

CHAPTER 346

LABOR AND INDUSTRY

HOUSE BILL 94-1195

BY REPRESENTATIVES May, Entz, and Lawrence;
also SENATOR Tebedo.

AN ACT

CONCERNING CERTAIN PROCEDURES FOR REDRESS WITH RESPECT TO MEDICAL TREATMENT PROVIDED UNDER THE "WORKERS' COMPENSATION ACT OF COLORADO".

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 8-43-501 (2), Colorado Revised Statutes, 1986 Repl. Vol., as amended, is amended to read:

8-43-501. Utilization review process - legislative declaration - cash fund.

(2) (a) ~~Any~~ AN insurer, self-insured employer, or claimant may request A review ~~under the provisions of this section~~ of services rendered pursuant to this article by a health care provider. Requests for utilization review shall be submitted on forms ~~specified~~ PROMULGATED by the director by rule. ~~and regulation.~~ At the time of submission of ~~any such~~ A REVIEW request, the ~~person making the request~~ REQUESTER shall pay to the division a fee prescribed by the director by rule. ~~and regulation for use of the utilization review process.~~ Such fee shall be set at a level which covers COVER the DIVISION'S administrative costs to the division of administering this section and the costs of compensating ~~the members of the utilization review committees~~ COMMITTEE MEMBERS. If a claimant is successful in a utilization review case BROUGHT pursuant to this section, the division shall reimburse the fee charged pursuant to this paragraph (a) and assess ~~such fee~~ IT against the insurer or self-insured employer. THE STATE TREASURER SHALL CREDIT fees collected pursuant to this section ~~shall be credited by the state treasurer~~ to the utilization review cash fund, which fund is hereby created. Moneys in the utilization review cash fund are ~~hereby~~ continuously appropriated to the division for ~~purposes~~ THE PURPOSE of administering the utilization review program and ~~shall~~ MAY not revert to the general fund at the end of any fiscal year. The division shall ~~notify~~ MAIL TO any claimant, insurer, or self-insured employer A NOTICE that a case is to be reviewed and that the

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

claimant may be examined as a result of such review. The claimant, insurer, or self-insured employer has thirty days from the date of mailing of ~~the~~ SUCH notice ~~required by this subsection (2)~~ to examine the medical records submitted by the ~~claimant, insurer, or self-insured employer requesting~~ PARTY WHO REQUESTED THE review and may add medical records to the utilization review file that the party believes may be relevant to the utilization review. The division shall maintain a special file for utilization review cases. Such file shall be accessible only to interested parties in a utilization review case and shall not otherwise be open to any person.

(b) Prior to submitting a request for a utilization review pursuant to this section, an insurer, ~~a self-insured employer, or a claimant shall cause to be performed by~~ HIRE a licensed medical professional ~~hired or employed by such insurer, employer, or claimant~~ ~~a~~ TO review of the services rendered in the case. ~~The~~ A report of the review ~~required by this paragraph (b)~~ shall be submitted ~~together~~ with all necessary medical records, ~~and reports, with~~ AND the request for utilization review. ~~pursuant to this section.~~

(c) A claimant may request a utilization review pursuant to this section if ~~said~~ THE claimant has been refused a request pursuant to section 8-43-404 (5) to have a personal physician or chiropractor attend ~~said~~ THE claimant. ~~Any~~ A claimant requesting a utilization review pursuant to this paragraph (c) shall file ~~such~~ THE request on forms ~~specified~~ PROMULGATED by the director by rule ~~and regulation~~ and shall pay the fee ~~for requesting such review as~~ required by paragraph (a) of this subsection (2).

(d) For purposes of this section only, "medical records" means ~~only~~ documents and transcripts of information obtained from a patient or his or her medical professional ~~which is~~ THAT ARE related to the patient's medical diagnosis, treatment, and care.

(e) ~~WHEN AN INSURER, SELF-INSURED EMPLOYER, OR CLAIMANT REQUESTS UTILIZATION REVIEW, NO OTHER PARTY SHALL REQUEST A HEARING PURSUANT TO SECTION 8-43-207 UNTIL THE UTILIZATION REVIEW PROCEEDINGS HAVE BECOME FINAL, IF SUCH HEARING REQUEST CONCERNS ISSUES ABOUT A CHANGE OF PHYSICIAN OR WHETHER TREATMENT IS MEDICALLY NECESSARY AND APPROPRIATE.~~

(f) ~~ONCE A UTILIZATION REVIEW PROCEEDING HAS BECOME FINAL AND NO LONGER SUBJECT TO APPEAL, THE FINAL DISPOSITION OF THE ISSUES IN SUCH PROCEEDING SHALL BE BINDING ON THE PARTIES AND PRECLUDE A CONTRARY RULING ON SUCH ISSUES IN A SUBSEQUENT HEARING UNDER SECTION 8-43-207 UNLESS A PREPONDERANCE OF EVIDENCE IS SHOWN.~~

SECTION 2. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 3, 1994