# Nuts and Bolts of Workers' Compensation

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# **Workers' Compensation Subjects**

Treatment covered Authorized Treating Physician Authorization of treatment Change of ATP Payment for medical services ♦ IME's Basics of non-medical benefits



# I. Treatment Covered

Medical, surgical, hospital care, etc. Prescribed by a licensed physician Reasonably required Appear likely to: + effect a cure give relief, or restore employee to suitable employment



# A. Determination of Necessity

#### ♦ Medical issue

# Tests for causation covered Rule 205(b)(1)(b)(4)



# **B. Prescription Drug Coverage**

- Generic prescriptions required
- Prescription required to state WC
- Doctor's handwriting required for brand specific
- Payment under the Fee Schedule



# C. Communication

#### No confidentiality

- + O.C.G.A. 34-9-207
- Form WC-207, medical authorization
- HIPPA excludes workers' compensation

 Arby's Restaurant Group, Inc. v McRae, GA Supreme Court
 Testimony/Depositions



II. Selection of Authorized **Treating Physician** Panel of Physicians Failure to post Panel Employee can select any physician Employee may change to any physician once **Rule 201(c)** Fine up to \$1000 **WCMCO** 



# A. Panel of Physicians

Traditional panel or Conformed panel

- May accept the services of a physician selected by the employer
- Or may select another physician from the panel

#### ♦ WC MCO

 Receive services in the manner prescribed by the contract



# A. Panel of Physicians

#### Traditional panel

- At least 6 unassociated physicians
- One orthopedic
- Maximum 2 occupational clinics
- One minority physician (Rule)
- Conformed panel (Rule 201(a)(2))
  At least 10 unassociated physicians
  General surgeons & chiropractors



# **B.** Requirements

Post in prominent places;



Take reasonable measures to assure employees:

- Understand function and right to select a physician
- Receive assistance in contacting panel physician



C. Authority of ATP No prior authorization required Arrange for consultations extraordinary or other specialized  $\diamond$ services Only ATP may make referrals Must approve release to return to work



# **D.** Controverted Claims

Can not restrict medical treatment
 Rule 201(b)

Later compensable
 Employee picks one treating physician
 employee required to give notice
 Allowed one change without approval



# **III. Treatment Authorization**

- No pre-authorization required by ATP
  + Rule 205(b)(2)
- If pre-authorization requested Rule 205(b)(3):
  - Verbal request customary but no response required
  - + WC-205:
    - An authorized medical provider
    - By fax or email to insurer/self-insurer
    - Response required within <u>5 business</u> <u>days</u>
    - Failure to respond authorizes the treatment or testing
    - But!

# **Challenges to ATP Treatment**

- ♦ UR, UCR & peer to peer reviews
- State Board Peer Review
  - State Board peer review available
    - Available for charges not contained in the Fee Schedule that are disputed as not UCR
    - Fee Schedule reduced fee
    - Coding issues
  - Mediation then available



# **IV. Change of ATP**

One change on the panel

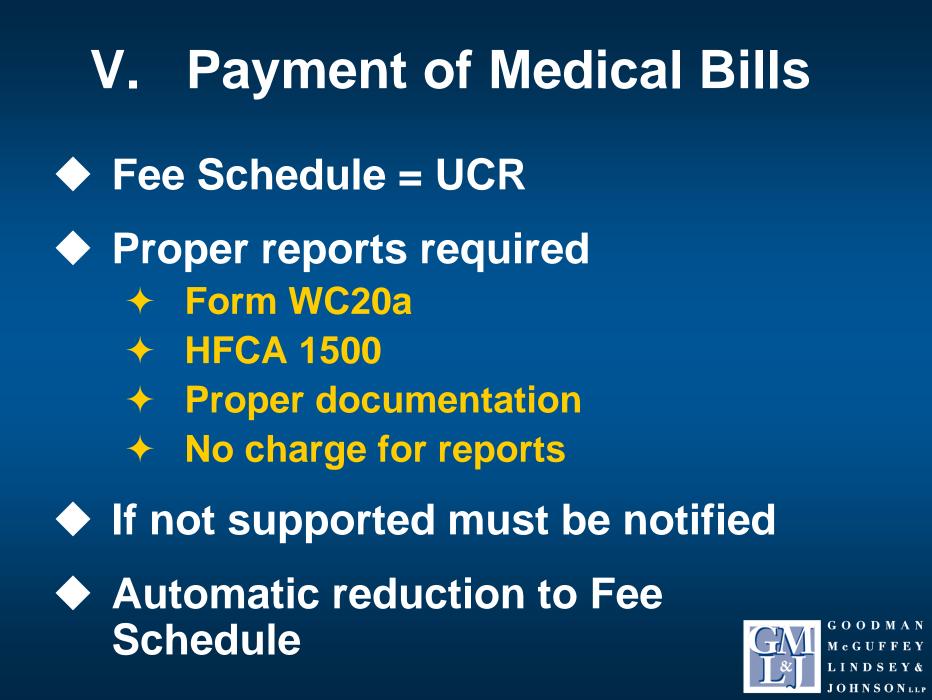
Order from the State Board required

#### Rule 200(b)

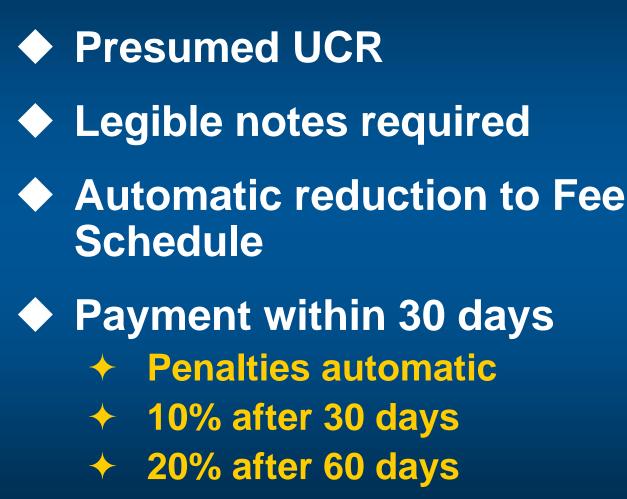
- Agreement Order {WC-200a}
- Dispute requires motion or hearing

#### ♦ Estoppel





## **Fee Schedule**



Plus 12% interest after 90 days

# **VI. Independent Medical Evaluations**

- Employer and Insurer requested
- Claimant requested
- Types authorized
  Medical, psychological
  ECE can be a part of an
  - + FCE can be a part of an IME
- Payment governed by Fee Schedule
- No physician/patient relationship



A. IME by Employer and Insurer
 No limit to the number allowed

Requires 10 days notice to employee

Refusal or obstruction prohibited



# **B. IME by Claimant**

#### One time only

- Within 120 days of last weekly benefits
- Within Georgia or 50 miles

#### Physician designated by employee

Notice in writing in advance

#### Special rules

- Repeat tests only if costs less than \$250
- Pre-authorization required notice to insurer
- Pre-payment limited to \$600



# **VII. Indemnity Benefits**

- Temporary total disability (TTD)
- Temporary partial disability (TPD)
- Permanent partial disability (PPD)
- Catastrophic injury
- Permanent total disability



## A. Temporary Total Disability Benefits

- Maximum \$500/week (\$525 7/1/13)
- Maximum 400 weeks
- Ends
  - Actual return to work
  - Release to unrestricted work
  - Return to baseline in aggravation injuries
  - Change of status



## **B.** Temporary Partial Disability Benefits

- Maximum \$335/week (\$350 7/1/13)
- Maximum 350 weeks
- Ends
  - Making previous wage
  - Return to baseline in aggravation injuries
  - Change of status



## **C.** Permanent Partial Disability Benefits

- Maximum \$500/week (\$525 7/1/13)
- Scheduled value for body members
- Based on permanent impairment rating
  - Under AMA Guides, 5<sup>th</sup> ed. only
  - Assigned at MMI
  - Paid only when no other benefits are due



#### **D. Catastrophic Benefits**

- TTD benefits to retirement age
- Not permanent but no status change

## Type of injury

- Spinal cord injury, amputation, severe brain injury, significant burns, blindness
- \* "Social Security" category
  - Can not do previous work
  - > Not qualified for any other work

## E. Physicians Role in Benefits

## ATP/Consulting/IME

- Work status
  - Initial work restrictions
  - Review of job description
  - Return to Work
- Permanent impairment rating
  - Obligation of ATP
  - No additional charge allowed



# **Questions**??

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