

# Workers Compensation Claim State Environmental Guide - Colorado

COLORADO – [HTTP://WWW.COWORKFORCE.COM/DWC/](http://www.coworkforce.com/dwc/)

## Indemnity issues

|                             |   |
|-----------------------------|---|
| Temporary Total Benefits    | Min: none<br>Max: \$948.15 (Updated effective every July 1)<br>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.<br>Disfigurement allowed after 6 months of injury or last surgery.<br>2 levels for disfigurement: \$5,019.83 minor scarring; \$10,037.89 major scarring (Updated effective every July 1).<br><br>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 | Colorado has two caps on indemnity and therefore a cap on temporary benefits: Injuries with a permanency rating at 25% or lower is capped per statute, with yearly increases. The current cap is \$87,470.18. Injuries with a permanency rating at 25% or higher are capped at \$174,938.15. (Updated effective every July 1).<br><br>For injuries before 1/1/06, the caps were \$60,000 and \$120,000, respectively. |

## Medical issues

|                            |  |
|----------------------------|--|
| Initial Choice of Provider |  |
| 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       | The Director adopted and incorporated by reference, as modified and published by Medicare in January 2015, National Physician Fee Schedule Relative Value file (RBRVS-Resource Based Relative Value Scale); the Current Procedural Terminology CPT® 2015, Professional Edition, published by the American Medical Association; and Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 33.0 using MS-DRGs effective after October |

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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**

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|  | 1, 2015.   |
| 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     | .53/mile   |
| 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. 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.<br>6060 S. Willow Dr., Ste. 100<br>Greenwood Village, CO 80111<br>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                               | Apportionment of prior industrial injuries is permitted, however, not applicable for medical benefits, temporary indemnity, or prior industrial related permanent total disability. Specific requirements must be met in order to claim apportionment, set forth in the <i>WCRP 12-3, 7 CCR 1101-3 (2016)</i> and <i>CRS § 8-42-104 (3)</i> . |
| EDI  | Insurers may transmit data in electronic format as directed by the Division. FROI and Notice of Contest (NOC) filed by EDI per Rule.  |
| In-State Adjusting Required                              | No.   |
| License or Certification Required                        | No.   |