

**Medical Fee Schedule Changes Effective January 1, 2004**

Amendments to Rule XVIII (the workers' compensation medical fee schedule) will go into effect January 1, 2004. In particular, the fee schedule has been updated from the 2000 edition of the *Relative Values for Physicians (RVP)* to the 2003 edition of the *RVP*. Conversion factors for most professional reimbursements will see a slight increase and both hospital inpatient per diem and per diem outlier amounts are scheduled for increase. The Dental fee schedule has also been updated and increased by 3%. Additionally, some relative value units within the surgery section will be listed in the rule, and a few other clarifications to the current rule have been made. The total cost increase to Colorado's workers' compensation system is estimated to be less than 1%. Please check the DOWC web page under "Adopted Rules" at [www.coworkforce.com](http://www.coworkforce.com) for a copy of the recently adopted Rule.

**A Special Event in Grand Junction**

Representatives from the Division will be on hand to provide a workers' compensation update on Friday, October 3, 2003, at the Holiday Inn, 755 Horizon Drive, in Grand Junction, between the hours of 8 a.m. and 12 p.m. There is no charge for this event and Drop-Ins are welcome. Make the most of this opportunity to speak with the experts about current workers' compensation issues and rule changes. To reserve a spot, call our toll-free Customer Service number at 1.888.390.7936. Topics include:

- Changes to the Independent Medical Evaluation Process
- Changes to the Medical Treatment Guidelines
- Changes to the Fee Schedule
- Premium Cost Containment
- Self Insurance
- Major Medical & Subsequent Injury Funds
- Changes in Subrogation
- HIPAA & Workers' Compensation

**ALL ABOUT CLAIMS**

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 1515 ARAPAHOE ST., TOWER 2 SUITE 500  
 DENVER, CO 80202-2117

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# All About Claims

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*All About Claims* is a newsletter published by the Colorado Division of Workers' Compensation designed to provide information to claims handlers. Please send comments or suggestions for future topics to JoAnne Ibarra at 303.318.8790 or by e-mail to [JoAnne.Ibarra@state.co.us](mailto:JoAnne.Ibarra@state.co.us).

**SPECIAL NOTICE**

**From the Division of Workers' Compensation IME Unit**

As you may know, the Independent Medical Examination (IME) rule, Rule XIV, was revised effective August 6, 2003 to comply with a recent change to the statute governing the IME process. This rule applies to all IME Applications received by the Division on or after August 6, 2003. The rule revisions may be accessed on the Division's website at [www.coworkforce.com/DWC/](http://www.coworkforce.com/DWC/). Highlights of these changes are as follows:

There will be no designation of a physician specialty; the Division will designate a panel of three physicians from which each party strikes one name; the remaining physician performs the IME. Each party has a specific period of time within which to complete the striking process. The IME physician selected will be qualified to perform the IME based on his/her accreditation specialty, correlated to the Division's Medical Treatment Guidelines which are then linked to the body parts and conditions listed by the requesting party on the IME Application. Another factor applied is the physician's stated willingness to evaluate and rate (or not rate) the various specific body parts and/or medical conditions; this is indicated when the physician applies to participate on the IME panel. The result is that, even if a physician is qualified under his accreditation status to rate a certain condition (a shoulder problem, for example), he will not be assigned to a three-physician panel on a case involving the shoulder if he has previously indicated that he will not evaluate that body part (an orthopedist who clinically specializes only in hips, knees and ankles, for example.) This also means that it is no longer necessary for the non-requesting party to file a motion with the Division's Dispute Resolution unit to request that any of the issues of maximum medical improvement (MMI), impairment or apportionment be added to an IME case, unless the IME Application was filed prior to August 6.

For all IME proceedings, physicians will be required to evaluate all of the following issues, if relevant: MMI, permanent impairment

and apportionment. If the parties to a case agree to limit the issues, they may stipulate that agreement in writing and provide a copy to the Division at least 5 days prior to the scheduled IME appointment. The IME unit will forward that information to the physician.

Please note that the requesting party may continue to designate, on the IME Application, the body parts or conditions to be evaluated, as well as other matters to be addressed by the IME physician.

The process by which the parties may agree-upon a physician to perform an IME is not affected by these changes, except to the extent that the physician *must* evaluate MMI, impairment, and apportionment unless otherwise stipulated by the parties.

There is some additional guidance for the IME physician (and the parties) which requires that further, special testing be performed before he/she can complete the impairment rating. These guidelines apply to special or non-routine

tests that are *essential to the calculation* of an impairment rating. Under most circumstances, the respondent will be responsible for paying for such tests.

For claimants that wish to apply for indigent status for obtaining an IME, the income guidelines have been revised.

The Notice & Proposal to Select an IME (WC146), and the IME Application (WC77) forms have been revised to reflect these changes. You may obtain these forms from the Division website, or by phoning the Division's Customer Service (303-318-8700) or IME unit (303-318-8655). Notices or Applications received on the older version of the forms will be processed but information not in compliance with or irrelevant to the new rule will be ignored (for example, physician specialty designation.)

***This also means that it is no longer necessary for the non-requesting party to file a motion with the Division's Dispute Resolution unit to request that any of the issues of MMI, impairment or apportionment be added to an IME case, unless the IME Application was filed prior to August 6.***

**To Be Announced**

**Updates to the following forms anticipated for January 2004:**

***Employers' First Report of Injury  
 Workers' Claim for Compensation  
 Dependent's Notice and Claim for Compensation***

Check our Website for Details at  
[www.coworkforce.com/DWC/](http://www.coworkforce.com/DWC/)

**Also In this Issue:**

Final Admission of Liability Changes.....	2
Medical Fee Schedule Update.....	4

## Final Admission of Liability Form Changes

Final Admission of Liability forms have been revised. These forms are required for use whenever a final admission is filed for an injury, occupational disease or death arising on or after July 1, 1991. There is now one Final Admission for injuries/occupational diseases as well as one for fatal cases. The new forms replace the *Final Admission of Liability for Injuries Occurring Prior to August 5, 1998*, *Final Admission of Liability for Injuries Occurring On or After August 5, 1998* and the *Final Admission-Fatal Case*.

Differences between previous and revised final admission forms, though subtle, are nonetheless significant and necessary in order to implement the following:

- a) A 30 day objection period to final admissions for injuries, occupational diseases or death arising on or after July 1, 1991. See section 8-43-203(2)(b)(II), C.R.S., and *Lobato v. ICAO*, \_P.3d\_, (Colo. App. No. 02CA1236, June 5, 2003).
- b) Changes to the IME selection process in accordance with SB03-240.

Once again, these forms are required for immediate use and may be accessed on the Division website at [www.coworkforce.com/DWC/](http://www.coworkforce.com/DWC/) in three formats--MS Word, PDF Printable Only, and PDF Fillable.

### A Note About Fillable Forms....

The Division is pleased to offer forms in the "fillable" format. This should not be confused with the Electronic Data Interchange (EDI) process which is an electronic transmission method for mass filing of forms. The fillable forms replace the need for typewriters and hand-writing, but are not meant to be emailed to parties. See individual forms for instructions on appropriate mailing.

### Sign Up to Receive Electronic Notices of the Latest Information

The Division of Workers' Compensation would like to invite you to become part of our new e-mail group. E-mail groups will be created to provide information in a timely and cost-effective manner. As part of an e-mail group, you will receive the *All About Claims* newsletter, interpretive bulletins, information about training seminars and newly revised forms. This method will afford you and your company immediate information of administrative changes in the workers' compensation system as soon as it becomes available. Just go to our website at [www.coworkforce.com/DWC/](http://www.coworkforce.com/DWC/) and under the *General Notices* section, click on the electronic notices notice. It will take you to a "fillable" form. Simply click in the first field, complete the information and tab to the next field. You may e-mail this form to [jacquie.ramsey@state.co.us](mailto:jacquie.ramsey@state.co.us) or send via the US Postal Service to: Colorado Division of Workers' Compensation, Communications Unit, 1515 Arapahoe Street, Tower 2 Suite 590, Denver CO 80202-2117. We look forward to hearing from you.



## News on the Medical Treatment Guidelines

The Division of Workers' Compensation (DWC) Medical Policy Unit is pleased to announce that the following updated Medical Treatment Guidelines became effective July 31, 2003:

- o Chronic Pain Disorder (CP)
- o Complex Regional Pain Syndrome (CRPS)
- o Carpal Tunnel Syndrome (CTS), and
- o Cumulative Trauma Disorder (CTD).

As announced previously, the updated Lower Extremity, Cervical Spine, and Low Back Pain medical treatment guidelines became effective on December 1, 2001. The guidelines may be found at [http://www.coworkforce.com/DWC/medical-treatment\\_topics.asp](http://www.coworkforce.com/DWC/medical-treatment_topics.asp). Please remember that you are required to use the guidelines when treating workers' compensation patients and that treatment outside of the guidelines requires prior authorization.

### Mark Your Calendars!

In conjunction with the CU School of Medicine, the DOWC will be sponsoring the Medical Treatment Guidelines Seminar on November 7, 2003 at the Omni Interlocken Hotel in Broomfield, Colorado. This seminar focuses on the four recently updated guidelines listed above and are conducted for a multidisciplinary audience, such as, case managers, claims adjusters, occupational therapists, office managers, physicians, physical therapists, rehabilitation nurses, and other health care professionals. Brochures with registration forms will be mailed out shortly and information about the seminars is now available on our website <http://www.coworkforce.com> under training and events.

### Supplemental Report of Accident form Revised

Following review of the history and purpose of the Supplemental Report of Accident form and attendant requirements for its use, we surveyed a number of workers' compensation professionals to obtain a sense of what was important. We received some great feedback and incorporated a number of the comments into the final revision on page 3 of this newsletter. The new supplemental report, renamed *Supplemental Report of Return to Work*, will replace the old form effective immediately.

**COLORADO STATE WEBSITE**  
<http://www.colorado.gov/>  
**WORKERS' COMPENSATION HOME PAGE**  
[www.coworkforce.com/DWC/](http://www.coworkforce.com/DWC/)

## Colorado Workers' Compensation Supplemental Report of Return To Work

Workers' Compensation (WC) # \_\_\_\_\_ Date of Injury \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Carrier Claim # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Employer \_\_\_\_\_

### Purpose:

**The purpose of this form is to provide information to determine the accurate payment of temporary disability benefits.**

### Instructions:

1. **This form may be completed by the employee or employer.**
2. **This form should be completed each time the employee returns to work at full or reduced wages.**
3. **This form should be forwarded to your workers' compensation carrier.**

1. Last day employee worked \_\_\_\_\_  
 2. Date employee returned to work \_\_\_\_\_  
 3. Employee's return-to-work-wages (Check the box that applies)

Full Wages  
 Reduced Wages (Provide wage information to the claims adjuster every 2 weeks during periods of wage loss)

Additional Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by (Check the box that applies)  Employee  Employer

\_\_\_\_\_  
 Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_