist Referral Physician

If you are the secondary or specialist physician appointed by the PTP within the ZMPN for the purpose of providing treatment or conducting a specialty consultation, you are required to:

- Report to the PTP in the manner required by the PTP;
- Respond to requests by Zenith for additional information necessary to administer the employee's claim; and
- Support the PTP in disability management, expediting the return to function.

Medical Reporting

Providers must complete and submit timely, appropriate reports as required by law. At a minimum, reports must include the following:

- Injured employee's name and address;
- Injured employee's medical history as obtained and reviewed by the physician;
- The physician's findings on the examination;
- The planned course, scope, frequency and duration of the treatment;
- A planned return-to-work date;
- PIR/MMI ratings, if appropriate or functional capacity of the injured employees.
- All reports shall be submitted using the appropriate required form, including:

- Doctor's First Report of Occupational Injury or Illness (Form DLSR 5021) Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to Zenith. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.
- Primary Treating Physician's Progress Report (DWC Form PR-2). If a narrative format is preferred it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type and must contain the same information using the same order and subject headings as DWC Form PR-2.
- Primary Treating Physician's Permanent and Stationary Report (DWC Form PR-3). This form is required to be used for ratings prepared pursuant to the 1997 Permanent Disability Rating Schedule. It is designed to be used by the primary treating physician to report the initial evaluation of permanent disability to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.
  This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.
- Comprehensive Medical-Legal Reports (QME/AME) – Submit in narrative format only and label appropriately.
- Primary Treating Physician's Permanent and Stationary Report (DWC Form PR-4). This form is required to be used for ratings prepared pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment (5^{th} Ed.). It is designed to be used by the primary treating physician to report the initial evaluation of permanent impairment to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.
  This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.

Copies of required forms may be obtained from the DWC website at http://www.dir.ca.gov/dwc/forms.html.

Medical Legal Reporting

Under California Labor Code Section 4628, providers may be requested to submit medical-legal Reports. When requested, providers must provide medical-legal reports in a timely manner. The purpose of these reports is to provide an objective evaluation of the employee's medical condition for a contested claim. At a minimum, reports must include the following:

- Injured employee's medical condition at the time of the report;
- The cause and treatment of the medical condition;

- The existence, nature, duration or extent of total temporary disability, partial temporary disability, impairment and/or other disability caused by the employee's medical condition; and
- The employee's medical eligibility for rehabilitation services.

All medical-legal reports will be reimbursed per the allowable California medical-legal fee schedule. The California reimbursement schedule for these reports is noted under the California Code of Regulations, Article 5.6, *Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations*.

PHARMACEUTICAL EXPERTISE

Pharmaceutical expertise is available through Zenith. A dedicated pharmacist is available to collaborate with you on complex Zenith pharmaceutical cases. To inquire more about this service please contact Zenith's *Provider Helpline* at (800) 841-3988 or email providergroup@thezenith.com.

Rules for Calculating Permanent Disability

The calculation of permanent disability is to be in accordance with the *American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, 5th Edition.* Information about these guidelines can be obtained by accessing www.ama-assn.org.

Return to Work Policy

Zenith is committed to assisting its policyholders to bring their injured employees back to medically appropriate work as soon as it is safely possible within the employee's post-injury capabilities. Returning to function both at home and at work should be part of the treatment plan.

Transitional Work Assignments (TWA) - Transitional work is a critical component of Zenith's return to work ("RTW") program. Zenith's assigned RTW specialists are actively involved from the onset of the employee's claim to acquire necessary information from you as to the employee's ongoing specific limitations and restrictions, as well as physical abilities. The RTW specialist communicates this information to the employer to see if there are compatible tasks that can materialize into a transitional work assignment while the employee is undergoing treatment and recovering from the industrial injury.

Ergonomic Evaluations - If the injured employee continues to work for the original employer and you feel that an evaluation of the work station would assist you to manage medical treatment; you must send a written request for an evaluation or assessment to Zenith.

Ancillary Services

Zenith has established preferred provider networks for many ancillary services. Please contact your Zenith claims examiner or nurse case manager for all referrals that involve:

- ✓ Diagnostic testing;
- ✓ Physical/occupational therapy;

- ✓ Home health services; or
- ✓ Durable medical equipment.

All such services (except pharmaceuticals) must be pre-authorized in writing by Zenith prior to referral.

Pharmaceutical Services - Within two weeks of a reported injury, the injured employee will receive a Zenith pharmacy card that can be used at most major pharmacy chains. If an injured employee requires medication on their initial visit, you may dispense the first fill. Thereafter, for any need for future fills, please provide a prescription for the medication and direct the injured employee to use the Zenith pharmacy benefits management program. Please note, the law requires that you prescribe and/or dispense generic drug equivalents unless such medications are unavailable, in which case you must specify in writing why a non-generic medication must be prescribed and/or dispensed. If you have any questions about Zenith's pharmacy program please contact Zenith's *Provider Helpline* at (800) 841-3988.

Bill Submission and Payment

Treatment Services - any charges billed under the provisions of the services agreement between you and Zenith (your "ZMPN Contract") for reimbursement are subject to the terms and rates established by your ZMPN Contract and the applicable fee schedule in effect at the time services are rendered in accordance with the maximum reimbursement rates (codes/modifiers) established by the Official Medical Fee Schedule ("OMFS"). Your submission for payment will not be considered complete unless the substantiating report(s) for the services rendered and a copy of Zenith's written authorization for treatment are included with your invoice.

Comprehensive Medical-Legal Charges - Zenith is obligated to pay for those charges deemed reasonable and not in excess of the maximum amounts allowable in the Official Medical-Legal Fee Schedule ("OMLFS"). All such properly itemized billing must be accompanied by a medical report substantiating the evaluation.

All diagnostic tests, radiology, and laboratory studies shall be itemized separately and billed in accordance with the OMFS under the provisions and/or terms of your ZMPN Contract. Zenith will not be responsible for these charges unless there is prior written authorization for the additional tests and/or procedures and a clear rationale stated within the body of your medical report warranting the medical necessity of the tests and/or procedures.

Any charges billed under the provisions of the applicable provider contract and are subject to the rates as outlined in your ZMPN Contract. Bills must be submitted to Zenith not later than the 60th day after the service was rendered. If Zenith requests additional documentation, please provide requested documentation no later than the 15th day after the date of receipt of Zenith's request. In order to expedite payment, please verify all submitted bills contain the following information:

Required Fields:

- ➢ Patient name
- ➢ Provider tax identification
- ➢ Provider name

- Remit address
- Dates of service
- CPT/ Procedure or NDC
- Number of Services or drug quantity (units), if applicable
- Billed charges for each service
- Bill must be legible
- Date of Injury
- Date of birth
- SSN
- If known – Claim #, Policy and Policy number
- Diagnosis code
- Only new charges – services where payment has already been made should not be on the bill. A separate reconsideration request should be sent if prior payment is being disputed.
- Required reports, if applicable

All bills should be submitted to Zenith via mail at:

Zenith Insurance Company
P.O. Box 9055
Van Nuys, CA 91409

Complete bills will be processed within 45 days of receipt, in line with the terms and conditions of your ZMPN Contract. Zenith may not be responsible for charges on services that require pre-authorization for which prior pre-authorization was not sought or was denied. Providers are not permitted to seek payment for services related to an accepted work injury or illness from the injured employee, under any circumstances.

For any billing questions, or to check the status of claims, please call 800-440-5020

Grievance Procedures/Dispute Resolution Procedure

Zenith investigates, resolves, and responds to grievances, appeals and disputes in a timely manner. All grievances concerning performance under this agreement must be submitted in writing directly to the Zenith Provider Relations Department. Not later than seven calendar days after receipt of a written complaint, Zenith will: (1) Acknowledge receipt of the complaint in writing; (2) Acknowledge the date of receipt; and (3) Provide a description of the network's complaint procedures and deadlines. Any grievance or appeal as a result of an individual utilization review decision must follow the process as outlined in specific correspondence from Zenith.

Billing Payment Disputes

Prior to initiating litigation or filing a lien with the Workers' Compensation Appeals Board you are required to first contact the following individuals to obtain assistance in resolving your dispute:

- The Zenith Claims Examiner assigned to the employee's claim; or
- Zenith Customer Service at **800-440-5020**

Additional Information on Policies and Procedures

In an attempt to develop a provider manual that is user friendly, some Zenith policies and procedures are summarized. If at any time you have a question or concern regarding a policy or procedure or would like to request an unabbreviated version of a ZMPN policy, please do not hesitate to contact our Provider Relations Department at the address or phone number listed below.

ZMPN Contact Information

If you have questions about the ZMPN, we have a dedicated team that is available Monday-Friday (8 a.m. – 5 p.m. PST) at:

Toll Free: (800) 841-3988
Confidential Fax: (818) 704-3839
Email Address: providergroup@thezenith.com
Mailing Address: Zenith Insurance Company
Attn: Provider Relations
21255 Califa Street
Woodland Hills, CA 91367

After normal business hours, weekends, or holidays please contact **800-440-5020**

Zenith Insurance Company/ ZNAT Insurance Company 21255 Califa Street
Woodland Hills, CA 91367