Introduction to Workers’ Compensation

WORKERS’ COMPENSATION BASICS COURSE // MODULE 1 OF 8
Introduction to Workers’ Compensation

Objectives

Upon completion of this eight-module course, participants should be able to:

• Define and assess maximum medical improvement for workers with employment-related injuries or medical conditions
• Identify medical/ethical issues in workers’ compensation cases
• Complete forms required by the Colorado Division of Workers’ Compensation (DOWC)
• Identify the risk assessment components that determine causality and apply them clinically
• Explain how the waiver of the doctor/patient privilege is applied when creating, reviewing, or releasing medical records for workers’ compensation cases
• Apply the general principles of the Colorado DOWC Medical Treatment Guidelines
• Use the appropriate DOWC Rules of Procedure for billing and prior authorization

Slide 2 – Acronyms

• DOWC – Division of Workers’ Compensation, Department of Labor and Employment
• IW – Injured worker
• ATP – Authorized treating provider (or physician)
• PCP – Primary care physician
• IME – Independent medical examination
• DIME – DOWC-sponsored IME
• MMI – Maximum medical improvement
• IR – Impairment rating
• WC164 – DOWC form used to report

Also see the handout – Definitions and Acronyms

Slide 3, 4 – First report of injury

Highlight the circumstances where an injury report must be filed with the DOWC:

- For any injury or illness that needs medical attention
- Anytime an employee reports they may have been injured on the job
- When an employee is misses work due to a work-related injury

Slide 5 – Designated provider

Review the handout: The Role of the Designated Provider

Slide 6 – Communication with Pinnacol

When you call for claim information, please have the following information ready:

• The claim number (if available)
• The IW’s name
• The IW’s date of birth
• The IW’s alleged date of the injury
Slide 7, 8 – Authorizations
Preauthorization is not necessary for diagnostic testing, referrals and treatments, when consistent with the Medical Treatment Guidelines. https://www.colorado.gov/pacific/cdle/node/20291

Because this is an important distinction, highlight when prior authorization in needed.

Prior authorization is only required when:
- Services exceed the Treatment Guidelines
- The guidelines or medical fee schedule require prior authorization, or
- The service is not identified in the fee schedule

Slide 9, 10 – WC 164 form
- It is required for each claim - initial, status changes, and closing visits.
- It must include specific work status and restrictions.
- Give a copy to the injured worker.
- Fax or mail the form to the employer and Pinnacol.

Highlight the items that must be included in the closing form:
- Work restrictions
- Date of maximum medical improvement (MMI)
- Maintenance care, if any
- Permanent impairment and rating if applicable
- The ATP signature

Slide 11 – Reimbursement for forms
Only the initial and closing forms are separately reimbursable unless Pinnacol requests others.
- Initial visit Billing code Z0750 - $47
- Closing visit Billing code Z0752 - $47
- Progress report* Billing code Z0751 - $47 *When authorized by Pinnacol

Slide 12 – Submit office notes
Your office notes should document these items:
- Mechanism of injury and causality assessment
- Current condition of IW
- Diagnosis, treatment plan, and medications
- Work restrictions
- Next appointment date
- MMI or closing information (if applicable)

Slide 13 – Referrals: PCP role
The PCP is the gatekeeper responsible for case management and making referrals within the network when possible. Notify Pinnacol before making out-of-network referrals and notify the clinic where the IW is being referred. Giving a copy of the referral form and any pertinent medical information to the IW to deliver to the specialist will help ensure the specialist has complete information before the worker is seen.

SelectNet directory: servicelink.pinnacol.com/ruby/service/selectnet/app.rb

Pinnacol Customer Service: 303.361.4000
Slide 14-16 – Referrals: Specialist role

Highlight the timing and completed narrative items:

Within **one business day of the consult**, communicate the initial findings with the referring PCP and the Pinnacol claims team by phone or by fax.

Send the completed narrative within **seven business days** to the referring PCP and the claims team.

- IW’s work-related history
- Current condition of the IW
- Diagnosis, treatment plan and medication
- Mechanism of injury
- Date of next appointment

Slide 17 – Independent Medical Exam (IME)

Inform Pinnacol if the IW should bring specific items, such as radiology films, to the appointment. Prior to the service, notify the claims representative of

- The IME location
- The expected hours to complete IME
- The expected completion date of report
- Incomplete records or if medical records have not been received

Slide 18 – Reimbursement for IMEs

- Reimbursement for an IME or other special report is per the DOWC fee schedule.
- For a no-show IME appointment, Pinnacol will follow the DOWC rules for payment.

Slide 19, 20 – Return to work

- Maintains employee and employer relationship
- Employee stays in work mode and often at same salary
- Reduces deconditioning
- Limits payment of wage replacement benefits

Pinnacol offers the assistance of return to work specialists who help develop preplanned, modified-duty programs and worksite evaluations to encourage timely return to work.

Contact Pinnacol at 303.361.4798 for assistance with return to work.

Slide 21, 22 – Determination of maximum medical improvement

“MMI exists when the underlying condition causing the disability has become stable and no further treatment is reasonably expected to improve the condition.”


After the MMI determination, further treatment may be included to maintain the IW’s current level of function. Document the follow-up in the final report.

Slide 23 – Workers at MMI

The MMI report must clearly state permanent restrictions if the worker is unable to return to full duty. Temporary total disability payments stop when the IW is at MMI.
Slide 24 – Impairment rating

Highlight the important phrases that characterize impairment:

The rating is used to determine the final payment of benefits for permanent disabilities. The impairment is what is wrong with the body and its function. Disability is the gap between what the IW can do and what he or she needs or wants to do. Impairment ratings are given for functional, physiological changes, not for pain.

An example of a permanent impairment would be the amputation of a limb.

Slide 25 – Impairment rating (IR)

If permanent medical impairment exists, the patient should be referred to a Level II accredited physician for an IR within 20 days of declaring MMI. If the PCP is Level II accredited, no referral is needed and the PCP provides the impairment rating.

If the provider does not refer, Pinnacol must make the referral within the next 20 days.

Slide 26 – Challenges to MMI or IR

The rating and/or the date of MMI can be challenged by requesting a DIME. The provider must be agreed upon by the IW and Pinnacol, or be selected from the DOWC panel of examiners. The requesting party pays for the DIME.

Slide 27 – Missed appointments or “no shows”

Highlight the timing for notification:

Within one business day, fax a brief note or the Pinnacol notice of missed medical appointment form to notify the employer and claims rep if the IW did not show for the appointment.

Slide 28, 29, 30 – HIPAA

Highlight the reason for the workers’ compensation exemption from HIPAA: Due to a limited waiver of the doctor-patient privilege, the federal HIPAA privacy rule does not apply to workers’ compensation insurers, administrative agencies and employers.

These groups need access to health information to provide benefits to injured workers and to adjudicate claims.

Employers are entitled to work restrictions and time-off-work information. When providers talk with an employer representative, the conversation must be documented in the IW’s file.

All parties receive copies of the final IME report. Division Rule 16-7(F)(2) requires the provider to release medical records related to the work injury to Pinnacol for billing.

- Pinnacol can release medical records to employers.
- A coversheet should state records should not be re-released to another party.
- The filing deadline for submitting bills is 120 days after the service. SelectNet providers are requested to submit within 30 days.

Slide 31, 32 – Billing tips

Original invoices: When Pinnacol requests an invoice to substantiate your cost for an item, provide the actual manufacturer’s invoice.
Denials and appeals: When appealing a denied bill, send the EOB (explanation of benefits) with the appeal information. If you receive a denial letter stating, “patient not identified,” rebill on a CMS1500 (version 02-12). Please do not return the denial letter.

**Slide 32 – Billing for initial visits**
If a claim is filed and the physician determines the injury is not work related, or Pinnacol later determines the claim to be non-compensable, Pinnacol may pay for the initial visit. Contact the assigned claims representative in this situation.

**Slide 33 – References**
For Pinnacol billing and coding assistance:
Pinnacol Medical Payment Specialists MedOpsQA@pinnacol.com

Division of Workers’ Compensation - Medical Policy Unit Supervisor
633 17th Street Suite 400, Denver CO 80202-3626

**Slide 34 – How can you reduce claim costs?**
- Visit the employer’s job site.
- Designate a workers’ compensation coordinator.
- Improve communication with employer, Pinnacol claims rep, and the IW.
- Consider temporary restrictions and modified duty when appropriate.
References

National Physician Fee Schedule Relative Value file (RBRVS-Resource Based Relative Value Scale)


Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 33.0 using MS-DRGs effective after October 1, 2015

DOWC, 7 CCR 1101-3, Rule 18, Exhibit 7- E&M Guidelines for Colorado Workers’ Compensation Claims

Provider Section:
https://www.colorado.gov/pacific/cdle/medical-providers

Forms, Statute, Rules & Guidance:
https://www.colorado.gov/pacific/cdle/dwc

Independent Medical Examinations:
https://www.colorado.gov/pacific/cdle/node/20906

Pinnacol Resources

Workers’ Compensation Overview – digital flipbook or PDF version
..\..\Provider Visits\Handouts\Workers-Compensation-Overview-011617.pdf

Definitions and Acronyms list
Tools and resources\WCB - Definitions.docx

Role of the Designated Medical Provider
Tools and resources\Designated-Medical-Provider Role -011817.pdf
Review

- What should be done if the employer has not filed a First Report of Injury and a claim number has not been assigned?
  - Call the employer or Pinnacol for assistance

- When is prior authorization required?
  - When services exceed the Treatment Guidelines, the Guidelines or Medical Fee Schedule require it, or the service is not identified in the Fee Schedule

- Who receives copies of the closing WC164 form?
  - The Injured worker, the employer and Pinnacol

- When can you be reimbursed separately for completing a WC164 form?
  - For initial and closing visits and when Pinnacol requests one

- How many days do you have to return narratives from specialty visits to Pinnacol?
  - 7 business days

- What is used to determine the final payment of permanent partial disability benefits?
  - An impairment rating

- T or F: Impairment ratings are given for pain or functional and physiological changes.
  - False – not for pain

- How does HIPAA apply in WC cases?
  - WC cases have a limited HIPAA release for medically necessary and work-related information such as work restrictions

- What patient information is an employer’s right to know?
  - Work restrictions and duty status - time off