

DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

7 CCR 1101-3

WORKERS' COMPENSATION RULES OF PROCEDURE

Rule 16 UTILIZATION STANDARDS

16-7 DENIAL OF A REQUEST FOR PRIOR AUTHORIZATION

- (A) If an ATP requests prior authorization and indicates in writing, including reasoning and relevant documentation, that he or she believes the requested treatment is related to the admitted workers' compensation claim, the insurer cannot deny solely for relatedness without a medical opinion as required by section 16-7(B). The medical review, IME report, or report from an ATP that addresses the relatedness of the requested treatment to the admitted claim may precede the prior authorization request **unless the requesting physician presents new reasoning or relevant documentation that supports his or her opinion that the treatment is now related.**

16-11 PAYMENT OF MEDICAL BENEFITS

- (B) Process for Denying Payment of Billed Services Based on Non-Medical Reasons
- (2) If an ATP bills for medical services and indicates in writing, including reasoning and relevant documentation that he or she believes the medical services are related to the admitted WC claim, the payer cannot deny payment solely for relatedness without a medical opinion as required by section 16-11(C). The medical review, IME report, or report from an ATP that addresses the relatedness of the requested treatment to the admitted claim may precede the received billed service **unless the requesting physician presents new reasoning or relevant documentation that supports his or her opinion that the treatment is now related.**