



CompCourses

# Health care provider roles and responsibilities in the Texas workers' compensation system

Andrea Medina – Health Care Provider Outreach



**Definitions.**



**Basic qualifications of health care providers participating in the workers' compensation system.**



**General responsibilities of all health care providers.**



**Responsibilities of doctors.**





CompCourses

# Health care provider requirements



# Definition of a health care provider



## Health care facility:

a hospital, emergency clinic, or other facility providing health care



## Health care practitioner:

- An individual who is licensed to provide or render and provides or renders health care.
- A non-licensed individual who provides or renders health care under the direction or supervision of a doctor.



# Basic requirements for all health care practitioners

1. Have an active medical license to practice in their jurisdiction, or if unlicensed, be under the direction or supervision of a licensed health care provider.
2. Disclose financial interests to DWC.
3. Have no disciplinary orders restricting participation in the workers' compensation system.





# Financial disclosure

Must include the identity of any other health care provider in which:

- The health care practitioner has a financial interest;
- An immediate family member of the health care practitioner has a financial interest; or
- A health care provider employs the health care practitioner.



# Examples of disciplinary actions

- Health care providers restricted from the workers' compensation system.
- Health care providers restricted from the Designated Doctors List.
- Health care providers denied or removed from the Approved Doctors List (ADL).



CompCourses

# Doctor roles

**Treating doctor**



**Referral doctor**



**Consulting doctor**



**Designated doctor (DD)**



**Required medical exam doctor**



**Peer or utilization review doctor**





# Definition of a doctor

A licensed and authorized doctor of:

- Medicine.
- Osteopathic medicine.
- Optometry.
- Dentistry.
- Podiatry.
- Chiropractic.

Labor Code Section [401.011](#)





CompCourses

# Health care provider responsibilities

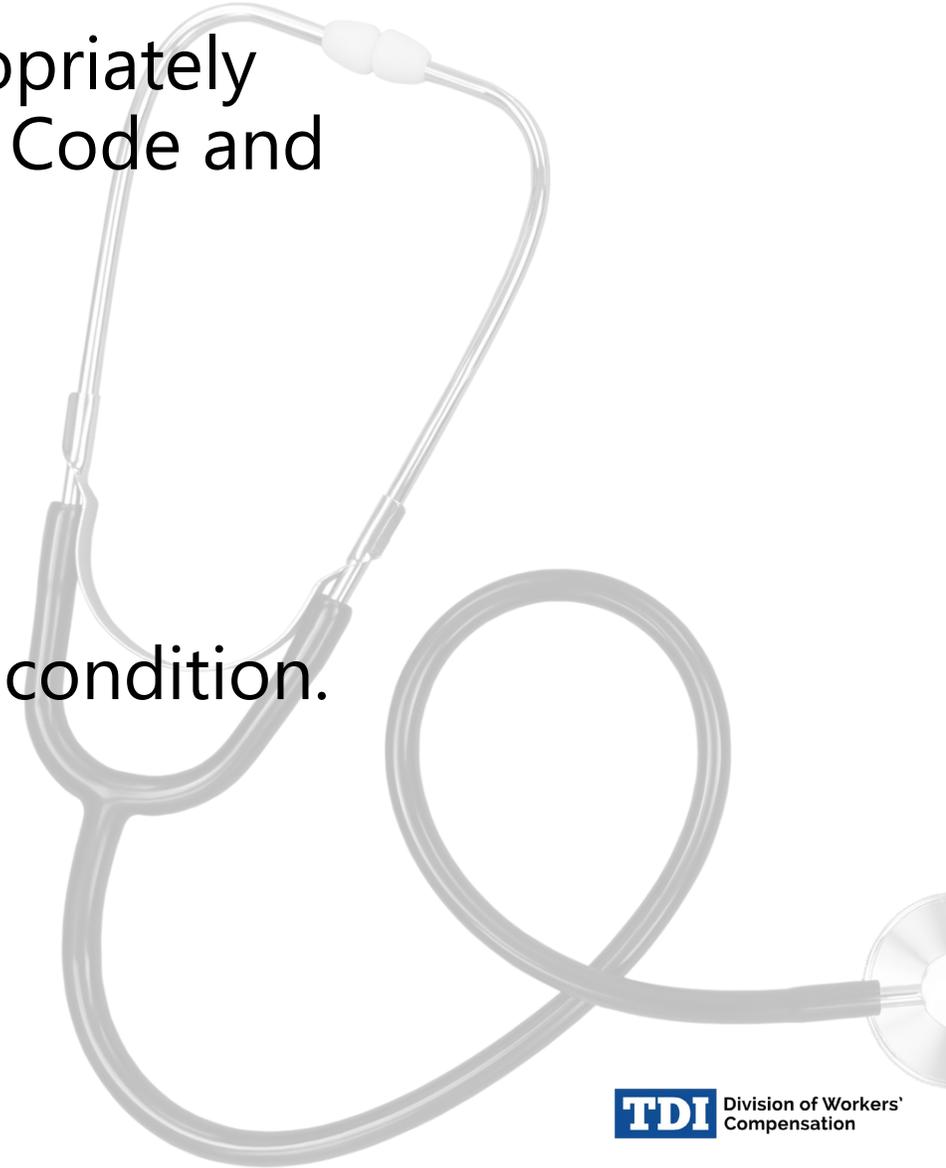
28 TAC Section [180.22](#)



# Responsibilities of all health care providers

Health care providers should timely and appropriately comply with all requirements under the Labor Code and DWC rules, including:

- Reporting required information.
- Disclosing financial interests.
- Impartially evaluating an injured employee's condition.





# Responsibilities of all health care providers

Health care providers should timely and appropriately comply with all requirements under the Labor Code and DWC rules, including:

- Billing correctly for health care provided.
- Examining an injured employee to determine a date of maximum medical improvement (MMI) and assigning impairment ratings (IR) as and when appropriate.
- Complying with all applicable provisions of the Americans with Disabilities Act.



# Responsibilities of treating, referral, and consulting doctors

- Cure or relieve the effects naturally resulting from the compensable injury.
- Promote recovery.
- Enhance the ability of the injured employee to return to or retain employment.





CompCourses

# Treating doctor responsibilities

Labor Code Section [401.011](#)

28 TAC Section [180.22](#)



# Choice of a treating doctor

- The injured employee is entitled to their own choice of treating doctor.
- Generally, the first doctor who provides health care to the injured employee is considered the employee's initial choice.





# Choice of a treating doctor

## Exceptions:

- Salaried by the employer;
- Recommended by the carrier or employer, unless the injured employee continues to receive treatment from the doctor for less than 60 days; or
- Provided emergency care, unless the injured employee receives treatment from the doctor for other than follow-up care related to the emergency treatment.



# Change of treating doctor

The injured employee may request a change of treating doctor.



## **Non-network claims:**

[DWC Form-053](#), *Employee Request to Change Treating Doctor* submitted to the field office handling the claim.



## **Political subdivisions:**

[DWC Form-053](#), *Employee Request to Change Treating Doctor* submitted to DWC. Please check with the political subdivision.



## **Network claims:**

Check with your network on the change of treating doctor form and the process.



# Treating doctor responsibilities

- Primary responsibility is to efficiently manage and coordinate health care for an injured employee's compensable injury.
- Except in the case of emergency, approve and recommend health care, including care provided by referral doctors.





# Treating doctor responsibilities

Communicate about the injured employee's ability to work or discuss any work restrictions with the:

- Injured employee or representative, if any.
- Employer.
- Insurance carrier.





# DWC Form-073, Work Status Report

## DWC Form-073, Work Status Report

**Employee** - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

**Empleado** - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

**DWC073**

### Texas Workers' Compensation Work Status Report

**I. GENERAL INFORMATION** (Date Sent for transmission purposes only):

<b>1. Injured Employee's Name</b>		<b>5a. Doctor's/Delegating Doctor's Name and Degree</b>	<b>5b. PA / APRN Name</b> (if completing form)
<b>2. Date of Injury</b>	<b>3. Social Security Number</b> (last four) XXX-XX-	<b>6. Facility Name</b>	<b>9. Employer's Name</b>
<b>4. Employee's Description of Injury/Accident</b>	<b>7. Facility/Doctor Phone and Fax Numbers</b>		<b>10. Employer's Fax Number or Email Address</b> (if known)
	<b>8. Facility/Doctor Address</b> (Street, City, State, ZIP Code)		<b>11. Insurance Carrier</b>
			<b>12. Carrier's Fax Number or Email Address</b> (if known)

**II. WORK STATUS INFORMATION** (Fully complete one box including estimated dates, and a description in 13c, if applicable)

**13. The injured employee's medical condition resulting from the workers' compensation injury:**

a) will allow the employee to return to work as of \_\_\_/\_\_\_/\_\_\_ without restrictions OR

b) will allow the employee to return to work as of \_\_\_/\_\_\_/\_\_\_ with the restrictions identified in PART III, which are expected to last through \_\_\_/\_\_\_/\_\_\_ OR

c) has prevented and still prevents the employee from returning to work as of \_\_\_/\_\_\_/\_\_\_ and is expected to continue through \_\_\_/\_\_\_/\_\_\_

The following describes how this injury prevents the employee from returning to work:

**III. ACTIVITY RESTRICTIONS** (Only complete if box 13b is checked)

<b>14. Posture Restrictions</b> (if any): Max hours per day   0 2 4 6 8   Other: _____ Standing <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> Bending/lifting <input type="checkbox"/> <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> Other: _____	<b>17. Motion Restrictions</b> (if any): Max hours per day   0 2 4 6 8   Other: _____ Walking <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> Overhead reaching <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> Other: _____	<b>19. Misc. Restrictions</b> (if any): Max hours per day of work: _____ Sit/stretch breaks of _____ per _____ Must wear splint/cast at work Must use crutches at all times No driving/operating heavy equipment Can only drive automatic transmission No skin contact with: _____ No running Dressing changes necessary at work
--	---	---

**15. Restrictions Specific To** (if applicable):

<input type="checkbox"/> Left hand/wrist	<input type="checkbox"/> Left leg
<input type="checkbox"/> Right hand/wrist	<input type="checkbox"/> Right leg
<input type="checkbox"/> Left arm	<input type="checkbox"/> Back
<input type="checkbox"/> Right arm	<input type="checkbox"/> Left foot/ankle
<input type="checkbox"/> Neck	<input type="checkbox"/> Right foot/ankle
Other: _____	

**18. Lift/Carry Restrictions** (if any):  
 May not lift/carry objects more than \_\_\_ lbs. for more than \_\_\_ hours per day.  
 May not perform any lifting/carrying.

No work / \_\_\_\_\_ hours/day work:  
 in extreme hot/cold environments  
 at heights or on scaffolding

Must keep:  elevated  clean & dry

**16. Other Restrictions** (if any): \_\_\_\_\_

**20. Medication Restrictions** (if any):  
 Must take prescription medication(s)  
 Advised to take over-the-counter meds  
 Medication may make drowsy (possible safety/driving issues)

**IV. TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION**

<b>21. Work Injury Diagnosis Information:</b>	<b>22. Expected Follow-up Services Include:</b> <input type="checkbox"/> Evaluation by the treating doctor on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Referral to/consult with _____ on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Physical medicine ___ X per week for ___ weeks starting on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> Special studies (test): _____ on ___/___/___ at ___:___ a.m./p.m. <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.
---	---

Date /Time of Visit:	Employee's Signature	Visit Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Role of Health Care Practitioner: <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor	<input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN	<input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor
Discharge Time:	Health Care Practitioner's Signature / License #				

DWC073 Rev. 09/19 Page 1 of 2



# DWC Form-073, *Work Status Report*

Filed by the treating doctor, or delegated physician assistant or advanced practice registered nurse:

- After the initial exam of the employee, regardless of the employee's work status;
- When the employee experiences a change in work status or a substantial change in activity restrictions; and

[DWC Form-073, Work Status Report](#)

28 TAC Section [129.5](#)



# DWC Form-073, *Work Status Report*

- At the schedule requested of the insurance carrier, its agent, or the employer requesting the report through its carrier:
  - Not to exceed one report every two weeks; and
  - Based upon the doctor's scheduled appointments with the employee.

[DWC Form-073, Work Status Report](#)

28 TAC Section [129.5](#)



# DWC Form-069, Report of Medical Evaluation

## DWC Form-069, Report of Medical Evaluation

<p><b>TDI</b> Division of Workers' Compensation PO Box 12050   Austin, TX 78711   800-252-7031   tdi.texas.gov/wc</p>		<p style="text-align: right;"><b>DWC069</b></p> <p>Complete if known: DWC Claim # _____ Carrier Claim # _____</p>	
<b>Report of Medical Evaluation</b>			
<b>I. GENERAL INFORMATION</b>		<b>4. Injured Employee's Name (First, Middle, Last)</b>	
<b>1. Workers' Compensation Insurance Carrier</b>		<b>5. Date of Injury</b>	
<b>2. Employer's Name</b>		<b>6. Social Security Number</b>	
<b>3. Employer's Address (Street or PO Box, City, State, Zip)</b>		<b>7. Employee's Phone Number</b>	
		<b>8. Employee's Address (Street or PO Box, City, State, Zip)</b>	
		<b>9. Certifying Doctor's Name and License Type</b>	
		<b>10. Certifying Doctor's License Number and Jurisdiction</b>	
		<b>11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)</b>	
		<b>12. Certifying Doctor's Address (Street or PO Box, City, State, Zip)</b>	
<b>II. DOCTOR'S ROLE</b>			
<p><b>13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report (28 Texas Administrative Code (TAC) §130.1 governs such authorization):</b></p> <p><input type="checkbox"/> Treating Doctor    <input type="checkbox"/> Doctor selected by Treating Doctor acting in place of the Treating Doctor    <input type="checkbox"/> Designated Doctor selected by DWC  <input type="checkbox"/> Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination</p> <p><b>NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.</b></p>			
<b>III. MEDICAL STATUS INFORMATION</b>			
<b>14. Date of Exam</b>		<b>15. Diagnosis Codes</b>	
/ /			
<p><b>16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:</b></p> <p><b>Clinical Maximum Medical Improvement (Clinical MMI)</b> is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.</p> <p><b>Statutory MMI</b> is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.</p> <p>a) <input type="checkbox"/> Yes, I certify that the employee reached <input type="checkbox"/> STATUTORY / <input type="checkbox"/> CLINICAL (mark one) MMI on ____/____/____ (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. - OR -  b) <input type="checkbox"/> No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about ____/____/____. The reason the employee has not reached MMI is documented in the attached narrative.</p> <p><b>NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.</b></p>			
<b>IV. PERMANENT IMPAIRMENT</b>			
<p><b>17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.</b></p> <p>"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.</p> <p>a) <input type="checkbox"/> I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -  b) <input type="checkbox"/> I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the <i>Guides to the Evaluation of Permanent Impairment</i> published by the American Medical Association (AMA):  <input type="checkbox"/> third edition, second printing, February 1989 - OR -  <input type="checkbox"/> fourth edition, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> printing, including corrections and changes issued by the AMA prior to May 16, 2000.</p> <p><b>NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.</b></p>			
<b>V. DOCTOR'S CERTIFICATION</b>			
<p><b>18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.</b></p> <p>Signature of Certifying Doctor: _____ Date of Certification: _____</p>			
<b>VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION</b>			
<b>19. Treating Doctor's Name and License Type</b>		<b>22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.</b>	
<b>20. Treating Doctor's License Number and Jurisdiction</b>		<b>23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR -</b>	
<b>21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)</b>		<b><input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.</b>	
<p><b>24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.</b></p> <p>Signature of Treating Doctor: _____ Date: _____</p>			
DWC069 Rev. 01/15		Page 1 of 3	



# DWC Form-069, *Report of Medical Evaluation*

- Examine an injured employee to determine a date of MMI and IR when appropriate; or
- Refer the injured employee to another doctor who is authorized to certify MMI and assign an IR on behalf of the treating doctor.

[DWC Form-069,](#)  
*Report of Medical Evaluation*

28 TAC Section [130.1-130.3](#)



# DWC Form-069, *Report of Medical Evaluation*

- A treating doctor who is not authorized to assign IRs may certify MMI for an injury that did not result in permanent impairment.
- A treating doctor is not required to schedule an exam to determine MMI if an injured employee had a minor injury and is treated, released, and not receiving temporary income benefits.

[DWC Form-069,](#)  
*Report of Medical Evaluation*

28 TAC Section [130.1-130.3](#)



# DWC Form-069, *Report of Medical Evaluation*

- Indicate agreement or disagreement with the certification or IR assigned by another doctor.
  - Does not require an MMI/IR exam of the injured employee by the treating doctor.

[DWC Form-069,](#)  
*Report of Medical Evaluation*

28 TAC Section [130.1-130.3](#)



# Medical records to the DD

Send the DD copies of all medical records in your possession, including medical records provided by a referral doctor related to the employee's compensable injury.

- **Does not require** a signed release from the injured employee.



# Medical records to the DD

- Ensure the DD receives the records no later than three working days prior to the date of examination.
- The treating doctor may be reimbursed by the insurance carrier for copies of medical records sent to the DD.



# After DD exam

MMI/IR exam by the treating or referral doctor:

- The DD's opinion is the employee's first evaluation of MMI/IR; and
- The employee is not satisfied with the DD's opinion.





# After DD exam

Exam by the treating or referral doctor to address issues other than MMI/IR:

- Treating or referral doctor has not already provided a written report on the issue;
- DD has provided an opinion on the issue; and
- Employee is not satisfied with the DD's opinion.





# Causation analysis

- An injured employee may need injury causation analysis from their treating doctor when there is a dispute about the injury.
- A treating doctor may be asked to provide a report that explains how and why the claimed accident or injury was a substantial factor in causing the work-related injury or illness within a reasonable degree of medical probability.



# Causation analysis

## Resources available on DWC's website:

- Explaining the Compensable Injury slideshow.
- Sample treating doctor report.
- Summary of best practices for preparing analyses.
- Other resources.

The screenshot shows the TDI website interface. At the top, there is a search bar and a navigation menu with tabs for Insurance, State Fire Marshal, and Workers' Compensation. The Workers' Compensation tab is active. Below the navigation, there is a breadcrumb trail: Home > Workers' Compensation > Health care provider training and resources > Causation analysis. The main content area is titled 'Information for treating doctors regarding causation analysis' and features a thumbnail for a slideshow titled 'Explaining the Compensable Injury'. Below this, there is a section for 'Additional Resources' with a list of links: 'Explaining the Compensable Injury slideshow', 'Sample treating doctor report', 'Summary of best practices for preparing analyses', 'Other resources for treating doctors', 'Texas Workers' Compensation Act - select "Labor Code," see Chapters 401-506', 'DWC rules - see, e.g., 28 Tex. Admin. Code §126.17(b)', and 'Official Disability Guidelines'. The page also includes a footer with social media icons and a 'Last updated: 11/20/2020' notice.





CompCourses

# Responsibilities of other doctors

28 TAC Section [180.22](#)



# Referral doctor responsibilities



Examines and treats the injured employee at the treating doctor's request.



Supplements the treating doctor's care.



Timely reports the injured employee's status to the treating doctor and the insurance carrier.



Only makes referrals with the approval of the treating doctor.



# Consulting doctor responsibilities

-  Examines an injured employee or their medical record at the request of the treating doctor, DD, or DWC.
-  Makes referrals, initiates, or provides treatment with the approval of the treating doctor.
-  Becomes a referral doctor if the doctor begins to prescribe or provide health care to an injured employee.



# DD responsibilities

-  Assigned by DWC to recommend a resolution of a dispute on the medical condition of an injured employee.
-  Must complete required training and testing to be certified by DWC as a DD.
-  Find more resources and information on DWC's [website](#).



# Required medical exam doctor responsibilities



Examines the injured employee's medical condition in response to a request from the insurance carrier or DWC.



Before a DD exam, a required medical exam doctor is limited to only examining the appropriateness of medical care.



After the DD exam, they may evaluate MMI/IR, return-to-work status, disability, etc.



Does not make referrals, initiate, or provide treatment without the approval of the treating doctor.



# Peer/utilization review doctor responsibilities

-  Performs an administrative prospective, concurrent, or retrospective review of the medical necessity or reasonableness of health care services (utilization review) at the insurance carrier's request.
-  Must be certified or registered as a utilization review agent (URA) by TDI or be employed by or under contract with a certified or registered URA.



# Recap

**Definitions.**



**Basic qualifications of health care providers participating in the workers' compensation system.**



**General responsibilities of all health care providers.**



**Responsibilities of doctors.**





CompCourses

# Contact us



## CompConnection

for Health Care Providers



**(800) 252-7031, opt. 3**

**[CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov)**