

**Integrity of the DI Program.** The fiscal integrity of the DI program depends on the accuracy of the period of disability to which you certify.

As guardian of the DI Fund, we practice fiscal responsibility. We apply a series of duration control measures designed to verify the validity of the claim and to insure that payments are made only for the actual period of disability.

After reviewing the diagnosis and taking into consideration your patient's age and occupation, we evaluate your estimated date of recovery and determine whether it is consistent with what is normally expected for that particular disability. (We use *The Medical Disability Advisor*, by Presley Reed, M.D., as a guide.) If the estimated period of recovery is significantly greater, we will take one or more of the following steps:

- 1. Medical Inquiry.** We may contact you by telephone or letter to obtain additional medical information substantiating the extended disability period.
- 2. Unscheduled Visit.** A DI representative may contact your patient by telephone, mail, or visit, to observe and interview him/her regarding the claimed disability.
- 3. Independent Medical Exam (IME).** We may request an examination by an independent medical examiner to determine your patient's ability to perform his/her regular or customary work. The examiner submits a report that confirms or adjusts the allowable duration of the disability. If your patient is found able to perform his/her regular or customary work, we will discontinue benefit payments from the date of the IME.

**Diagnostic Codes.** DI requires use of the International Classification of Disease codes or the Diagnostic and Statistical Manual of Mental Disorders on all initial and supplemental claims. These codes allow us to monitor and record types of disabilities and the length of time paid. They also provide information that will help us plan for future needs.

**REMEMBER: Proper coding facilitates processing of your patient's claim.**

**Independent Medical Examination (IME) Panel Participation.** We are always interested in expanding the list of doctors who are available to provide Independent Medical Examinations (IMEs). Your participation in this process provides a valuable service to our program and to disabled workers.

IMEs can be initiated for various reasons. Claims may be selected randomly, as well as for inconsistencies. The IME is a form of peer review used to obtain an objective and impartial examination and report. IMEs should not be considered a criticism of the information provided by the attending physician.

If you would like additional information on the IME application process, contact us at 916-654-8621.

**For more information on the DI program, visit our web site at**

**[www.edd.ca.gov/direp/diind.htm](http://www.edd.ca.gov/direp/diind.htm)**



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

**This pamphlet is for general information only and does not have the force and effect of law, rule, or regulation.**

**EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-480-3287 (voice). TTY users, please call the California Relay Service at 711.**

## The Medical Provider's Guide to Disability Insurance



- Helpful Hints
- Improve Patient Relations
- Save Time

*This brochure provides information for medical providers about California's Disability Insurance (DI) program.*

*We depend on the accuracy of your medical certifications to your patients' disabilities. The quality and accuracy of medical certifications directly affect services we provide to your patients as well as the cost effectiveness of DI.*

### **What is Disability Insurance?**

DI provides prepaid insurance which partially covers wage loss caused by non-occupational injuries or illnesses. Most California workers are eligible for this coverage. DI is administered by the California Employment Development Department (EDD) and is funded entirely by California workers' payroll deductions. Benefits are available for a maximum of 52 weeks.

### **DI is NOT Workers' Compensation.**

Workers' Compensation is employer-funded insurance covering work-related injuries or illnesses.

Workers' Compensation may include one or more of the following benefits: temporary disability, permanent disability, medical expenses, vocational rehabilitation (or maintenance allowance), transportation to/from employer-scheduled medical examinations, and death benefits.

### **Definition of Disability for DI Purposes.**

A disability is any mental or physical condition which prevents your patient from performing his/her regular work. This includes elective surgery, pregnancy, and pregnancy-related medical conditions. It also includes inability to work because of a written order of a public health officer to an individual infected or suspected of being infected with a communicable disease.

### **How is Eligibility for Benefits**

**Determined?** We cannot determine eligibility until we receive a properly completed and signed Claim Statement of Employee and Doctor's Certificate ("Claim for Disability Insurance Benefits," DE 2501). Your patient must also meet the following criteria to be eligible for benefits:

- Be unable to perform his/her regular work.
- Have a loss of wages because of a disability.
- Be under the care and treatment of a doctor or practitioner who certifies to the disability during the first eight days of the disability. The beginning date can be adjusted to meet this requirement.
- Be disabled at least 8 calendar days.
- Mail a completed claim within 49 days of the beginning date of his/her disability.

**Who Can Certify to Disability?** Only the following medical professionals are authorized to complete and sign the Doctor's Certificate:

- Licensed medical or osteopathic physician / surgeon
- Authorized medical officer of a U.S. Government facility
- Chiropractor
- Podiatrist
- Optometrist
- Dentist
- Psychologist
- Licensed midwife, nurse-midwife, or nurse practitioner for normal pregnancy or childbirth
- Accredited religious practitioner

**REMEMBER: To receive timely payments, your patient is dependent on your prompt completion and return of the Doctor's Certificate portion of the claim.**

**Claim Processing.** We review the claim to ensure that all eligibility requirements are met. Both you and your patient must have certified to the accuracy of the information, and we verify your medical license status.

We pay special attention to diagnosis, International Classification of Disease (ICD) coding, and estimated recovery date.

Properly completed claims are generally processed within 1 to 2 weeks after we receive them.

**Causes of Delays.** If any of the following information is not on the claim, processing will be delayed:

- Doctor's original signature
- Doctor's license number
- Doctor's name
- Diagnosis
- ICD code
- Estimated recovery date (Return-to-work date)
- Patient's signature
- Patient's Social Security number
- Patient's address

**Extensions.** The estimated recovery date is a "payment to" date, which means we pay benefits up to that date but not including that date. It is the date you release your patient to return to work. This may be on a full- or part-time basis, with full or light duty.

We will send your patient a supplemental medical form or extension request when the estimated recovery date is reached. If your patient is still disabled and unable to return to work, he/she needs you to certify to a continued disability in order to receive continued benefits. You or your patient must return the completed, signed extension request within 20 days from the issue date. It is not necessary to use the State form as long as you certify to the following information on your letterhead:

- Patient's name and Social Security number
- Diagnosis and ICD code or, if no diagnosis has yet been obtained, a detailed statement of symptoms
- Your signature, license number, and date
- The estimated recovery date

**REMEMBER: We cannot pay further benefits to your patient until this information is received.**