

## **RULE XVII**

### **MEDICAL TREATMENT GUIDELINES**

#### **A. STATEMENT OF PURPOSE**

1. In an effort to comply with its legislative charge to assure appropriate medical care at a reasonable cost, the director of the Division has promulgated these "Medical Treatment guidelines." This rule provides a system of evaluation and treatment guidelines for high cost or high frequency categories of occupational injury or disease to assure appropriate medical care at a reasonable cost.
2. Pursuant to section 8-42-101(3)(a)(I), C.R.S., prior to July 1 of each year the Division Director shall review all medical treatment guidelines. Written comments which have been submitted by the public to the director or the Division's medical director will be considered during such reviews.

#### **B. USE OF THE MEDICAL TREATMENT GUIDELINES**

1. All health care providers shall use the medical treatment guidelines adopted by the Division.
2. Payers shall routinely and regularly review claims to ensure that care is consistent with the Division's medical treatment guidelines.

#### **C. STANDARD TERMINOLOGY FOR THIS RULE**

1. See Rule XVI, Utilization Standards, Section B.

#### **D. PROVIDER'S RESPONSIBILITIES**

1. The health care provider shall prepare a diagnosis-based treatment plan that includes specific treatment goals with expected time frames for completion in all cases where treatment falling within the purview of the medical treatment guidelines continues beyond 6 weeks.
2. Within 14 days of request by any party, the provider shall supply a copy of the treatment plan both to the patient and to the payer. Should the patient otherwise require care that deviates from the medical treatment guidelines, the provider shall supply the patient and the payer with a written explanation of the medical necessity for such care.

**E. PROCEDURE FOR QUESTIONING CARE**

1. In cases where treatment falls within the purview of a medical treatment guideline, prior authorization for payment is unnecessary unless the guideline specifies otherwise, or Rule XVI.I.1.a – d apply.
  - a. If prior authorization is required by the Medical Treatment Guidelines or a provider requests prior authorization then the procedure for contesting a request for prior authorization for payment is under Rule XVI.J.
  - b. If the payer questions whether treatment is consistent with the medical treatment guidelines then the procedure for contesting payment of a billed service is covered under Rule XVI.K.2 and 3.

**F. FAILURE TO COMPLY**

1. See Rule XI, General Rules, Section G.

**G. EXHIBITS TO RULE XVII**

1. Exhibit A – Low Back Pain Medical Treatment Guidelines
2. Exhibit B – Upper Extremity Medical Treatment Guidelines
3. Exhibit C – Lower Extremity Medical Treatment Guidelines
4. Exhibit D – Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome Medical Treatment Guidelines
5. Exhibit E – Cervical Spine Injury Medical Treatment Guidelines
6. Exhibit F – Chronic Pain Disorder (Evaluation and Management) Medical Treatment Guidelines
7. Exhibit G – Traumatic Brain Injury Medical Treatment Guidelines