

**Texas Department of Insurance
Division of Workers' Compensation**

FastFacts

Disability Management for Insurance Carriers and Utilization Review Agents

Disability management optimizes healthcare and return-to-work outcomes for injured employees through the use of treatment and return-to-work guidelines. This serves the interests of all workers' compensation system participants by:

- providing injured employees appropriate medical treatment
- promoting principles of evidence-based medicine
- achieving greater accountability through communication
- establishing estimated return-to-work expectations
- improving the ability to monitor system outcomes

Effective dates for disability management components are as follows:

- Disability Management Rules apply to all claims with a date of injury occurring as of January 1, 1991.
- Treatment & Return to Work Guidelines are effective May 1, 2007 and are applicable to treatments and/or services provided as of this date.

Prospective Utilization Review

- The Official Disability Guidelines (ODG) provides data on the optimum frequency and duration of treatments.
- Health care provided in accordance with the ODG is presumed reasonable.
- Carriers/Utilization Review Agents (URA) must prospectively review treatment and services for medical necessity when the proposed treatment or service is on the preauthorization list.

- Healthcare providers (HCP) and URAs retain the option to voluntarily certify any treatment or services that are not on the preauthorization list.

Carriers/URAs are required to review preauthorization requests. Treating doctors must submit preauthorization requests to the carrier for preauthorization when:

- The injured employee's **diagnosis** is not included in the treatment guidelines or Division treatment protocols **or**
- The **care** will exceed or is not included in the Division treatment guidelines, the *Official Disability Guidelines* (ODG), **and** the care will be provided after the greater of: 60 days from the date of injury or the optimum days listed in the return to work guidelines **or**
- As required by the Commissioner of Workers' Compensation.

Adjuster's Role in Return-to-Work

- Adjusters should communicate with the treating doctor and the injured employee regarding return-to-work goals and monitor the injured employee's progress.
- Adjusters should assist the treating doctor and the injured employee in communicating with the employer regarding proposed job duty and activity modifications.
- If a carrier reduces, denies, suspends, or terminates income benefits to an injured employee, the MDA cannot be the only source the carrier relies on to make such a decision.

Retrospective Utilization/Bill Review

- Health care provided in accordance with the ODG is presumed reasonable.
- Carriers are not liable for treatments or services provided in excess of the ODG unless they were provided in a medical emergency or were preauthorized.
- Disability management rules take precedence over any conflicting payment policy provisions adopted or utilized by the Centers for Medicare and Medicaid Services.

FastFacts on Disability Management
For Insurance Carriers and Utilization Review Agents

- Carriers may retrospectively review and deny payment for treatment and services provided in accordance with the ODG, if they support the determination with documentation of evidence-based medicine that outweighs the presumption of reasonableness.
- Carriers may not deny treatment solely because it is not included in the ODG.
- When an adverse determination relating to medical necessity is disputed, an independent review organization (IRO) decision may override provisions of the disability management rules on a case-by-case basis.

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