

Desk Aid 15

Instructions:

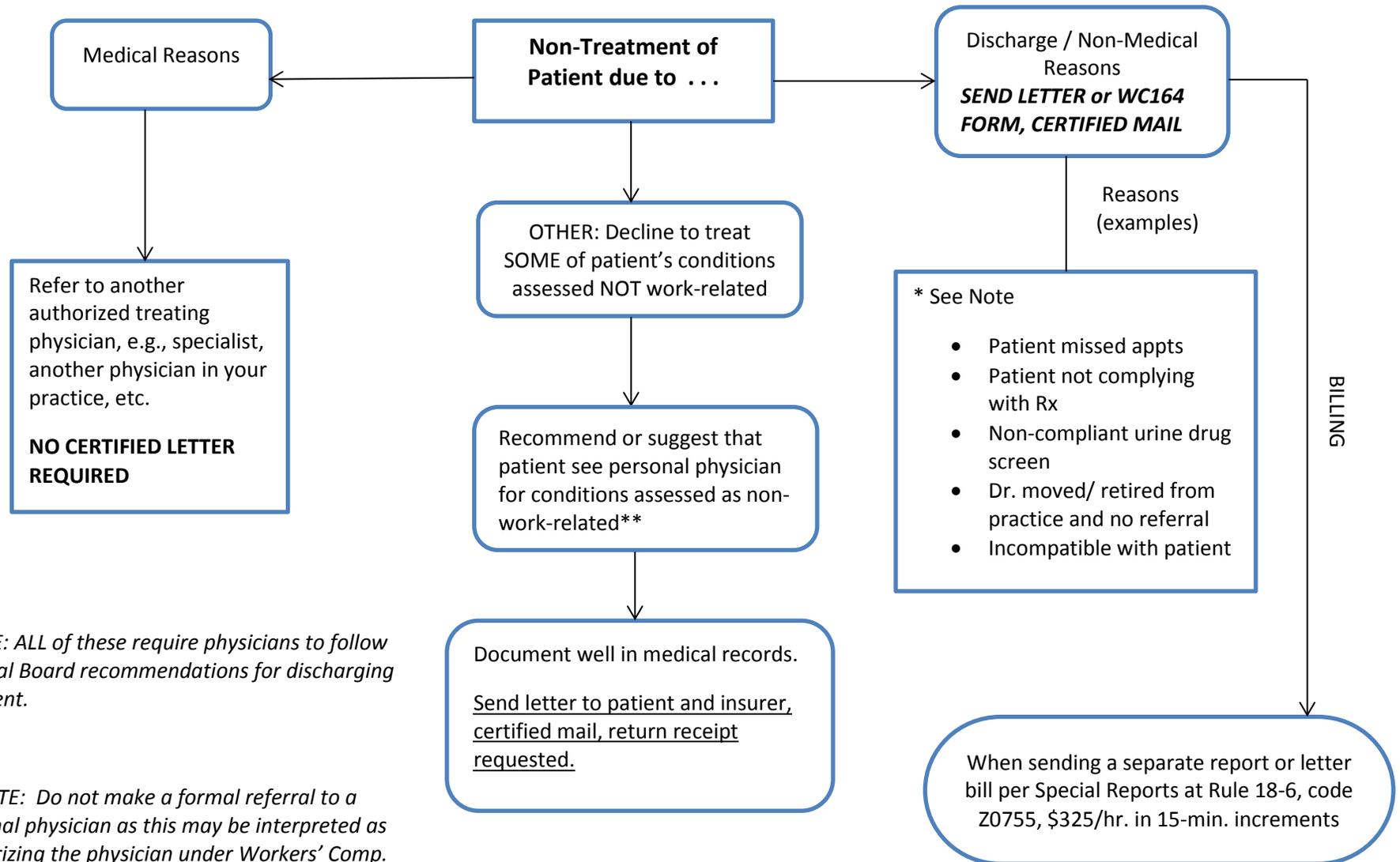
Attached are an algorithm and sample letter to assist the physician or physician's office with implementing the new processes established by C.R.S. §8-43-404(10)(a) (2014). This statute sets forth the manner in which a physician must formally notify the patient and insurer when discharging or refusing to treat a workers' compensation patient for *non-medical* reasons. The attached algorithm provides some guidance for applying these procedures under various scenarios.

The letter / template may be used by the physician or medical office as the notice under these procedures. It may be modified as needed or a physician's own draft may be used as long as it includes the elements required by the above-referenced statute. For example, the notice must explain the reason for the discharge or refusal to treat, and include an offer to transfer the injured worker's medical records to a new physician upon receipt of an appropriate release.

The letter must be sent to the injured worker and the insurer or self-insured employer on the case via Certified Mail, Return Receipt Requested, within 3 business days of the decision to discharge or refuse to treat.

WHEN TO SEND CERTIFIED LETTER OR WC164 FORM TO INSURER AND PATIENT

- Send within 3 business days of decision to not treat
- Send certified mail, return receipt requested



**NOTE: ALL of these require physicians to follow Medical Board recommendations for discharging a patient.*

*** NOTE: Do not make a formal referral to a personal physician as this may be interpreted as authorizing the physician under Workers' Comp.*

[PHYSICIAN OFFICE LETTERHEAD]

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

[Name of Injured Employee/Insurer/Self-Insured Employer]
[Address, Line 1]
[Address, Line 2]

Re: [Name, Claim Number, etc.]

Dear [Injured Employee/Insurer/Self-Insured Employer]:

This is a notification pursuant to §8-43-404(10)(a), C.R.S., that the undersigned authorized physician declines to treat or discharges the injured employee, [Insert Name], from medical care even though [Mr. or Ms. Name] may require continued medical treatment to cure and relieve the effects of the work injury. The reason(s) for this action is/are:

- ___ Injured employee requests treatment for a condition that is unrelated to the work injury:
[insert brief description of the injured employee's complaints]
- ___ Injured employee missed appointments on: [insert dates of missed appointments]
- ___ Injured employee has not complied with the treatment: [insert details of non-compliance]
- ___ Injured employee is non-compliant with a drug/alcohol screen: [insert date and type of drug screen, what drug, etc.]
- ___ Injured employee has been abusive to the physician, staff or other patients:
[insert explanation]
- ___ Authorized physician has moved or closed the practice; no referral is provided.
- ___ Other: [insert explanation]

Pursuant to §8-43-404(10)(a), C.R.S., the undersigned authorized physician will transfer the injured employee's medical records to any new authorized physician upon receipt of a signed authorization to do so from the injured employee.

Please contact [insert physician name or another person at physician's office] if you have any questions. Thank you for your attention to this matter.

Sincerely,

[Authorized Physician]

cc: [as needed]