



## Medical aspects

# Communication

- **Assist communication among the parties**
  - Employee's medical condition and treatment
  - Coordinate medical treatment with vocational rehabilitation services
- **Facilitate employee's return to work**
- **Do not obtain for or provide International Classification of Diseases (ICD) 10 numbers to insurers**

# Health Insurance Portability and Accountability Act (HIPAA)

- **Workers' compensation parties exempt from HIPAA**
  - Employee, employer or insurer does not need an authorization to obtain the injured worker's medical information
- **HIPAA applies to qualified rehabilitation consultants (QRCs)**
  - HIPAA-compliant medical release form, signed by employee, is required
  - A written release is required **prior to any** QRC written or verbal communications with health care providers or their office

# Required for written authorization

- The information to be used or disclosed
- The name of the person authorized to disclose, receive or use the information
- The purpose of the disclosure
- The potential of re-disclosure of information
- An expiration date (one year within date of employee's signature)
- The dated signature of the individual
- A statement concerning the right to revoke the authorization

# Data privacy, Minnesota Rules 5220.1802, subpart 5

- A rehabilitation provider shall not engage in communications with health care providers about an employee without the written consent of the employee.
- Use encrypted email to transmit an employee's private information. Do not list the employee's name, Social Security number or worker identification (WID) number in the email subject line. You may list the insurer's claim number in the subject line.
- A rehabilitation provider shall request only the information and data that will assist the parties in developing and carrying out the rehabilitation plan.
- Personal data must be disposed of in a secure manner.

# Report of work ability, Minn. R. 5221.0410, subp. 6

- Primary health care provider must complete within 10 days of insurer request and must provide a copy to the employee
- Can be on a form prescribed by the commissioner or a form that contains the same information
- Work ability must be based on the most recent medical evaluation
- Employee shall submit a copy of the report of work ability to the employer or insurer and the QRC

# Return to work planning, Minn. R. 5221.0420

- **Health care provider cooperation with return-to-work planning**
  - Communicate with the employee, employer, insurer, QRC and the department
  - Release employee to return to work at earliest appropriate time
  - Ten days to respond to a proposed job
- **Communication with assigned QRC**
  - Health care provider must communicate with QRC
  - Valid written patient authorization required
  - Health care provider must respond to QRC once in a 30-day period

# Reimbursement for communication, Minn. R. 5221.0420, subp. 3

- Health care provider may not require pre-payment from QRC or employee; if billed, call the help desk at 651-284-5005 (press 3) to ask how to file a medical complaint against the provider
- Health care provider must bill the employer and insurer for QRC meeting using “service code 99199”
  - Services are not subject to the 85% payment limitation
- Health care provider may charge a reasonable amount for requested records (see Minnesota Statutes 176.135, subdivision 7(e))

# Collection of excessive charges, Minn. R. 5221.0500, subp. 3

## For compensable claims

- Medical provider may not collect or attempt to collect payment from employees for medical services, upon being informed it is a workers' compensation injury, that exceeds the maximum amount in the rules or services related to the admitted injury
- If health care provider attempts to collect payment, penalty may be assessed (see Minnesota Statutes 176.136, subdivision 2a)
- Employee or their attorney should call the help desk at 651-284-5005 (press 3) to ask how to file a medical provider complaint

# Primary health care provider, Minn. R. 5221.0430

- Directs and coordinates medical care
- Employee treats on two occasions
- Employee may have only one primary health care provider at a time
- Employee chooses primary health care provider unless covered by a Department of Labor and Industry certified managed care organization or there was a prior relationship with a health care provider within the past year

# Change of provider, Minn. R. 5221.0430

- May change the treating physician once within the first 60 days
  - Does not need approval
- After 60 days, further changes must be approved by the insurer, Department of Labor and Industry or the Court of Administrative Hearings
- May transfer care due to provider retirement, death, cessation from practice or referral

# Certified managed care organization, Minn. Stat. 176.1351

- Employer must notify employees of the certified managed care organization, of which there is only one approved in Minnesota: **CorVel**
- **Note:** While there are medical groups that employers and insurers contract with that call themselves “managed care,” employees cannot be required to treat with those doctors or groups

# Certified managed care organization, continued

- Employees treat with a network physician
  - Employees may treat with their own established physician
- Disputes must go through the certified managed care organization processes
- Certified managed care organization case manager and the QRC shall communicate with each other

# Disability case management companies

- Are not registered with the Department of Labor and Industry and are often located in a different state
- Are contracted by employers to handle non-occupational and workers' compensation injuries or illnesses
  - May refer files for disability case management services
  - Cannot refer workers' compensation cases for rehabilitation consultation
  - Will require invoices be sent to them and with agreement the rehabilitation file is their property (the later a violation of state law)

# Medications, Minn. R. 5221.6105

- Generic medications must be dispensed
- Employer may designate a pharmacy or network of pharmacies the employee must use
- Pharmacy must be located within 15 miles of the employee's place of residence

# Treatment parameters, Minn. R. 5221.6050

- Provides guidelines for reasonable treatment and to facilitate communication between health care provider and insurer
- General parameters – treatment must be medically necessary with the goal that the employee’s clinical findings and employee’s functional status are continuing to improve
- Specific parameters – medical imaging, low back, neck, thoracic spine, upper extremities, reflex sympathetic dystrophy, medications, hospitalization, surgical procedures and chronic pain management

# Treating physician prior notification, Minn. R. 5221.6050, subp. 9

- Prior notification is the responsibility of the health care provider requesting the treatment
- Insurer has seven working days to:
  - approve or deny the treatment
  - request additional information
  - request employee obtain a second opinion
  - request an independent medical examination be scheduled

# Treating physician prior notification, continued

- If no response within seven working days, treatment is deemed approved
  - For unnecessary insurer delays, the employee or employee's attorney should file a Medical Request with the exam note attached to it
  - The Department of Labor and Industry's Alternative Dispute Resolution can help the employee file the medical request in Work Comp Campus, if needed

# Independent medical examinations, Minn. Stat. 176.155

## If an independent medical examination is requested by insurer or employer:

- must be within 150 miles of the employee's residence
- employee can have personal representative (spouse or other) at the examination, at their own expense
- insurer or employer must pay reasonable travel expenses, including
  - mileage and parking
  - lodging
  - meals

# Independent medical examinations, continued

- Insurer or employer must pay lost wages
- Claim petition – 120 days to complete examination and serve on employee
- If employee refuses to be examined, their monetary benefits may be suspended; they should discuss this with their attorney or can call the Department of Labor and Industry
- Independent medical examination (IME) physician offers an opinion but is not the employee's treating physician; do not use the IME physical limitations, recommendations, etc. as part of employee's rehabilitation plan – even if the parties agree; the treating health care provider must recommend them

# Additional information

## Access to medical data

- [Revisor medical statutes](#)

## HIPAA

- [Health information privacy](#)

## Medical services and treatment parameters

- [Revisor statute, fees for medical services](#)

# Additional information, continued

## Certified managed care plans

- [Revisor statute, managed care](#)
- [Revisor statute, managed care for injured workers](#)

## Medications

- [Revisor statute, treatment](#)
- [Revisor statute, medications](#)

# Additional information, continued

## Independent medical examination

- [Revisor statute, medications](#)

## Definitions of commonly used terminology

- [Revisor statute, definitions](#)
- [Definitions, scope, active treatment, chronic pain](#)

## Minnesota Health Information Clearinghouse

- [Resource for health-related information](#)

**Thank you**