



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**

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- **Workers' compensation exempt from HIPAA**
 - The employee, employer or insurer do not need an authorization to obtain medical information.
- **HIPAA applies to qualified rehabilitation consultants (QRCs)**
 - A HIPAA-compliant medical release form signed by the injured worker is required.
 - A release is required for written and verbal communication with health care providers.

Written authorization requirements

Written authorization must include the following.

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

Data privacy – Minnesota Rules 5220.1802, subp. 5

- A rehabilitation provider shall not engage in communications with health care providers about an employee without the written consent of the employee.
- 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 workability – Minn. Rules 5221.0410

- The primary health care provider must complete within 10 days 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.
- Workability must be based on the most recent medical evaluation.
- The employee shall submit a copy of the workability report to the employer or insurer and QRC.

Return to work planning – Minn. Rules 5221.0420

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

Reimbursement for communication – Minn. Rules 5221.0420, subp. 3

- The health care provider may not require pre-payment.
- The health care provider must bill the employer and insurer for the QRC meeting using service code 99199.
 - Services are not subject to the 85% payment limitation.
- The health care provider may charge a reasonable amount for requested records, such as copies of examination notes or MRI scan reports.

Collection of excessive charges – Minn. Rules 5221.0500, subp. 3

For compensable claims

- The medical provider may not collect or attempt to collect payment from employees for medical services that exceed the maximum amount in the rules or services related to the admitted injury.
- In the event the health care provider tries to collect payment from the employee: The employee or their attorney should call 651-284-5052 to ask how to file a complaint.

Primary health care provider – Minn. Rules 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 certified managed care organization (CMCO).

Change of provider – Minn. Rules 5221.0430

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

Certified managed care organizations – Minnesota

Statutes 176.1351

- The employer must notify employees of the CMCO, of which there are only three approved in Minnesota:
 - A. CorVel
 - B. Genex Services, Inc.
 - C. HealthPartners
- **Note:** While there are medical groups that employers contract with who call themselves "managed care," employees cannot be required by the employer or insurer to treat with those doctors or groups.

Certified managed care organizations – Minn. Stat. 176.1351

- Employees treat with a network physician.
 - Employee may treat with their own established physician.
- Disputes must go through the CMCO processes.
- The CMCO case manager and QRC shall communicate with each other.

Disability case management companies

- Are not registered with DLI 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 agreement that the rehabilitation file is their property.

Medications – Minn. Rules 5221.6105

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

Treatment parameters – Minn. Rules 5221.6050

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

Treating physician prior notification – Minn. Rules 5221.6050, subp. 9

- Prior notification is the responsibility of the health care provider requesting the treatment.
- The insurer has seven working days to:
 - Approve or deny the treatment.
 - Request additional information.
 - Request the employee obtain a second opinion.
 - Request an independent medical examination (IME) be scheduled.
- If there is 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 form with an examination note attached.

Independent medical examinations – Minn. Stat. 176.155

If an IME is requested by the insurer or employer:

- It must be within 150 miles of the employee's residence.
- The employee can have a personal physician at the IME, at their own expense.
- The insurer or employer must pay reasonable travel expenses such as mileage, parking, lodging and meals.

Independent medical examinations – Minn. Stat. 176.155

- The insurer or employer must pay lost wages.
- Claim petition: 120 days to complete examination and serve it on the employee.
- If the employee refuses to be examined, their monetary benefits may be suspended.
- The IME physician offers an opinion, but is not the employee's treating physician. Do not use IME physical limitations, recommendations, etc. as part of the employee's rehabilitation plan – even if parties agree. The treating health care provider has to determine the recommendations.

Additional information

Access to medical data

- [Revisor statutes, medical](#)

HIPAA

- [Health information privacy](#)

Medical services and treatment parameters

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

Certified managed care plans

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

Additional information

Medications

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

Independent medical examinations

- [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.