



All About Claims is a newsletter published by the Colorado Division of Workers' Compensation designed to provide information to claims practitioners. Please send comments or suggestions for future topics to Lise Maes by emailing lise.maes@state.co.us.

A New Approach at Developing the Workers' Compensation Fee Schedule

In 2013, Division staff announced the intent to move from *Relative Values for Physicians* (RVP©) to Medicare's *Resource Based Relative Value Scale* (RBRVS). Colorado is currently only one of four states using RVP to establish fee schedule values. Because of this, the Division faces growing challenges in benchmarking fees to other payers' systems. RVP uses a proprietary formula in determining physician reimbursement and does not take into account the site of service in which the procedure is being performed, nor the associated costs. Stakeholders who compare reimbursement for procedures on a line-by-line basis to RBRVS will find that there is often no correlation between the values. Adopting a transparent weighting system and creating the conversion factors that fit the unique population of workers' compensation and its goals will help address this disparity.

Last year, the Division initiated a new approach to the annual review of Rules 16 and 18, Utilization Standards and Medical Fee Schedule, respectively, by inviting stakeholders to the table for open forum discussions. From January through June, the Division held five meetings that were attended both in person and by phone by a broad and diverse group of stakeholders that brought a balanced perspective to the rule revision process. Following these efforts, the Division surveyed attendees regarding their experience in order to continue and improve on these efforts going forward. This was met with 100% positive feedback.

In response, the Division chose to continue the meetings which were initiated on January 8, 2015, with 46 participants, including representation from all sides. Through these public meetings, the Division is able to solicit input on ways to identify gaps between the two payment methodologies, to be made aware of potential system impacts, and to gather and vet recommendations on policy changes.

Each decision made by Division staff when recommending changes in Rule takes into account the best outcomes for injured workers, employers, providers, and payers. These stakeholder meetings allow all parties to review the proposed changes in their entirety and to voice ideas and concerns in a venue where the Division acts as a facilitator to parties with a vested interest.

If you are interested in attending a future stakeholder meeting, please visit our website at www.colorado.gov/cdle/dwc.

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▶ Give us your thoughts on upcoming newsletters! Please take our three question survey: <https://www.surveymonkey.com/r/D8PVJZM>

Year End Updates for Level II Accredited Physicians

The Division recently sent a letter to accredited physicians with information and updates that we hope will be helpful to other workers' compensation practitioners:

AUTHORIZED PHYSICIAN'S REFUSAL TO TREAT:

Section §8-43-404(10)(a) was modified in 2014 and states that if an authorized physician refuses to treat and/or discharges an injured worker from care for *nonmedical reasons*, the physician is required to:

- ◆ Notify the injured worker and insurer by certified mail, return receipt requested, within 3 business days;
- ◆ Explain the reasons for refusal or discharge, and;
- ◆ Offer to transfer the employee's medical records to any new authorized physician upon receipt of a signed authorization to do so.

To assist the physician in this process, the Division has created Desk Aid 15, which can be found on the [Division's website](#). The Desk Aid includes an algorithm presenting the scenarios under which such a letter may or should be issued, and an example of a letter the physician may use to meet the requirements of the statute. [Form WC164 \(Physician's Report of Workers' Compensation Injury\)](#) has also been revised at section 7 to include requirements relating to this new process. Physicians are asked to use the revised form.

INCREASED DESIGNATED PROVIDER OPTIONS FOR INJURED WORKERS:

Effective April 1, 2015, the minimum number of physicians or corporate medical providers (or combination of both) from which an injured worker may initially select a physician, is increased from two to four, with some variations. C.R.S. §8-43-404(5)(a). A public hearing was held on January 29, to modify Rule 8 (*Authorized Treating Physician*) and modifications have since been adopted in conformance with the new statutory requirements.

The language under Rule 8-2(C) provides the following guidance:

The number of physicians or corporate medical providers required on the designated provider list is determined by the number of physicians or corporate medical providers **willing to treat an injured employee within thirty miles of the employer's location**: (Emphasis added.)

AVAILABLE PROVIDERS WITHIN 30 MILES:	REQUIRED NUMBER OF DESIGNATED PROVIDERS TO BE LISTED:
Three or less	1
At least four but less than nine	2
Nine or more	4

To view the updated rule, see [Rule 8 on our website](#).

ACCESS TO PRESCRIPTION DRUG MONITORING PROGRAM BY PHYSICIAN DESIGNEES:

Effective January 1, 2015, a medical practitioner may delegate authority to access the Prescription Drug Monitoring Program (PDMP) database by up to three designees acting *for* the practitioner. Each designee must register under a sub-account of the practitioner. See the [State Board of Pharmacy website](#) for further information.

Under the applicable statute, providers or their designees are authorized to access the PDMP database only for patients they are treating. Therefore, physicians performing an IME may not access the PDMP for information on that patient.

Continued: Year End Update for Level II Accredited Physicians

RULE CHANGES: The Workers' Compensation Rules of Procedure can be located on the Division's website at www.colorado.gov/cdle/dwc > [Statute, Rules, and Guidance](#).

Rule 16 - Utilization Standards: New instructions were added on billing repackaged drugs on the CMS-1500; rendering providers must now sign all medical records. Electronic signatures are accepted.

Invitation to attend the 2015 Stakeholders Meetings: The Division will once again host monthly stakeholder meetings to discuss moving from the RVP to RBRVS unit value scale as well as other Rule 16 & 18 related revisions. The meetings are scheduled for March 12, April 9, and May 14, 2015. Please check the Division website for details: www.colorado.gov/cdle/dwc > [Events & Training](#) or contact Debra Northrup at debra.northrup@state.co.us for additional information.

And on the Topic of Rule 16... Since its inception in October 2012, the Division's *Medical Dispute Resolution Program* has successfully resolved more than 1,000 disputes through the process outlined in Rule 16-11(E). This process provides a forum for payers and medical providers to resolve billing and payment disputes, enlisting the assistance of the Division. For more information, or to obtain an Intake Form (WC181), please visit the Division website at: www.colorado.gov/cdle/dwc > [Medical Providers](#) > [Medical Billing Disputes](#)

► **Rule 18 - Medical Fee Schedule.** There has been a 1% increase in professional fees. Telehealth has been added as a reimbursable service; supplies integral to the service or procedure are no longer separately reimbursable; fees for Z-codes related to the completing and submission of the WC164 have increased from \$42 to \$47; and a new Z-code has been added for functional assessments related to spinal or sacroiliac injections.

► **Rule 17 - Medical Treatment Guidelines.** Director Tauriello adopted the updated Shoulder and Thoracic Outlet Syndrome Medical Treatment Guidelines that became effective on February 1, 2015. The Medical Policy Unit is currently in the beginning stages of updating the Lower Extremity Medical Treatment Guidelines.

Medical Treatment Guidelines Educational Seminars: In 2015, the Medical Treatment Guidelines unit and the Physicians' Accreditation unit will collaborate to present two Medical Treatment Guidelines Educational Seminars, which are scheduled for June in Denver and September in Grand Junction. These seminars are designed for nurse case managers, claims adjusters, and medical providers of all relevant disciplines. Through a combination of lecture, discussion, and case study format, these seminars should increase understanding of the Division Medical Treatment Guidelines and provide valuable information needed to effectively move the injured worker along the continuum of care.

OTHER ANNOUNCEMENTS & REMINDERS

Apportionment of Impairment. Only cases which include a prior work-related injury or a prior, disabling non-work-related injury to the same body part can be considered for apportionment. All other cases should receive a case-specific rating that rates only the condition relevant to the current workers' compensation claim. Sufficient information (i.e., medical records or other objective evidence that substantiates pre-existing impairment) regarding a prior injury to the same body part must be available in order to apply apportionment. If the prior injury was work-related, this should include the previous impairment rating and/or evidence of a prior settlement or award.

If no records are available, it is acceptable to note in a final impairment report — whether as a treating physician or an IME — that your current impairment rating could possibly be apportioned but the available records were insufficient to do so. The use of [Desk Aid 14, the Apportionment Calculation Guide](#) is strongly recommended and can be found on the Division's website.

Continued: Year End Update for Level II Accredited Physicians

Division Independent Medical Examinations (DIME): Effective January 2015.

Update on Follow-Up Fees for Physicians on the Division IME Panel:

Follow-up for repeat ROM: **\$121.92**

Follow-up is less than 6 months from original exam: **\$172.72**

Follow-up is more than 6 months, less than 1 year from original exam: **\$223.52**

Follow-up is more than 1 year from original exam: **\$675.00**

Expanded Educational Opportunities for Physician Assistants, Nurse Practitioners, and Physical/Occupational Therapists. The Physicians' Accreditation program is expanding its educational mandate to include more non-physician providers such as physician assistants, nurse practitioners, physical and occupational therapists, and psychologists. Given the changes in health care and the increasing reliance on various non-physician professionals in both general health and workers' comp, we encourage providers to audit either or both of our Level I and Level II Accreditation seminars.

The Level I seminar, especially, focuses more thoroughly on the administrative demands of the system and on application of the Treatment Guidelines. CMEs may be available for PAs. If your office employs PAs, NPs, or Physical or Occupational Therapists, we encourage them to consider auditing our courses. The next Level I Accreditation seminar is scheduled for March 26, 2015, with the Level II set for April 17-18. Contact the Physicians' Accreditation Program at 303-318-8763 or physaccred@state.co.us for a registration form or more information.

Specialized Trainings. The Division is currently working with the Colorado Hospital Association and the Colorado Department of Public Health & Environment to develop brief, specialized trainings to be presented in Denver and other parts of the state.

FOR PHYSICIANS ON THE DIVISION IME PANEL

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PES Program: The DIME unit is offering a new Physician Education and Support Program (PES). If you are an existing physician panel member, newly accredited, or thinking about joining the DIME panel, we are offering a concierge-type service that will assign a personal case manager to assist you in every step of the DIME process. This service can be utilized at any time with any questions that may arise during the process. Physicians interested in learning more about the PES program or joining the panel may call the DIME unit at 303-318-8655.

Division Website. The Division's website was redesigned this past summer. Most information of special interest to physicians can be found in the pages under the [Medical Providers section](#).