

# *Reason for Complaint*

<i>D Code</i>	<i>D Code Description</i>	<i>Category</i>
100	Quality of Care Service Other	Quality/Standards of Care
101	Test or Testing	Quality/Standards of Care
102	Diagnosis (Untimely or Missed)	Quality/Standards of Care
103	Treatment Inappropriate, Ineffective	Quality/Standards of Care
104	Medication Error	Quality of Care
105	Quality of Physician or Provider Credentialing	Quality/Standards of Care
106	Quality of Provider Facility/Equipment	Quality/Standards of Care
108	Ineffective Communication or Guidance (Stalling, not responsive, etc.)	Quality/Standards of Care
109	Quality of Medical Records	Quality/Standards of Care
111	Accessibility/Availability/Other	Quality/Standards of Care
500	Failure to File Reports/Notices Timely	Communication
501	Responsibilities to IE (Postings/Rights)	Communication
502	Failure to File Complete Reports	Communication
503	RME Issues	Communication
504	Not Providing Medical Records/Reports	Communication
505	Order/Requests for Production of Docs	Communication
506	Unauthorized Contact	Communication
507	Not Responding to Injured Employee	Communication
565	Not Initiating Indemnity Benefits Timely	Indemnity Benefit Delivery
566	Not Continuing Indemnity Benefits Timely	Indemnity Benefit Delivery
567	Not Paying the Correct Indemnity Benefit Rate	Indemnity Benefit Delivery
568	Not Complying with Indemnity Orders/Agreements	Indemnity Benefit Delivery
569	Not Paying Interest on Income Benefits	Indemnity Benefit Delivery
600	Violating Division Fee Guidelines	Medical Reimbursement
601	Billing Improper Party	Medical Reimbursement
602	Not Submitting Medical Bills on Correct Form	Medical Reimbursement
603	Not Providing Missing Info/Completed Requests	Medical Reimbursement
620	Failing to Timely Respond to Medical Bills & Reconsiderations	Medical Bill/Refund Processing
621	Failure to Timely Respond to Requests for Out-of-Pocket Expenses	Medical Bill/Refund Processing
622	Improper Denials	Medical Bill/Refund Processing
623	Insufficient Reason for Denial	Medical Bill/Refund Processing
624	Insufficient Reason for Denial Based on Peer Review	Medical Bill/Refund Processing
625	Not Complying with Medical Orders/Agreements	Medical Bill/Refund Processing
626	Not Paying Interest on Medical Bills	Medical Bill/Refund Processing
627	Delays in Responding to Medical Bill Refund/Reimbursement Requests	Medical Bill/Refund Processing
64	Claimant Fraud	Fraud
65	Provider Fraud	Fraud

<i>D Code</i>	<i>D Code Description</i>	<i>Category</i>
650	Not Obtaining Preauthorization	Requesting Preauthorization or Concurrent Review
66	Insurer Fraud	Fraud
660	Not Allowing Discussion Prior to Preauthorization Denial	Processing Preauth, Concurrent Review and MDR Req
661	Improperly Denying Preauthorization	Processing Preauth, Concurrent Review and MDR Req
662	Not Timely Responding to Preauth Requests or Concurrent Review	Processing Preauth, Concurrent Review and MDR Req
663	Attorney Fraud	Fraud
670	Failure to Timely & Accurately Submit Notices or Info by ECS	Accurate Data Submission
680	Failure of a Party to Attend a BRC, CCH, RME or DD Exam	Attendance
69	Employer Fraud	Fraud
690	Failure to keep records of all injuries	Record Keeping
709	RTW Delays	Quality/Standards of Care
711	Questionable RME	Quality/Standards of Care
712	Questionable DD	Quality/Standards of Care
713	Refusal of DD to Schedule or Perform Exam	Quality/Standards of Care
742	Excessive Physical Force	Quality/Standards of Care
743	Inappropriate Physical Contact	Quality/Standards of Care
745	Unreasonable Acts	Quality/Standards of Care
765	Questionable Peer Review	Quality/Standards of Care
90	Other	Other
94	CUSTOMER SERVICE	Other