

# COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

DIVISION OF WORKERS' COMPENSATION  
INDEPENDENT MEDICAL EXAMINATION UNIT

[IMEUnit@state.co.us](mailto:IMEUnit@state.co.us)

## General DIME Fee Information

*\*\*Applies to all Notice & Proposals and DIME applications with a Certificate of Mailing dated on or after January 1, 2019.*

### NEW DIME APPOINTMENT:

<u>Less than 2 years</u> after the date of injury and/or <u>less than 3</u> body regions	<b>\$1,000</b>
<u>More than 2 years</u> but <u>less than 5 years</u> after the date of injury and/or <u>3 or 4</u> body regions	<b>\$1,400</b>
<u>More than 5 years</u> after the date of injury and/or <u>5 or more</u> body regions	<b>\$2,000</b>

*\*\*\*The selected DIME physician must receive the fee from the paying party **prior** to scheduling the examination unless the claimant has filed an indigent application pursuant to section 11-12. If such an application is filed the paying party must submit the DIME fee within fourteen (14) days of the order on that application or within fourteen (14) days of the final DIME physician selection, whichever is later.*

<b>RESCHEDULE</b>	DIME is rescheduled <u>more than 10 days before</u> the scheduled date	DIME is rescheduled <u>10 days or less</u> before the scheduled date	DIME is rescheduled <u>1 business day or less</u> prior to the scheduled date
\$1,000 DIME	No fee	\$500	\$1,000
\$1,400 DIME	No fee	\$700	\$1,400
\$2,000 DIME	No fee	\$1,000	\$2,000

*\*\*\*The parties and the DIME physician may use the Notice of Reschedule or Termination form to notify the DIME Unit of any rescheduling, termination, or failure to attend the DIME.*

<b>TERMINATION</b>	DIME is terminated <u>more than 10 days</u> before the scheduled date	DIME is terminated <u>10 days or less</u> before the scheduled date	DIME is terminated <u>1 business day or less</u> prior to the scheduled date
\$1,000 DIME	\$250	\$500	\$1,000
\$1,400 DIME	\$350	\$700	\$1,400
\$2,000 DIME	\$500	\$1,000	\$2,000

*\*\*\*The DIME may only be **rescheduled** or **terminated** by the requesting party or by order. The party responsible for the rescheduling must submit the rescheduling fee, if applicable, to the DIME physician within ten (10) days of the defaulting event. The requesting party must reschedule the appointment after the physician receives this fee. Rescheduling of the DIME more than once requires a finding of good cause by an ALJ.*

*\*\*The DIME physician must refund the DIME fee minus the termination fee to the paying party within ten (10) days of receiving the Notice of Reschedule or Termination form.*

### FOLLOW-UP DIME/ORIGINAL PHYSICIAN:

<u>3 months or less</u> after the last evaluation	<u>Over 3 months but 6 months or less</u> after the last evaluation	<u>Over 6 months but 12 months or less</u> after the last evaluation	<u>Over 12 months</u> after the last evaluation
\$350	\$700	\$1,000	\$1,400

*\*\*\*Absent an agreement of the parties and the DIME physician, or an order from an ALJ, the insurer must pay any additional examination fees. The physician must receive the follow-up examination fee **prior** to scheduling the examination.*

### FOLLOW-UP DIME/NEW DIME PHYSICIAN:

<u>Less than 5 years</u> from the date of injury to the request for the follow-up evaluation	<u>5 years or more</u> from the date of injury to the request for the follow-up evaluation.
\$1,400	\$2,000

## RESCHEDULING OF FOLLOW-UP DIME:

	DIME is rescheduled more than ten (10) days before scheduled date	DIME is rescheduled ten (10) days or less before the scheduled date	DIME is rescheduled one (1) business day or less before scheduled date
\$350 Follow-up DIME	No fee	\$350	\$350
\$700 Follow-up DIME	No fee	\$700	\$700
\$1,000 Follow-up DIME	No fee	\$700	\$1,000
\$1,400 Follow-up DIME	No fee	\$700	\$1,400
\$2,000 Follow-up DIME	No fee	\$1,000	\$2,000

\*\*\*If the follow-up DIME is rescheduled the party responsible for the rescheduling must submit the required fee, if applicable, to the DIME physician within ten (10) days of the defaulting event. The requesting party may only reschedule after the physician receives this fee. Rescheduling of the DIME more than once requires a finding of good cause by an ALJ.

## TERMINATION OF FOLLOW-UP DIME:

	DIME is terminated more than ten (10) days before the scheduled date	DIME is terminated ten (10) days or less before the scheduled date	DIME is terminated one (1) business day or less prior to the scheduled date
\$350 Follow-up DIME	\$350	\$350	\$350
\$700 Follow-up DIME	\$350	\$700	\$700
\$1,000 Follow-up DIME	\$350	\$700	\$1,000
\$1,400 Follow-up DIME	\$350	\$700	\$1,400
\$2,000 Follow-up DIME	\$350	\$1,000	\$2,000

\*\*\*The DIME physician must refund the follow-up examination fee minus the termination fee to the paying party within ten (10) days of receiving the Notice of Reschedule or Termination form.

- If the parties have agreed on the DIME physician and fee, either party may file the Notice of DIME Negotiations form indicating the name of the physician.
  - The parties and the DIME physician may agree to the fees set forth in 11-5(A)(1) – (3) or to any other fee as provided by 11-5(A)(4). The parties must indicate the agreed upon fee on the Notice of DIME Negotiations form. The form must be signed by the DIME physician and all parties to the claim.
  - If the parties cannot reach agreement regarding the fee with the agreed upon physician. They must proceed with the selection process set forth in 11-4(A)(3)-(5).
- If the parties have not agreed on the DIME physician, the insurer must file the Notice of DIME Negotiations form.
- DIMEs performed in claims that have been reopened pursuant to §8-43-303 are considered subsequent DIMEs and will be treated as new DIMEs subject to all DIME procedures in this rule effective 01/01/19. The party requesting the subsequent DIME will be considered the requesting party regardless of whether that party requested the original DIME. By filing the application form in a claim where a DIME has been completed previously, the requesting party certifies the claim has been reopened pursuant to §8-43-303.
- Failure to timely and properly submit records may result in termination or rescheduling of the DIME by the Director, at the cost to the defaulting party. The DIME physician has discretion to proceed with the DIME and impose \$250.00 late records fee on the defaulting party. In addition, other penalties available under these rules and the Act may be determined by the Director. Any disputes regarding the contents of the final medical records packet may be resolved by an ALJ.
- A party who seeks the presence of a DIME physician as a witness at a proceeding for any purpose, by subpoena or otherwise, must pay the physician pursuant to Rule 18-6(D), Deposition and Testimony Fees.
- The costs of the DIME advanced on behalf of the indigent claimant will be taken as an offset against permanent indemnity benefits following either a final order or approved settlement.