

# Workers Compensation Claim State Environmental Guide - Colorado

COLORADO – [HTTPS://CDLE.COLORADO.GOV/](https://cdle.colorado.gov/)

## Indemnity issues

Temporary Total Benefits	Min: none Max: \$1228.99 (Updated effective every July 1) Waiting period: 3 regular working days' duration
Temporary Partial Benefits	See temporary total benefits.
Permanent Partial Benefits	See caps on indemnity benefits in the temporary total benefits section. Disfigurement allowed after 6 months of injury or last surgery. 2 levels for disfigurement: \$6506.33 minor scarring; \$13010.36 major scarring (Updated effective every July 1).  Permanent impairment ratings are both scheduled and whole body/person and are based on the AMA Guides (3 <sup>rd</sup> Ed. Revised).
Permanent Total Benefits	Unlimited benefits (continue to death)
Fatality Benefits	Payable to dependents based on the average weekly wage.
Vocational Rehabilitation	Not mandatory. Benefits consist of temporary total benefits payable at the time of retraining/schooling and payment for retraining.
Settlement Allowed	Full and final settlement of all issues—medical and indemnity is permitted.
Cap on benefits, exceptions	Total TT, TPD and PPD paid are subject to a first (lower) or second (higher) cap. Which cap applies is based upon the final whole person PPD rating assigned. Cap amount varies based on date of injury and percentage of whole person PPD rating assigned

## Medical issues

Initial Choice of Provider	Within 7 business days of notice of an injury, an employer or insurer must provide a written designated provider list (DPL) of 4 physicians or corporate medical providers to the injured worker and also provide a copy of the DPL to the injured worker in a verifiable manner.
Change of Provider	Yes. There are 2 types of request for change of physician. *Change request per Rule 8 (within initial 90 days of claim or prior to MMI) *Request must be in writing and accepted by employer and insurer. Next by statute on Form WC197 - Request for Change of Physician (claimant) and same form used to respond/deny request.
Medical Fee Schedule	WCRP 18 sets forth an extensive Medical Fee Schedule which establishes maximum fees for healthcare services falling within the purview of the Workers' Compensation Act.

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This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

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**Medical issues**

Managed Care	Yes, per statute.
Utilization Review	Extensive UR procedure promulgated in <i>WCRP 16-1, 7 CCR 1101-3 (2016)</i> to assure appropriate and timely medical care at a reasonable cost. This includes detailed procedures regarding prior authorization (which provides insurer a 7 business-day window for compliance) as well as extensive provisions regarding bill review and payment. There is also a hearing process for UR if an authorized treating provider is recommending care beyond reasonable parameters. See <i>CRS 8-43-501 (2015)</i> .
Treatment Guidelines	Evidence based Treatment Guidelines exist and are persuasive, but are not required to be used.
Generic Drug Substitution	The state mandates generic substitution.
Medical Mileage Reimbursement Rate	Mileage reimbursement rate varies by year. Mileage reimbursement expenses must be paid within 7 days of written request. .56/mile - Per WCRP 16-9 E, "Injured workers shall submit requests for mileage reimbursement within 120 days of the date of service or reimbursement may be denied unless good cause exists."
Network Information	Networks are available and permitted. First Health (primary) and CorVel (secondary).
Ability to Terminate Medical Treatment	After a ruling by an Administrative Law Judge is obtained or through the Division "DIME" process. DIME process substantially amended effective 1/1/19, with the cost for a DIME greatly increased. IMEs requested by a Respondent must be digitally recorded at the expense of the insurer/self-insured employer.
Settlement Allowed	Yes.
Cap on benefits, exceptions	No cap of medical benefits exists.

**Other Issues**

WC Hearing Docket Speed	90-180 days.
Staff Counsel	Ray Lego & Associates. 10825 E. Geddes Ave. Suite 100 Centennial CO 80112 720-963-7000
Hearings require attorney or claim handler participation	Yes to attorney representation and No to claim handler participation.
Occupational Diseases	Yes.
Second Injury Fund availability	Eliminated in 1994 and has minimal funding for injuries occurring prior to that date.
Other Offset Opportunities	DOI specific: but effectively limited to PPD benefits. Must then prove the employee sustained a prior injury to the same body part AND received an impairment rating OR settlement OR that the employee had a non-occupational impairment to the same body part that was independently disabling at the time of the occupational injury.
EDI	Insurers may transmit data in electronic format as directed by the Division. FROI and Notice of Contest (NOC) filed by EDI per Rule.

**Other Issues**

In-State Adjusting Required	No.
License or Certification Required	No.

**Additional Comments**

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