Back To Chiropractic Continuing Education Seminars Application of Medical-Legal Fee Schedule QME Regulatory Clerical Requirements: ~ 2 Hours

Revised 06/5/2025

This course is a 2 Hour mandatory requirement for QMEs for the California Department of Industrial Relations, Division of Worker's Compensation (DWC).

This course also counts as a 2 Hour CE Elective for the Board of Chiropractic Examiners for the state of California.

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Title 8, California Code of Regulations, section 10606: Physicians' Reports as Evidence

- Chapter 4.5. Division of Workers' Compensation Subchapter 2. Workers' Compensation Appeals Board--Rules and Practice Procedure Article 9. Evidence and Reports
- (a) The Workers' Compensation Appeals Board favors the production of medical evidence in the form of written reports.
- (b) Medical reports should include where applicable:
- (1) the date of the examination;
- (2) the history of the injury;
- (3) the patient's complaints;
- (4) a listing of all information received in preparation of the report or relied upon for the formulation of the physician's opinion;
- (5) the patient's medical history, including injuries and conditions, and residuals thereof, if any;
- (6) findings on examination;
- (7) a diagnosis;
- (8) opinion as to the nature, extent, and duration of disability and work limitations, if any;
- (9) cause of the disability;
- (10) treatment indicated, including past, continuing, and future medical care;
- (11) opinion as to whether or not permanent disability has resulted from the injury and whether or not it is stationary. If stationary, a description of the disability with a complete evaluation;
- (12) apportionment of disability, if any;
- (13) a determination of the percent of the total causation resulting from actual events of employment, if the injury is alleged to be a psychiatric injury;
- (14) the reasons for the opinion; and,
- (15) the signature of the physician.

Pros & Cons of being a Chiropractic QME

- <u>Record Review</u>: LC 4628 requires review and provide medical record summary of all relevant records, and composing & drafting any conclusions.
- <u>Research</u>: Extra clinical research may be warranted. For example, if a condition is not clearly addressed, the evaluator may seek other sources that are considered evidence based medicine/peer reviewed literature.
- **Report Writing:** Address all issues at hand and correlate to physical examination findings, record review and patient history.
- <u>Preparation for Examination</u>: Prepare beforehand which physical examination procedures are required based on the body part(s) involved and associated with any impairment ratings that may apply.
- <u>Preparation for Depositions</u>: Review your prior Med-Legal report, which should include all of the record summaries and most current issues at hand. Reviewing prior to the deposition will help recall specific issues that pertain to the injured worker in question.

Pros & Cons of being a Chiropractic QME

- <u>Follow-Up process on referrals</u>: The QME should make all recommendations for further care such as but not limited to; diagnostics, labs, consults, etc.
- **Applicant Attorneys:** Legal representation for the injured worker.
- **Defense Attorneys:** Legal counsel for the employer/claims administrator.
- <u>Interpreters</u>: Required to translate during the Med-Legal examination. The claims administrator is responsible for paying for the interpretative services.
- Title 8. Section 34: (c) The QME shall include within the notification whether a Certified Interpreter, as defined by Labor Code Section 5811 and subject to the provisions of section 9795.3 of Title 8 of the California Code of Regulations, is required and specify the language. The interpreter shall be arranged by the party who is to pay the cost as provided for in Section 5811 of the Labor Code.

QME Referrals – Section 32

- Q. Can a QME make referrals without first obtaining authorization from the employer/claims administrator?
- Section 32 of the QME Regulations has changed since 2009 and QMEs are prohibited from making referrals for the purpose of diagnostics and/or consultations without first obtaining prior authorization. A Request For Authorization (RFA) should be made using the <u>DWC form RFA</u>.
- NOTE: The QME has never been granted permission to refer an injured worker out for treatment. Any further treatment should be outlined in your QME report, which explains in detail the need for such care. For example, the injured worker is not yet deemed permanent and stationary because of lack of appropriate treatment (i.e. surgery, medications, physical medicine, etc.), which may also include diagnostic studies.
- The QME is prohibited from referring the injured worker out for the purpose of obtaining the disability/impairment rating, which is the QME's responsibility to determine unless outside their scope of practice.

QME Referrals – Section 32

- If the QME is given authorization to make a referral for treatment, diagnostics and/or consultations, it is their responsibility to follow-up and arrange the referral.
- (d) Whenever an Agreed Panel QME or a QME determines that a consultation is necessary pursuant to this section and the physician selected for the consultation is not selected by the parties from a QME panel issued by the Medical Director, the referring QME must arrange the consultation appointment and advise the injured employee and the claims administrator, or if none the employer, and each party's attorney if any, in writing of the appointment date, time and place by use of QME Form 110 (QME Appointment Notification Form)(See, 8 Cal. Code Regs. § 110).
- The QME must include and annotate the results within their subsequent supplemental report within 15 days of receipt of the results and copy all stakeholders.

How to Become a QME

- Q. How do I become a QME? How do I register for the test?
- A. To become a QME, you must meet the requirements that are listed in Labor Code section 139.2. If you meet these requirements, you should submit a completed application form to the Division of Workers' Compensation Medical Unit. You also must submit a test registration form. Prior to becoming a QME you have to pass the QME competency exam. Tests are scheduled twice a year in April and Oct. Upon passing the test and paying the QME annual fee, you will be a certified QME. (Labor Code § 139.2(b) (n), 8 CCR § 10). Prior to appointment as a QME, a physician is required to take a 12-hour course about writing medical legal reports. (8 CCR § 11.5)
- Q. What is the deadline for submitting my application and registration form?
- **A.** A properly completed application for appointment and an exam registration form must be received, or postmarked, **45 calendar days prior to the date of the exam**. (8 CCR § 11(f)(4))

How to Become a QME

- Q. Is there a fee to take the QME exam?
- **A.** Yes. There is a \$125 fee to take or retake the exam. (8 CCR § 11 (f) (2))
- Q. What is the annual fee to be a QME?
- **A.** The <u>annual fee is \$250</u> if you performed 25 or more comprehensive medical-legal evaluations in the year prior to assessment of the fee.
- If you performed <u>11-24 examinations</u>, the annual fee is \$125.
- If you performed <u>o-10</u>, the fee is \$110.
- This fee is for one office location.
- If you wish to have additional locations, the fee is \$100 for each additional location. (Labor Code § 139.2 (n), 8 CCR § 17)

How to Become a QME

https://www.dir.ca.gov/dwc/medicalunit/QME_page.html

Becoming a qualified medical examiner:

QME Exam

- . Upcoming QME Exam
 - Exam packet
 - Exam application

QME Exam

- Upcoming QME Exam
 - Exam packet
 - Exam application

Study Guides:

- Competency examination study guide
- Competency examination booklet
- Competency examination for acupuncturists
- Physician guide As a result of 2003 and 2004 legislative changes and 2009 regulatory changes, some
 portions of this Physician's Guide may be inconsistent with current law. Therefore, it must not be considered
 authoritative, and should only be consulted as an historical document.

QME competency examination results:

- Oct. 17, 2015 Exam
- April 25, 2015 Exam

Online QME Form 106 Panel Request

For injuries on or after 1/1/05, online only as of Oct. 1, 2015.

QME EXAM

April 16, 2016

PDRS (Permanent Disability Rating Schedule)

https://www.dir.ca.gov/dwc/medicalunit/QME_page.html

Evaluation protocols:

For injuries rated under 1997 permanent disability rating schedule and prior

- Cardiac 🚨
- Foot and ankle
- Immunologic 📙
- Neuromusculoskeletal
- Psychiatry
- Pulmonary

February 2016

PDRS (Permanent Disability Rating Schedule)

https://www.dir.ca.gov/dwc/medicalunit/QME_page.html

N. FACTORS OF DISABILITY

Do not provide a "rating" but describe the medical information in such a way as to be used by raters, judges and other concerned parties. The evaluator will describe the subjective and objective components of disability. The following information shall be included:

1. Subjective Factors of Disability

Translate the injured worker's symptoms into ratable language using the terminology found in Appendix A.

DESCRIPTION OF ACTIVITIES

BALANCING: Maintaining body equilibrium

BENDING: Angulation from neutral position about a joint (e.g. elbow) or

spine (e. g. forward)

CARRYING: Transporting an object, usually holding it in the hands or arms

or on the shoulder

CLIMBING: Ascending or descending ladders, stairs, scaffolding, ramps,

poles, etc. . . using feet and legs and/or hands and arms.

CRAWLING: Moving about on hands and knees and feet.

CROUCHING: Bending body downward and forward by bending lower limbs,

pelvis and spine.

FEELING: Perceiving attributes of objects such as size, shape, temperature,

or texture by means of receptors in the skin, particularly those

of the finger tips.

FINGERING/ Picking, pinching or otherwise working with fingers and PINCHING:

thumb primarily (rather than with whole hand or arm as in

handling).

GRASPING/ Seizing, holding, grasping, turning or otherwise working

HANDLING: with hand or hand (fingering not involved).

JUMPING: Moving about suddenly by use of leg muscle, leaping from or

onto the ground or from one object to another.

KNEELING: Bending legs at knees to come to rest on knee or knees.

Raising or lowering an object from one level to another LIFTING:

(includes upward pulling)

OVERHEAD/ Performing work activities with arm raised and held

OVER SHOULDER: unsupported, at or above shoulder level.

PIVOTING: Planting your foot and turning about that point.

PUSHING: Exerting force upon an object so that the object moves away

from the force (includes slapping, striking, kicking and treadle

actions).

PULLING: Exerting force upon an object so that the object moves towards

the force (includes jerking).

REACHING: Extending the hand(s) and arm(s) in any direction.

RUNNING: Moving in a fast pace, moving the legs rapidly so that for a

moment both legs are off the ground.

SITTING: Remaining in the normal seated position.

SQUATING: Crouching to sit on your heels, with knees bent and weight on

the balls of your feet.

STANDING: Remaining on one's feet in an upright position at a work station

without moving about.

STOOPING: Bending body downward and forward by bending spine at

waist.

TURNING/

TWISTING:

Moving about a central axis, revolve or rotate.

USE OF HAND OR Required to control a machine by use of controls.

FOOT CONTROLS:

WALKING: Moving about at a moderate pace over even or uneven ground.

PDRS (Permanent Disability Rating Schedule)

https://www.dir.ca.gov/dwc/medicalunit/QME_page.html

2. Objective Factors of Disability

Note those finding which can be measured, observed or demonstrated on testing. They include, but are not limited to: range of motion, strength, sensation, reflexes, anatomical measurements, disfigurement, and radiographic or diagnostic results.

Note if assistive devices, prosthetics, or orthotics are required. Note if the device causes any limitation in motion.

3. Loss of Pre-Injury Capacity

Describe the loss of pre-injury capacity for activities. Report loss of pre-injury capacity for the work activities the injured worker was performing at the time of the injury and for potential activities in the open labor market.

The evaluator will estimate the total or partial loss of the injured worker's pre-injury capacity to lift, bend, stoop, push, pull, climb or other activities involving comparable physical strength. The best means is to describe the injured worker's loss of capacity, such as loss of one-quarter of his ability to lift.

Use of job history and/or description as well as other activities of daily living to estimate the pre-injury capacity, should be noted in the report to substantiate the evaluator's opinion on loss.

4. Work Restrictions

Describe all permanent work restrictions. Be as specific as possible, incorporating the injured worker's history, the RU-90, the DEU Form 100, and a formal job analysis, if it is available.

Intensity vs. Frequency of Pain

• It is important to understand and be able to properly describe frequency and intensity of pain within the workers' compensation system.

• INTENSITY OF PAIN/SYMPTOMS:

SEVERE	Severe pain would preclude the activity precipitating the pain.
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• MODERATE Moderate pain can be tolerated, but would cause a marked handicap

in the performance of the activity precipitating the pain.

• **SLIGHT** Slight pain can be tolerated, but would cause some handicap in the

performance of the activity precipitating the pain.

MINIMAL Minimal (same as mild) pain would constitute an annoyance, but

would cause no handicap in the performance of the particular activity.

(Minimal pain is a non-ratable permanent disability)

Intensity vs. Frequency of Pain

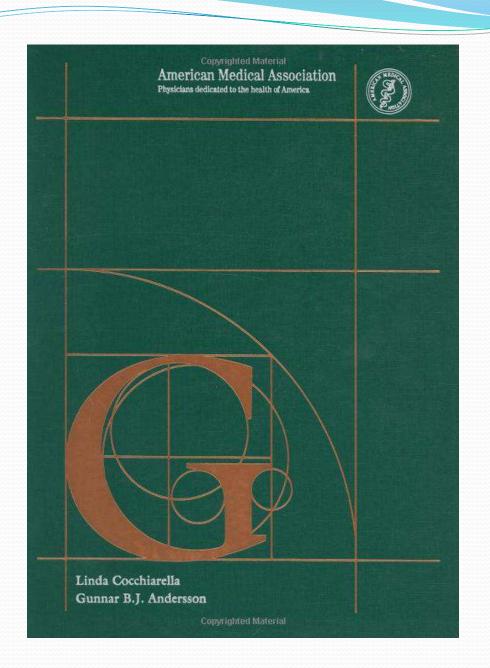
• FREQUENCY OF PAIN/SYMPTOMS:

• CONSTANT Occurring approximately 75-100% of	of the time
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- FREQUENT Occurring approximately 50-75% of the time
- INTERMITTENT Occurring approximately 25-50% of the time
- OCCASIONAL Occurring approximately 0-25% of the time

QME CE

- Q. How many years is my QME status valid?
- A. QMEs who initially applied prior to July 17, 1993 were approved for a four-year term.
 QMEs who were approved on or after July 17, 1993, were approved for a two-year term.
 Once a QMEs initial term expires, he/she will be reappointed every two years. A QME must pay an annual fee in order to maintain his/her status and show proof of having attended 16 hours of combined education in 24 months.



Depositions

- TITLE 8. INDUSTRIAL RELATIONS
 DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
 CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- Article 3. Assignment of Qualified Medical Evaluators, Evaluation Procedure
- §35.5. Compliance by AMEs and QMEs with Administrative Director Evaluation and Reporting Guidelines.
- (f) Unless the Appeals Board or a Workers' Compensation Administrative Law Judge orders otherwise or the parties agree otherwise, whenever a party is legally entitled to depose the evaluator, the <u>evaluator shall make himself or herself available for deposition within at least one hundred twenty (120) days of the notice of deposition and, upon the request of the unrepresented injured worker and whenever consistent with Labor Code section 5710, the <u>deposition shall be held at the location at which the evaluation examination was performed</u>, **or** at a facility or office chosen by the deposing party that is not more than 20 miles from the location of the evaluation examination.</u>

Supplemental Reports

- QME Supplemental Reports:
- Q. What is the time frame for supplemental reports?
- A. You have <u>60 days</u> from the date of the written request for a supplemental report. The time frame <u>may be extended up to 30 additional days</u> if the parties agree without the need to request an extension from the medical director. (8 CCR § <u>38(h)</u>)

Medical Report Checklist

- Below is a list of components generally incorporated into a medical legal report, which are utilized for rating disability/impairment.
- This should be considered as an overall guideline.
- 1. Date
- 2. Insurer/Attorney Address
- 3. Patient Information
- 4. Record Review
- 5. History of the Injury
- 6. History of Treatment
- 7. History of other Injuries
- 8. Current Symptoms
- Job Description
- 10. Work History

Medical Report Checklist

- 11. Past Medical History
- 12. Family History
- 13. Review of Systems
- 14. Off Work Activities
- 15. Social History
- 16. Physical Exam
- 17. Studies (X-ray, MRI, NCV, etc.)
- 18. Discussion
- 19. Diagnosis
- 20. P&S Status

Medical Report Checklist

- 21. Causation
- 22. Apportionment
- 23. Vocational Rehabilitation
- 24. Subjective Factors of Disability
- 25. Objective Factors of Disability
- **26.** Work Preclusion
- **27.** Future Medical
- 28. Reasons for Opinion
- 29. Rating Statement
- 30. Compliance Statement
- 31. Signature
- NOTE: If writing a P&S report under the new (AMA) System (DOI > 01/01/2005), then items 24-26 are not necessary.
- The older disability rating system (PDRS) (DOI < 01/01/2005) is based on four factors; items 24-26 and Loss of Functional Capacity/pre-injury status (The inability to compete in the open labor market)

HISTORY OF THE INJURY:

Document the mechanism of the industrial injury.

HISTORY OF TREATMENT:

Utilize this section of the report to document the industrial injury from date of injury to most current treatment received by the injured worker. Identify injured body parts and treatment rendered, including but not limited to any special imaging or referrals to specialists.

HISTORY OF OTHER INJURIES:

Indicate any other injuries sustained by the patient including any previous work related injuries or personal injuries.

CURRENT SYMPTOMS:

Describe the patient's symptoms at time of Permanent & Stationary evaluation. Remember to describe their symptoms for each complaint using proper terminology as described in these notes on page 2.

JOB DESCRIPTION:

Note the patient's job title at the time of the injury. Also state when they began working for the employer where the injury was sustained. A RU-91/Description of Employee's Job Duties may be available for your review and comment.

WORK HISTORY:

Report all available work history, which includes each employer pre and post injury and the related work duties for each job. Be sure to reference dates of employment in case apportionment becomes an issue.

PAST MEDICAL HISTORY:

List relevant past medical history, which may include injuries to the same body region.

FAMILY HISTORY:

Identify any health related issues within the family that may be congenital or a tendency for predisposition for certain disorders and/or pathology.

REVIEW OF SYSTEMS:

As related by the patient on the Review of Systems. This includes gastro-intestinal, respiratory, cardio-vascular, muscle & joints, EENT, genitor-urinary, etc.

OFF WORK ACTIVITIES:

List the patient's activities outside of work. Report any sports they participate in or extracurricular activities they are involved with. This may be pertinent to the injury so be sure to investigate outside activities in detail with your patient

SOCIAL HISTORY:

State if the patient is married and if they use alcohol, tobacco and/or recreational drugs.

PHYSICAL EXAM:

Physical examination findings should be revealed in this section. List any positive exam findings, which may include orthopedic testing, neurological exam, myotomal testing, palpatory findings, restricted ranges of motion, posture analysis and any other relevant findings.

RADIOGRAPHIC EXAM:

Report any radiographic findings and where the imaging was performed along with the date of service.

MRI:

Report any MRI findings and where the imaging was performed along with the date of service.

DIAGNOSTIC TESTING:

Report any diagnostic tests performed, which may include but is not limited to NCV and EMG testing.

DISCUSSION:

This section should be used to discuss the injury in depth and provide your professional opinion regarding this case. You should discuss the nature and extent of the injury and the consistency with the mechanism of injury. As the primary treating physician you should comment on the appropriateness of care rendered, not just in your office but as a whole. Has the patient received all of the appropriate measures to cure or relieve the symptoms of their industrial injury? Were medically warranted referrals not authorized by the insurance adjustor? This is the section to comment on such topics. State if the patient has responded to care and which modalities were most beneficial in relieving their symptom complex.

DIAGNOSES:

List all diagnoses with a written description along with the ICD-<SAMPLE>

- 1. (R) Wrist Degenerative Joint Disease (Capitohamate Joint)
- 2. (R) Wrist Cyst (Intraosseous Ganglion)
- 3. (R) Wrist Tenosynovitis
- 4. (R) Wrist Inflammation
- 5. (R) Wrist Segmental Dysfunction

PERMANENT AND STATIONARY STATUS:

State if it is your opinion that the patient's condition is permanent and stationary. If so, provide a date at which time the patient became permanent and stationary.

CAUSATION:

Identify if the mechanism of injury is consistent with the subjective complaints and the objective findings. Essentially, is this injury due to a work related incident?

APPORTIONMENT:

This section identifies the liability of the injury. Apportionment is only a factor if the injury was not 100% related to the employer where the injury occurred. Identify if the patient denies any pre-existing symptoms and/or disability relative to the injured body part(s). Also, state if there were any new reported injuries to the injured region(s).

VOCATIONAL REHABILITATION:

If the patient was unable to return to their regular job duties due to the injury and they were placed on modified work restriction, but the employer was not able to offer any alternative work at equivalent pay, then they would be classified as a Qualified Injured Worker (QIW). This means that they are eligible for re-training in another job classification at similar pay rate. The employer is responsible for paying for the retraining. The patient must be assigned a VR counselor to assist in choosing an alternative and appropriate job to re-trained in. If the employer is able to offer an alternative job at equivalent pay for one year they have satisfied the requirement and are not responsible for paying for Vocational Rehabilitation.

SUBJECTIVE FACTORS OF DISABILITY:

State your opinion regarding what the patient's pain relative to the injury would be graded at and best described using the terminology from page 2. Indicate any factors that exacerbate the condition, such as forceful gripping and fine manipulation with grasping maneuvers.

OBJECTIVE FACTORS/FINDINGS OF DISABILITY:

- Objective findings include positive orthopedic testing, painful range of motion, decrease in grip strength, positive neurological findings/deficits, etc
- Positive MRI findings
- Pain and tenderness/Palpatory findings

Apportionment

- (Medical Separation of Industrial vs. Non-Industrial Disability)
- Apportionment as related to workers' compensation may be defined as separating or determining the employer's liability due to a specific industrial injury. This requires the physician to separate out the disability or condition that has resulted from a work injury from the other parts of disability that are the result of non-industrial conditions or diseases.
- Apportionment is usually upheld by the WCAB as long as the physician's opinions are based on substantial medical evidence. The doctor's opinion should be based on physical evaluation of the patient and complete review of the medical records.

Apportionment

- Labor Code Section 4663
- Pursuant to SB 899, Labor Code section 4663 was amended.
- Section 4663 may be termed "Medical Apportionment"
- Section 4663 is based on the idea that the <u>employer should</u> only be responsible for the injured worker's disability related to the industrial injury.
- All physicians <u>must address</u> the issue of <u>apportionment</u> in their final permanent and stationary report.

Labor Code 4663

• The physician must determine in their opinion what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment

and

- what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the work injury, which also includes prior work injuries.
- The physician should indicate specific reasons why they came to said conclusion.

Apportionment

- Labor Code Section 4664
- Labor Code section 4664 is termed "Legal apportionment."
- Section 4664 states that the employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and in the course of employment.
- The WCAB ruled in the *Escobedo case* that apportionment may now include:
- Pathology, Retroactive Work Preclusions and Asymptomatic Prior Conditions.

Required QME Forms (Unrepresented Cases)

- <u>DWC-AD 100</u> Employee's Permanent Disability Questionnaire
- <u>DWC-AD 101</u> Request for Summary Rating Determination
- QME 111 QME's Findings Summary Form
- NOTE: No forms required in "Represented" cases!

Who is Billed for the QME Report?

- Always send your QME bill with Proof of Service (POS) to the <u>Claims Administrator</u>.
- Do not bill the attorney...
- either the Applicant (AA) or the Defense attorney (DA)

Q. To whom do I send copies of the QME or AME report?

Action	Unrepresented QME Labor Code § 4060	Represented QME Labor Code § 4060	Unrepresented QME Labor Code § 4061	Represented QME Labor Code § 4061	Unrepresented QME Labor Code § 4062	Represented QME Labor Code § 4062
Who gets served ?	Applicant	Applicant and Applicant's attorney	Applicant	Applicant and Applicant's attorney	Applicant	Applicant and Applicant's attorney
	Claims Administrator or the defense attorney	Claims Administrator or the defense attorney	Claims Administrator or the defense attorney	Claims Administrator or the defense attorney	Claims Administrator or the defense attorney	Claims Administrator or the defense attorney
ls DEU served?	No	No	Yes	No	No	No
What is served?	Medical Report	Medical Report	Doument Coversheet	Medical Report	Medical Report	Medical Report
	QME Form 111-QME Findings Summary Form	QME Form 122-AME or QME Declaration of Service of Medical-Legal Report Form	Doucment Seprator sheet- DWC-CA form 10232.2	QME Form 122-AME or QME Declaration of Service of Medical-Legal Report Form	QME Form 111-QME Findings Summary Form	QME Form 122-AME or QME Declaration of Service of Medical-Legal Report Form
			Medical Report			
			Doucment Seprator sheet- DWC-CA form 10232.2			
			QME Form 111-QME Findings Summary Form			
			Doucment Seprator sheet- DWC-GA form 10232 2			
			DWC-AD Form 100-Employee's Disability Questionnaire			
			Doucment Seprator sheet- DWC-CA form 10232 2			
			DWC-AD Form 101-Request for Summary Rating Determination of Qualified Medical Evaluator's Report			

- California Office of Administrative Law approved the new medical-legal fee schedule for workers' compensation cases on March 30, 2021, which became effective-04/01/2021.
- New regulations Title 8 Cal. Code of Regulations, Sections 9793 9795.
- Section 9794 Mandate for reimbursement for medical-legal examination and reports including the payment and collection procedures
- Section 9795 New Fee Schedule.
- Note Effective date for the new fee schedule is not the date a report is issued by a medical-legal physician, but the date of the QME exam *(i.e. QME exam occurs on or after April 1, 2021.)*
- Supplemental reports Do not require a physical examination and the QME will clarify their opinion(s) from a prior report, and/or address/answer additional questions.

- The prior Medical-Legal Fee Schedule (ML101, ML104, ML106...) was billed based on the amount of time spent along with complexity factors, if applicable.
- The new fee schedule offers a flat fee for different types of reporting that involves less than 200 pages of review by the QME.
- There is a \$3.00 per page charge for record review, which is greater than 200 pages (Note: records cannot have been previously reviewed by the QME)
- Requires a Declaration under penalty of perjury that parties sign certifying total number of pages being requested to be reviewed by the QME.
- QME's need to confirm under penalty of perjury how many pages of documents were reviewed.
- Flat fee for missed appointments

- ML-201 = Comprehensive Medical-Legal Evaluation
- Initial evaluation
- Follow-up evaluation that is > 18 months since the last evaluation.
- **\$2,015.00**
- Plus \$3.00 per page of record review > 200 pages
- ML202 = Follow-up Medical-Legal Evaluation
- Evaluation that takes place within 18 months of a prior comprehensive evaluation
- Records reviewed before are excluded from payment.
- \$1,316.25
- Plus \$3.00 per page of record review > 200 pages not reviewed before.

- ML-203 = Supplemental Medical-Legal Evaluation
- A request for a supplemental report if the physician did not address an issue previously requested or a new issue arises.
- \$650.00
- Plus \$3.00 per page > 50 pages. The 50 pages and any additional pages were not reviewed before.
- ML-204 = Medical-Legal testimony
- \$455.00 per hour with a minimum of 2 hours (\$910.00)
- ML-200 = Missed appointment
- \$503.75
- The physician can bill for a record review report if the records were received and reviewed in correlation with the missed QME appointment.
- ML-205 = Sub rosa review
- \$325.00 per hour plus the report in correlation to writing the review

- ML-PRR = Record Review
- \$3.00 per page used to identify charges related to record review in excess of pages already included in ML billing codes.
- i.e. ML 203 Supplemental covers up to 50 pages & ML 202 Follow Up evaluations covers up to first 200 pages.
- Modifiers
- -93 Interpreter present and increases value by 1.1 on ML 201 and ML 202 only.
- -95 Performed by QME, but doesn't change reimbursement.
- -94 AME and increases value by 1.35; if interpreter used then multiply by 1.45 for ML 201 and ML 202 only.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (a) Whenever an appointment for a comprehensive medical evaluation is made with a QME, the QME <u>shall complete an appointment notification form</u> by submitting the form in Section 110 (QME Appointment Notification Form) (8 Cal. Code Regs. § 110)
- The completed form shall be postmarked or sent by facsimile to the <u>employee and</u> <u>the claims administrator</u>, or if none the employer, within 5 business days of the date the appointment was made.
- In a <u>represented case</u>, a copy of the completed form shall also be sent to the attorney who represents each party, if known.
- Failure to comply with this requirement shall constitute grounds for <u>denial of</u> reappointment under section 51 of Title 8 of the California Code of Regulations.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (b) The QME shall schedule an appointment for a comprehensive medical-legal examination which shall be conducted only at the medical office listed on the panel selection form.
- However, upon written request by the injured worker and only for his or her convenience, the evaluation appointment may be moved to another medical office of the selected QME if it is listed with the Medical Director as an additional office location.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (c) The QME shall include within the notification whether a Certified Interpreter is required and specify the language.
- The interpreter shall be arranged by the party who is to pay the cost as provided for in Section 5811 of the Labor Code.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (d) An evaluator, whether an AME, Agreed Panel QME or QME, <u>shall not cancel</u> a scheduled appointment <u>less than six (6) business days prior to the appointment</u> date, except for good cause.
- Whenever an evaluator cancels a scheduled appointment, the evaluator shall advise the parties in writing of the reason for the cancellation. The Appeals Board shall retain jurisdiction to resolve disputes among the parties regarding whether an appointment cancellation pursuant to this subdivision was for good cause.
- The Administrative Director shall retain jurisdiction to take appropriate disciplinary action against any Agreed Panel QME or QME for violations of this section.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (e) An Agreed Panel QME or a <u>QME who cancels a scheduled appointment</u> shall reschedule the appointment to a date within thirty (30) calendar days of the date of cancellation.
- The re-scheduled appointment date may not be more than sixty (60) calendar days from the date of the initial request for an appointment, unless the parties agree in writing to accept the date beyond the sixty (60) day limit.

- TITLE 8. INDUSTRIAL RELATIONS
- DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
- CHAPTER 1. DIVISION OF WORKERS' COMPENSATION-QUALIFIED MEDICAL EVALUATOR
- §34. Appointment Notification and Cancellation
- (g) Failure to receive relevant medical records, as provided in section 35 of Title 8 of the California Code of Regulations and section 4062.3 of the Labor Code, prior to a scheduled appointment shall not constitute good cause under this section for the evaluator to cancel the appointment, unless the evaluator is a psychiatrist or psychologist.

Document Separator Sheet

https://www.dir.ca.gov/dwc/FORMS/EAMS%2oForms/ADJ/DWCCAform10232_2.pdf

	In Adobe Reader, a list of document titles and types may be viewed by double clicking the paper clip icon on the left.					
DOCU	DOCUMENT SEPARATOR SHEET					
Product Delivery Unit		·				
Document Type		•				
Document Title		•				
Document Date	MM/DD/YYY					
Author						
Received Date	Office Use Only MM/DD/YYYY					
DWC-CA form 10232.2 Rev. 9/2014 P						

Document Separator Sheet

https://www.dir.ca.gov/dwc/iwguides/IWGuide18.pdf

Information & Assistance Unit guide 18

How to complete a document separator sheet

In addition to the document cover sheet (see guide 17), forms filed with your local Workers' Compensation Appeals Board (WCAB) district office need a "document separator sheet." We need the separator sheet so information in the form that follows it can be read by our Electronic Adjudication Management System (EAMS).

The separator sheet is required even if you are only filing one document. This means you will be submitting at least three documents, in the following order, with anything you file at the WCAB:

- 1. A document cover sheet
- 2. A document separator sheet
- 3. The form you need to file

If you are filing supporting documents with your form you will need separator sheets to identify them.

You may complete the attached separator sheet using a typewriter or with block printing. This form can also be completed online at www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAform10232 2.pdf.

Use the attached sample form as a guide.

Keep in mind the separator sheet provides information about the document that follows it. To fill out the separator sheet:

- Select the correct "product delivery unit" (the unit that will receive your form or document). You must select ADJ, DEU, RSU, VOC, or INT. Please see the appendix and sample form for more information
- Select the "document type" for the product delivery unit chosen. See the
 appendix for the document types available under each product delivery unit.
 For example, under ADJ, the only four document types are: legal document,
 liens and bills, medical document and miscellaneous. Use ONLY the options
 provided. Do not write in a document type that doesn't exist for the unit. If
 you are filling out the separator sheet on the Web site, the available options
 are in a drop down menu on the form
- Select the "document title" from the appendix. Again, use ONLY the options
 provided. Do not write in a document title that doesn't exist for the unit and
 document type you selected. If you are filling the separator sheet out on the
 Web site, the available options are in a drop down menu on the form
- Fill in the "document date" (such as the date of medical report or date of a letter) using two-digit months and dates, and four digit years. The month, date, and year should be separated by a slash, like this: 02/15/2008

Document Separator Sheet

https://www.dir.ca.gov/dwc/iwguides/IWGuide18.pdf

Information & Assistance Unit guide 18

 Put the name of the person or organization who wrote the document in the "author" box. For example, if the document following the separator sheet is a form you filled out, you are the author. If the document following the separator sheet is a doctor's report, the doctor is the author. If your claims administrator is the author you need to know the "uniform assigned name" of that company and put that in the box. You can find the uniform assigned name of your claims administrator on the Web site at http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp.

Send the completed filing packet to the correct local WCAB district office. WCAB district office addresses and phone numbers are attached to this guide.

Additional instructions for filing forms in EAMS can be found on line in the "EAMS OCR forms handbook" at

http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf.

If you need help, call an <u>Information and Assistance (I&A) office</u>, or attend a <u>workshop for injured workers</u>. The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at <u>www.dwc.ca.gov</u>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

	DOC	UMENT SEPARATOR SHEET SAMPLE
Product Delivery Unit		SELECT UNIT
Document Type		SELECT DOCUMENT TYPE, REFER TO LIST
Document Title	SELECT DOCUI	MENT TITLE, REFER TO LIST
Docum	nent Date	DATE YOU FILLED ATTACHED DOCUMENT MM/DD/YYYY
Author		YOUR NAME
		Office Use Only
Received Date		MM/DD/YYYY

DEU Forms

- Remember to use the Document Separator Sheet when submitting correspondence to the DEU:
- Select DEU Forms & appropriate document title from list.
- Example:
- Product Delivery Unit= DEU
- Document Type = DEU FORMS
- Document Title= Request for Summary Rating Determination - QME Report (DWC 101)

ADJ	MISC	SUMMARY RATING
ADJ	MISC	TRANSMITTAL LETTER
ADJ	MISC	TYPED OR WRITTEN LETTER
DEU	DEU DOCS - OTHER	EARNINGS INFORMATION
DEU	DEU DOCS - OTHER	
Product Delivery	Document type	Document Title
DEU	DEU DOCS - OTHER	PHOTOGRAPHS
DEU	DEU DOCS - OTHER	RESPONSE TO REQUEST FOR FACTUAL CORRECTION
DEU	DEU FORMS	COMMUTATION REQUEST
DEU	DEU FORMS	EMPLOYEES PERMANENT DISABILITY QUESTIONAIRE
DEU	DEU FORMS	REQUEST FOR CONSULTATIVE RATING
DEU	DEU FORMS	REQUEST FOR FACTUAL CORRECTION
DEU	DEU FORMS	REQUEST FOR INFORMAL RATING BY INSURANCE CARRIER OR SELF-INSURER
DEU	DEU FORMS	REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD
DEU	DEU FORMS	REQUEST FOR SUMMARY RATING DETERMINATION - QME REPORT
DEU	DEU FORMS	REQUEST FOR SUMMARY RATING DETERMINATION – TREATING PHYSICIAN
DEU	MEDICAL REPORTS	AME
DEU	MEDICAL REPORTS	DEFAULT QME (REPRESENTED WITH DOI ON/AFTER 1-1-05)
DEU	MEDICAL REPORTS	PANEL QME (NON-REPRESENTED ALL DOI)
DEU	MEDICAL REPORTS	REPRESENTED QME (REPRESENTED WITH DOI BEFORE 1-1-05)
DEU	MEDICAL REPORTS	TREATING PHYSICIAN
DEU	MISC	PROOF OF SERVICE

DEU Forms

- Remember to use the Document Separator Sheet when submitting correspondence to the DEU:
- Select DEU Forms & appropriate document title from list.
- Example:
- Product Delivery Unit= DEU
- Document Type = DEU FORMS
- Document Title= Employees Permanent Disability Questionnaire (DWC 100)

ADJ	MISC	SUMMARY RATING
ADJ	MISC	TRANSMITTAL LETTER
ADJ	MISC	TYPED OR WRITTEN LETTER
ADI	MISC	TIPED OR WRITTEN LETTER
DEU	DEU DOCS - OTHER	EARNINGS INFORMATION
DEU	DEU DOCS - OTHER	
Product Delivery	Document type	Document Title
DEU	DEU DOCS - OTHER	PHOTOGRAPHS
DEU	DEU DOCS - OTHER	RESPONSE TO REQUEST FOR FACTUAL CORRECTION
DEU	DEU FORMS	COMMUTATION REQUEST
DEU	DEU FORMS	EMPLOYEES PERMANENT DISABILITY QUESTIONAIRE
DEU	DEU FORMS	REQUEST FOR CONSULTATIVE RATING
DEU	DEU FORMS	REQUEST FOR FACTUAL CORRECTION
DEU	DEU FORMS	REQUEST FOR INFORMAL RATING BY INSURANCE CARRIER OR SELF-INSURER
DEU	DEU FORMS	REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD
DEU	DEU FORMS	REQUEST FOR SUMMARY RATING DETERMINATION - QME REPORT
DEU	DEU FORMS	REQUEST FOR SUMMARY RATING DETERMINATION – TREATING PHYSICIAN
DEU	MEDICAL REPORTS	AME
DEU	MEDICAL REPORTS	DEFAULT QME (REPRESENTED WITH DOI ON/AFTER 1-1-05)
DEU	MEDICAL REPORTS	PANEL QME (NON-REPRESENTED ALL DOI)
DEU	MEDICAL REPORTS	REPRESENTED QME (REPRESENTED WITH DOI BEFORE 1-1-05)
DEU	MEDICAL REPORTS	TREATING PHYSICIAN
DEU	MEDICIE ICEI OICIO	TIGHT TO THE STORY

DEU Forms

- Remember to use the Document Separator Sheet when submitting correspondence to the DEU:
- Select Medical Docs & appropriate document title from list.
- Example:
- Product Delivery Unit= ADJ
- Document Type = Medical Docs
- Document Title= QME Reports (& QME 111 form)

ADJ	MEDICAL DOCS	ALL MEDICAL REPORTS
ADJ	MEDICAL DOCS	AME REPORTS
ADJ	MEDICAL DOCS	P & S REPORT
ADJ	MEDICAL DOCS	QME REPORTS

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

ANAHEIM, 92806-2131

1065 N PacifiCenter Drive, Suite 170 Information & Assistance Unit (714) 414-1800

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100 Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481 * Satellite office *

100 "H" Street, Suite 202 Information & Assistance Unit (707) 441-5723

FRESNO, 93721-2219

2550 Mariposa Street, Suite 4078 Information & Assistance Unit (559) 445-5355

LONG BEACH, 90802-4339

300 Oceangate Street, Suite 200 Information & Assistance Unit (562) 590-5240

LOS ANGELES, 90013-1105

320 W 4th Street, 9th Floor Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, 90292-6902

4720 Lincoln Boulevard, 2nd and 3nd floors Information & Assistance Unit (310) 482-3858

OAKLAND, 94612-1499

1515 Clay Street, 6th Floor Information & Assistance Unit (510) 622-2861

OXNARD, 93030-7912

1901 N Rice Avenue, Suite 100 Information & Assistance Unit (805) 485-3528

POMONA, 91768-1653

732 Corporate Center Drive Information & Assistance Unit (909) 623-8568

REDDING, 96002-0940

250 Hemsted Drive, 2nd Fl, Ste. B Information & Assistance Unit (530) 225-2047

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300 Information & Assistance Unit (951) 782-4347 SACRAMENTO, 95834-2962

160 Promenade Circle, Suite 300 Information & Assistance Unit (916) 928-3158

SALINAS, 93906-2204

1880 N Main Street, Suites 100 & 200 Information & Assistance (831) 443-3058

SAN BERNARDINO, 92401-1411

464 W Fourth Street, Suite 239
Information & Assistance Unit (909) 383-4522

SAN DIEGO, 92108-4424

7575 Metropolitan Drive, Suite 202 Information & Assistance Unit (619) 767-2082

SAN FRANCISCO, 94102-7014

455 Golden Gate Avenue, 2nd Floor Information & Assistance Unit (415) 703-5020

SAN JOSE, 95113-1402

100 Paseo de San Antonio, Suite 241 Information & Assistance Unit (408) 277-1292

SAN LUIS OBISPO, 93401-8736

4740 Allene Way, Suite 100 Information & Assistance Unit (805) 596-4159

SANTA ANA, 92701-4070

605 W Santa Ana Boulevard, Bldg 28, Suite 451 Information & Assistance Unit (714) 558-4597

SANTA BARBARA, 93101-7538 * Satellite office *

411 E Canon Perdido Street, Suite 2 Information & Assistance Unit (805) 884-1988

SANTA ROSA, 95404-4771

50 "D" Street, Suite 420 Information & Assistance Unit (707) 576-2452

STOCKTON, 95202-2314

31 E Channel Street, Suite 344
Information & Assistance Unit (209) 948-7980

VAN NUYS, 91401-337

6150 Van Nuys Boulevard, Suite 105 Information & Assistance Unit (818) 901-5374

Minimum Time Guidelines

Neuro-musculo-skeletal 20 Minutes

Cardiovascular 30 Minutes

Pulmonary 30 Minutes

Psychiatric
 60 Minutes

All Others
 30 Minutes

 Face to Face Time = The actual time the evaluator spent with the injured worker regarding direct face to face contact, which includes history taking, physical examination, and other related discussions in completing the evaluation.

Required Guidelines

- For accepted claims, The California Division of Workers' Compensation (DWC) requires that any treatment not authorized by the claims administrator, be sent to Utilization Review.
- Utilization Review must use mandated guidelines in rendering a medical necessity determination.
- The reviewer may only deviate from the mandated guidelines if they are "silent," or do not address the treatment being requested.
- MTUS http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS/MTUS_Regulations.htm
- ACOEM 2004, 2nd edition
- Official Disability Guidelines

Guidelines

CALIFORNIA MANDATED TREATMENT GUIDELIENS

The current state of the treatment guidelines is that MTUS is presumptively correct and must be used first before going to ODG.

MTUS has incorporated parts of ACOEM & ODG. Collectively it is referred to as MTUS.

If MTUS is silent on a treatment, then other guidelines can be used.

If MTUS is not update and other guidelines suggest a more advanced and better treatment, then the other guidelines can be used, but the reasoning must be given in the report to override MTUS.

If UR denies treatment, can a QME still help?

Q: How does SB 863 change an injured worker's ability to appeal a UR denial or modification?

A: SB 863 ultimately will require all treatment disputes resulting from utilization review to go through the IMR (Independent Medical Review) process. A QME may no longer address treatment disputes.

- After 07/01/2013 all DOIs will have treatment disputes handled by
 - 1. The IMR Process
 - 2. The URO's Internal Voluntary Appeal Process
 - 3. Both appeal routes may occur concurrently

- Summarized below are some of the reasons a replacement QME panel may be requested per 8 CCR 31.5(a):
- 1. QME does not practice in specialty requested.
- 2. QME cannot examine the applicant within 60-90 days.
- 3. Injured worker changed residences.
- 4. Panel QME is a member of same practice group as another member of the panel.
- 5. QME not available.
- 6. Panel QME is the treating physician for the disputed injury. (See also 8 CCR 41(a)(4))

- Summarized below are some of the reasons a replacement QME panel may be requested per 8 CCR 31.5(a):
- 7. Parties agree to QME within region of applicant's workplace, and original QME panel is outside this region.
- 8. Medical documentation indicates different specialty required.
- 9. Panel QME did not send out appointment notification.
- 10. QME issued a late report.
- 11. QME had a conflict of interest.
- 12. Panel QME does not provide complete medical evaluation, or QME is not medically qualified to address disputed issues.
- 13. Panel issued over 24 months ago, and no QME from that panel was used.

- Summarized below are some of the reasons a replacement QME panel may be requested per 8 CCR 31.5(a):
- In addition, LC 4062.3 and 8 CCR 35(k) allow for replacement of the QME panel when there has been an **ex parte communication violation**.
- A replacement QME Panel may also be warranted when the initial panel QME produces a report that does not constitute substantial evidence.

- Ex parte communications and violation of LC Section 4062.3(g) which provides:
- "(g) Ex parte communication with an agreed medical evaluator or a qualified medical evaluator selected from a panel <u>is prohibited</u>. If a party communicates with the agreed medical evaluator or the qualified medical evaluator in violation of subdivision (e), the aggrieved party <u>may elect to terminate</u> the medical evaluation and <u>seek a new evaluation</u> from <u>another qualified medical evaluator</u> to be selected according to Section 4062.1 or 4062.2, as applicable, or proceed with the initial evaluation."
- Rule 35(k) also prohibits ex parte communication with QMEs as follows:
- "If any party communicates with an evaluator in violation of Labor Code section 4062.3, the Medical Director shall provide the aggrieved party with a new panel in which to select a new QME or the aggrieved party may elect to proceed with the original evaluator. Oral or written communications by the employee, or if the employee is deceased by the employee's dependent, made in the course of the examination or made at the request of the evaluator in connection with the examination shall not provide grounds for a new evaluator unless the Appeals Board has made a specific finding of an impermissible ex parte communication."

The Wall Street Journal; Business & Tech – ICD-10 (09/28/2015)

70,000 Ways to Classify Ailments

Enormous expansion of codes doctors use will change paperwork, insurance, monitoring

By MELINDA BECK

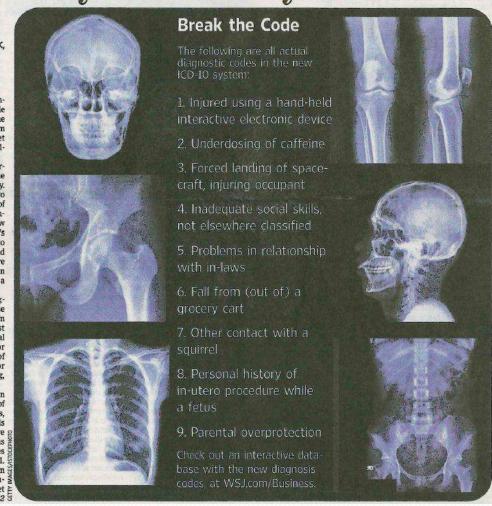
Doctors, hospitals and insurers are bracing for possible disruptions on Oct. 1 when the U.S. health-care system switches to a massive new set of codes for describing illnesses and injuries.

Under the new system, cardiologists will have not one
but 845 codes for angioplasty.
Dermatologists will need to
specify which of eight kinds of
acne a patient has. Gastroenterologists who don't know
what's causing a patient's
stomachache will be asked to
specify where the pain is and
what other symptoms are
present—gas? eructation
(belching)?—since there is a
separate code for each.

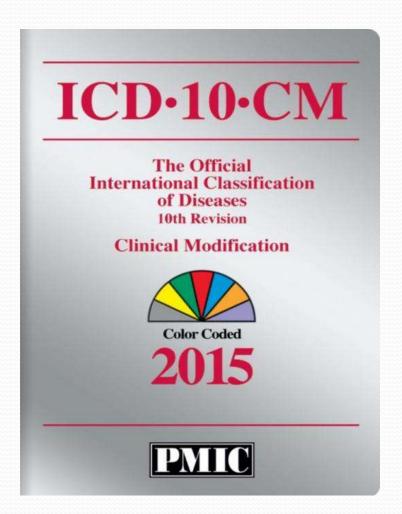
In all, the number of diagnostic codes doctors must use to get paid is expanding from 14,000 to 70,000 in the latest version of the International Classification of Diseases, or ICD-10. A separate set of ICD-10 procedure codes for hospitals is also expanding, from 4,000 to 72,000.

Hospitals and physician practices have spent billions of dollars on training programs, boot camps, apps, flashcards and practice drills to prepare for the conversion, which has been postponed three times since the original date in 2011.

Some coding experts warn that claims denials could double as providers and payers get Please see CODES page B2



- ICD-9 ~ 14,000 Codes
- ICD-10 ~ 70,000 Codes



ICD-10-CM

International Classification of Diseases, Clinical Modification

- ICD-10 (uses 3 to 7 digits) vs. ICD-9 (uses 3 to 5 digits)
- Coding format is similar
- ICD-10 captures laterality, fractures, subsequent encounters...
- ICD-10 offers improved metric tracking
- Digits 1-3: Category
- Digits 4-6: Etiology, Anatomical Site, Severity
- Digit 7: Extension (Injuries & External causes)
- Digit 1: Alpha (Not U)
- Digit 2: Numeric
- Digit 3, 4, 5, 6, 7: Any combination of Alpha or Numeric values (case sensitive)
- A decimal is placed after the 3rd digit
- A: Initial encounter
- D: Subsequent encounter
- S: Sequela
- X: Dummy placeholder for future coding expansion

ICD-10-CM (GEM)

- General Equivalency Mapping (GEM):
- Bidirectional conversions between ICD-9 vs. ICD-10
- Not intended to be crosswalks.
- A tool to help map/code accurately
- Clinical judgement & decision making is still critical
- Read the coding instructions
- ICD10Data.com
- CMS.gov/icd10
- ICD1oCODEsearch.com
- http://www.acatoday.org/icd-10-code-conversion/

ICD-9 to ICD-10 Crosswalk

Diagnosis	ICD-9	ICD-10
Cervicalgia	723.1	M54.2
Thoracic Myofascial Pain	724.1	M54.6
Lumbago	724.2	M54.5
Cervical Sprain of ligaments, initial encounter	847.0	S13.4XXA
Cervical Sprain of joints and ligaments of other parts, initial encounter	847.0	S13.8XXA
Thoracic Sprain of ligaments, initial encounter	847.1	S23.3XXA
Thoracic Sprain of other specified parts, initial encounter	847.1	S23.8XXA
Lumbar Sprain of ligaments, initial encounter	847.2	S33.5XXA
Carpal Tunnel Syndrome	354.0	G56.00
Ankle Sprain of unspecified ligament, initial encounter (unspecified ankle)	845.00	S93.409A
Ankle strain of unspecified muscle and tendon and foot, initial encounter (unspecified ankle)	845.00	S96.919A
Ankle Sprain of unspecified ligament (Right Ankle), initial encounter	845.00	S93.401A
Ankle Sprain of unspecified ligament (Left Ankle), initial encounter	845.00	S93.402A
Spasmodic Torticollis	723.5	M43.6
Cervicogenic Headache	784.0	R51
Headache Vascular, not elsewhere classified	784.0	G44.1
Concussion without LOC	850.0	S06.0X0A
De Quervain - Radial Styloid tenosynovitis	727.04	M65.4
Thoracic, Thoracolumbar, Lumbosacral intervertebral disc disorder unspecified	722.2	M51.9
Wrist pain unspecified	719.4	M25.539
Elbow - Lateral Epicondylitis, unspecified elbow	726.32	M77.10
Elbow - Medial Epicondylitis, unspecified elbow	726.31	M77.00
Headache - Post-Traumatic, unspecified	339.20	G44.309
MVA - Driver	E812.0	V49.88XA
MVA - Passenger	E812.1	V49.59XA

ICD-10 (Commonly Used by Chiropractors)

- Chapter 13
- Diseases of the musculoskeletal system and connective tissue (Moo-M99)

This chapter contains the following blocks: M00-M02 Infectious arthropathies M05-M14 Inflammatory polyarthropathies M15-M19 Osteoarthritis M20-M25 Other joint disorders M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw M30-M36 Systemic connective tissue disorders **Deforming dorsopathies** M40-M43 M45-M49 **Spondylopathies** M50-M54 Other dorsopathies Disorders of muscles M60-M63 M65-M67 Disorders of synovium and tendon M70-M79 Other soft tissue disorders M80-M85 Disorders of bone density and structure M86-M90 Other osteopathies M91-M94 **Chondropathies** M95 Other disorders of the musculoskeletal system and connective tissue M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified M99 Biomechanical lesions, not elsewhere classified

Other dorsopathies (M50-M54)

M54.1 Radiculopathy Brachial neuritis or radiculitis NOS Lumbar neuritis or radiculitis NOS Lumbosacral neuritis or radiculitis NOS Thoracic neuritis or radiculitis NOS Radiculitis NOS **Excludes1:** neuralgia and neuritis NOS (M79.2) radiculopathy with cervical disc disorder (M50.1) radiculopathy with lumbar and other intervertebral disc disorder (M51.1-) radiculopathy with spondylosis (M47.2-) M54.10 Radiculopathy, site unspecified M54.11 Radiculopathy, occipito-atlanto-axial region M54.12 Radiculopathy, cervical region M54.13 Radiculopathy, cervicothoracic region M54.14 Radiculopathy, thoracic region M54.15 Radiculopathy, thoracolumbar region M54.16 Radiculopathy, lumbar region M54.17 Radiculopathy, lumbosacral region M54.18 Radiculopathy, sacral and sacrococcygeal region

Other dorsopathies (M50-M54)

M54.2 Cervicalgia

Excludes1: cervicalgia due to intervertebral cervical disc disorder (M50.-)

M50.0 Cervica	l disc disorder with myelopathy
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.01	Cervical disc disorder with myelopathy, high cervical region C2-C3 disc disorder with myelopathy C3-C4 disc disorder with myelopathy
M50.02	Cervical disc disorder with myelopathy, mid-cervical region C4-C5 disc disorder with myelopathy C5-C6 disc disorder with myelopathy C6-C7 disc disorder with myelopathy
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region C7-T1 disc disorder with myelopathy

- Soft tissue disorders (M6o-M79)
- Disorders of muscles (M6o-M63)

M62.83	Muscle spasm					
	M62.830	Muscle spasm of back				
	M62.831	Muscle spasm of calf Charley-horse				
	M62.838	Other muscle spasm				

- Chapter 20
- External causes of morbidity (Voo-Y99)

This chapter contains the following blocks: V00-X58 **Accidents** V00-V99 Transport accidents V00-V09 Pedestrian injured in transport accident V10-V19 Pedal cycle rider injured in transport accident V20-V29 Motorcycle rider injured in transport accident V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident V40-V49 Car occupant injured in transport accident Occupant of pick-up truck or van injured in transport accident V50-V59 Occupant of heavy transport vehicle injured in transport accident V60-V69 V70-V79 Bus occupant injured in transport accident V80-V89 Other land transport accidents Water transport accidents V90-V94 V95-V97 Air and space transport accidents V98-V99 Other and unspecified transport accidents W00-X58 Other external causes of accidental injury W00-W19 Slipping, tripping, stumbling and falls

- Chapter 20
- External causes of morbidity (Voo-Y99)

V49 Car occupant injured in other and unspecified transport accidents

The appropriate 7th character is to be added to each code from category V49

- A initial encounter
- D subsequent encounter
- S seguela

V53 Occupant of pick-up truck or van injured in collision with car, pick-up truck or van

The appropriate 7th character is to be added to each code from category V53

- A initial encounter
- D subsequent encounter
- S seguela

V00.15 Heelies accident

Rolling shoe Wheeled shoe Wheelies accident

V00.151 Fall from heelies

V00.152 Heelies colliding with stationary object

V00.158 Other heelies accident

ICD-9 to ICD-10 Crosswalk

739.0	M99.00
739.1	M99.01
739.2	M99.02
739.3	M99.03
739.4	M99.04
739.5	M99.05
739.6	M99.06
739.7	M99.07
739.8	M99.08
	739.1 739.2 739.3 739.4 739.5 739.6 739.7

Sprain vs. Strain S13 vs. S16

- S13 Codes (Sprain)
- Dislocation and **Sprain** of joints & ligaments @ Neck
- Includes:
- Avulsion, Laceration, Sprain, Traumatic Tear
- Excludes2: <u>Strain</u> of muscle or tendon @ Neck
- S16 Codes (Strain)
- Injury of muscle, fascia, tendon @ Neck
- Excludes2: Sprain of joint or ligament @ Neck

W-9

- Always include a completed W-9 form when billing an insurance company for the first time.
- The insurance carrier will need to add the provider as a new vendor of services.
- Usually, if the insurance carrier does not have your completed W-9 on the initial billing, it will delay payment until they have it.

Form W-9

Request for Taxpayer

Give Form to the

Departs	Rev. Docember 2014) epartment of the Treasury ternal Revenue Service Identification Number and Certificat		ation			send to the IRS.						
	1 Name (as shown	on your income tax return). Name is required on this line; o	to not leave this line blank.									
6.2.	Business name/disregarded entity name, if different from above											
Print or type See Specific Instructions on page	individual/sole single-membe Limited liability Note. For a single tax classifity	r'LLC y company. Enter the tax classification (C-C corporation, S ngle-member LLC that is disregarded, do not check LLC; c cation of the single-member owner.	ation Partnership Trust/estate certain & instructic state. S-S corporation, P-partnership) Exempts check the appropriate box in the line above for code (if a code).					ptions (codes apply only to nutities, not individuals; see ons on page 3): payee code (if any) ion from FATCA reporting any)				
a = =		Other (see instructions) ► Address (number, street, and apt. or suite no.) Fleque			s name				-			menny
ě	-	***************************************										
See S	6 City, state, and 2	IP code										
	7 List account num	nber(s) here (optional)										
Par	Taxpa	yer Identification Number (TIN)		-115								
		propriate box. The TIN provided must match the nar	me given on line 1 to avoid	S	Social security number							
		individuals, this is generally your social security nu- rietor, or disregarded entity, see the Part I instruction			П	٦.	-[Т] -		-	\neg
intitio	s, it is your employ	yer identification number (EIN). If you do not have a		_	\perp			_	1		_	
	page 3.			The state of the s	OF Employer identification number							
		n more than one name, see the instructions for line	1 and the chart on page 4 t	or E	nproye	Roen	unca	tion (Numi	>0f		
Juidel	ines on whose nur	moer to enter.				-						
Part	Certific	cation			_			_	_			_
Jnder	penalties of perju	ry, I certify that:										
I. The	number shown o	on this form is my correct taxpayer identification nun	nber (or I am waiting for a r	number	to be in	sued	to n	ne); a	and			
See	rvice (IRS) that I ar	ackup withholding because: (a) I am exempt from b n subject to backup withholding as a result of a failt backup withholding; and										
3. 1 ar	n a U.S. citizen or	other U.S. person (defined below); and										
. The	FATCA code(s) er	ntered on this form (if any) indicating that I am exem	pt from FATCA reporting is	correct	t.							
nteres genera nstruc	se you have failed at paid, acquisition	ns. You must cross out item 2 above if you have be to report all interest and dividends on your tax retu or abandonment of secured property, cancellation or than interest and dividends, you are not required	rn. For real estate transact of debt, contributions to a	ions, ite n individ	m 2 do	es no reme	et ap	ply. I	For n	norte	page RA),	and
Sign Here	Signature of U.S. person		Date►									
Gen	eral Instruc	tions	Form 1098 (home mortgi (fultion)	ige intere	st), 109	8-E (s	tuder	nt loa	ın inte	west)	, 109	в-т
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-C (canceled debt)										
		rmation about developments affecting Form W-9 (such we release it) is at www.irs.gov/fw9.	 Form 1099-A (acquisition 	or aband	donmen	t of so	cure	d pro	perty	9		
	ose of Form		Use Form W-9 only if yo provide your correct TIN.	u are a U	.S. pers	on (inc	cludir	ng a r	reside	mf all	on),	to
An inclividual or entitly (Form W-9 requester) who is required to file an information return with the IES must obtain your correct taxpayer identification number (TN) which may be your social security number (SSN), inclividual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:		If you do not return Form to backup withholding. See	W-9 to I	the requi	ester within	with a	a TIN	, you n pag	migh	t be	subject	
		By signing the filled-out form, you:										
		 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). 										
		2. Certify that you are not subject to backup withholding, or										
	1099-INT (interest o		Claim exemption from	backup	withhol	ting If	YOU :	are a	U.S.	exen	apt p	ayee. II
Form	orm 1099-Dit/ (dividends, including those from stocks or mutual funds) applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate or may partnership income from a U.S. trade or business is not subject or may partnership income from a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person, your allocate applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable, you are also certifying that as a U.S. person applicable a					ocabi	e sha	are of				

Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions) . Form 1099-K (merchant card and third party network transactions)

Proof of Service

How can you prove you sent your treatment request?

- Proof of Service
- Email confirmation
- Fax proof/confirmation of delivery

Resources

- State of California Dept. of Insurance <u>www.insurance.ca.gov</u>
- UR and Causation section of FAQs: http://www.dir.ca.gov/dwc/UtilizationReview/UR FAQ.htm
- Division of Workers' Compensation Dept. of Industrial Relations http://www.dir.ca.gov/DWC
- URAC www.urac.org
- MTUS Regulations: <u>http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Regulations/MTUS_Regulations.htm.</u>
- ACOEM-Occupational Medicine Practice Guidelines 2nd Edition 2004
- CWCI
- LexisNexis
- ICD-10 CM PMIC 2015
- CPT Plus PMIC 2012
- https://www.dir.ca.gov/t8/9795.html
- AMA Guides, 5th Edition 2005

"Luck favors the prepared."

- Edna Mode

Questions?

COURSE EVALUATION FOR ADMINISTRATIVE DIRECTOR

As a part of the Administrative Director's ongoing efforts to ensure that courses for Qualified Medical Evaluators offer valuable information on California's Workers' Compensation-related medical evaluation issues, we are asking attendees of the courses approved by the Administrative Director (including distance learning programs) to complete the following Course Evaluation.

COURSE EVALUATION LINK (click here)

TO ALL ATTENDEES: PLEASE RETURN THIS FORM TO THE DWC

DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT PO BOX 71010 OAKLAND, CA 94612

OR

AOGarcia@dir.ca.gov

Thanks So Much!



Hope To See You Soon

Back To Chiropractic CE Seminars!

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