



## HEALTH CARE PROVIDER

»»»» *Roles and Responsibilities* ««««



Division of Workers' Compensation

# Day 3



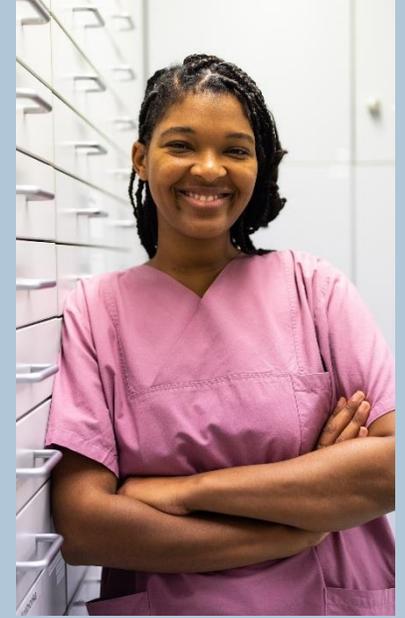


**HEALTH CARE PROVIDER**  
*>>>> Roles and Responsibilities <<<<*

# Learning Objectives

- Learn how health care providers participate in the workers' compensation system.
- Identify the distinct role of each provider.
- Understand key provider responsibilities in workers' compensation.





# Health Care Provider Roles and Responsibilities

Division of Workers'  
Compensation  
2025

## Disclaimer

This presentation is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the [Texas Insurance Code](#) (Insurance Code), [Texas Labor Code](#) (Labor Code), and [Texas Administrative Code](#) (TAC).

Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).





# Overview

**Definitions.**

**Basic qualifications of health care providers participating in the workers' compensation system.**

**Doctor roles.**

**General responsibilities of all health care providers.**

**Responsibilities of doctors.**



# Health Care Provider Requirements

# Definition of a Health Care Provider

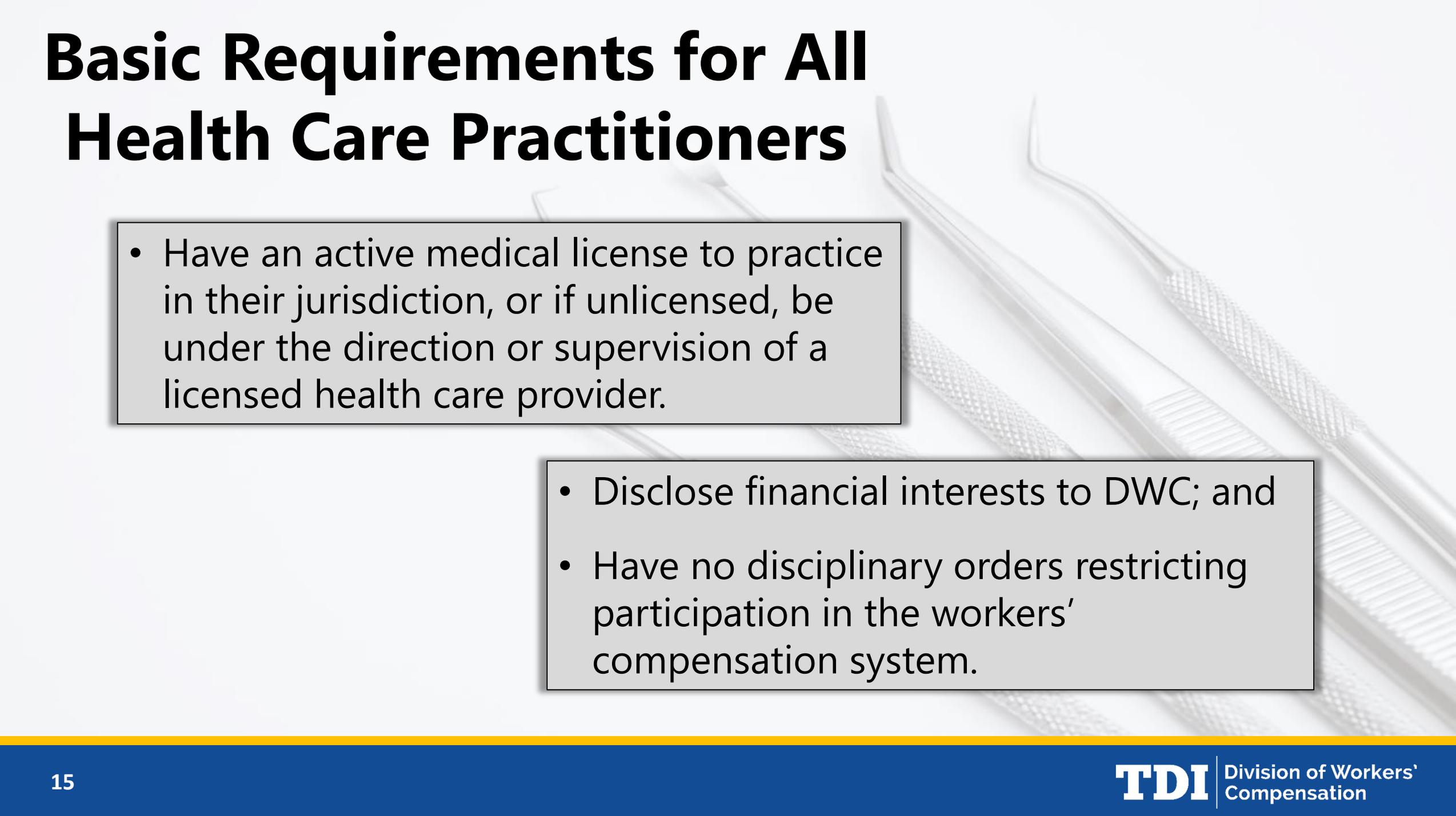
Texas Labor Code Sec. 401.011. General Definitions

A health care facility: a hospital ,emergency clinic, or other facility providing health care.

A health care practitioner:

- An individual who is licensed to provide or render and provides or renders health care.
- A non-licensed individual who provides or renders health care under the direction or supervision of a doctor.

# Basic Requirements for All Health Care Practitioners

The background of the slide features a close-up, high-angle photograph of several dental instruments, including dental mirrors and probes, arranged diagonally across the frame. The instruments are metallic and have a textured grip. The lighting is soft, highlighting the reflective surfaces of the tools.

- Have an active medical license to practice in their jurisdiction, or if unlicensed, be under the direction or supervision of a licensed health care provider.

- Disclose financial interests to DWC; and
- Have no disciplinary orders restricting participation in the workers' compensation system.

# Financial Disclosure

28 Texas Administrative Code (TAC) Sec. 180.24. Financial Disclosure

Must include the identity of any other health care provider in which:

- The healthcare practitioner has a financial interest;
- An immediate family member of the health care practitioner has a financial interest; or
- A health care provider employs the health care practitioner.

# Examples of Disciplinary Actions Against Health Care Providers

- Health care providers restricted from the workers' compensation system.
- Health care providers restricted from the Designated Doctors List.
- Health care providers denied or removed from the Approved Doctors List (ADL).

# Doctor Roles





Treating Doctor



Referral Doctor



Consulting Doctor



Designated Doctor



Required Medical Exam Doctor



Peer or Utilization Review Doctor



A doctor of:

- **Medicine.**
- **Osteopathic Medicine.**
- **Optometry.**
- **Dentistry.**
- **Podiatry.**
- **Chiropractic.**

Must be licensed and authorized to practice.

# Definition of Doctor

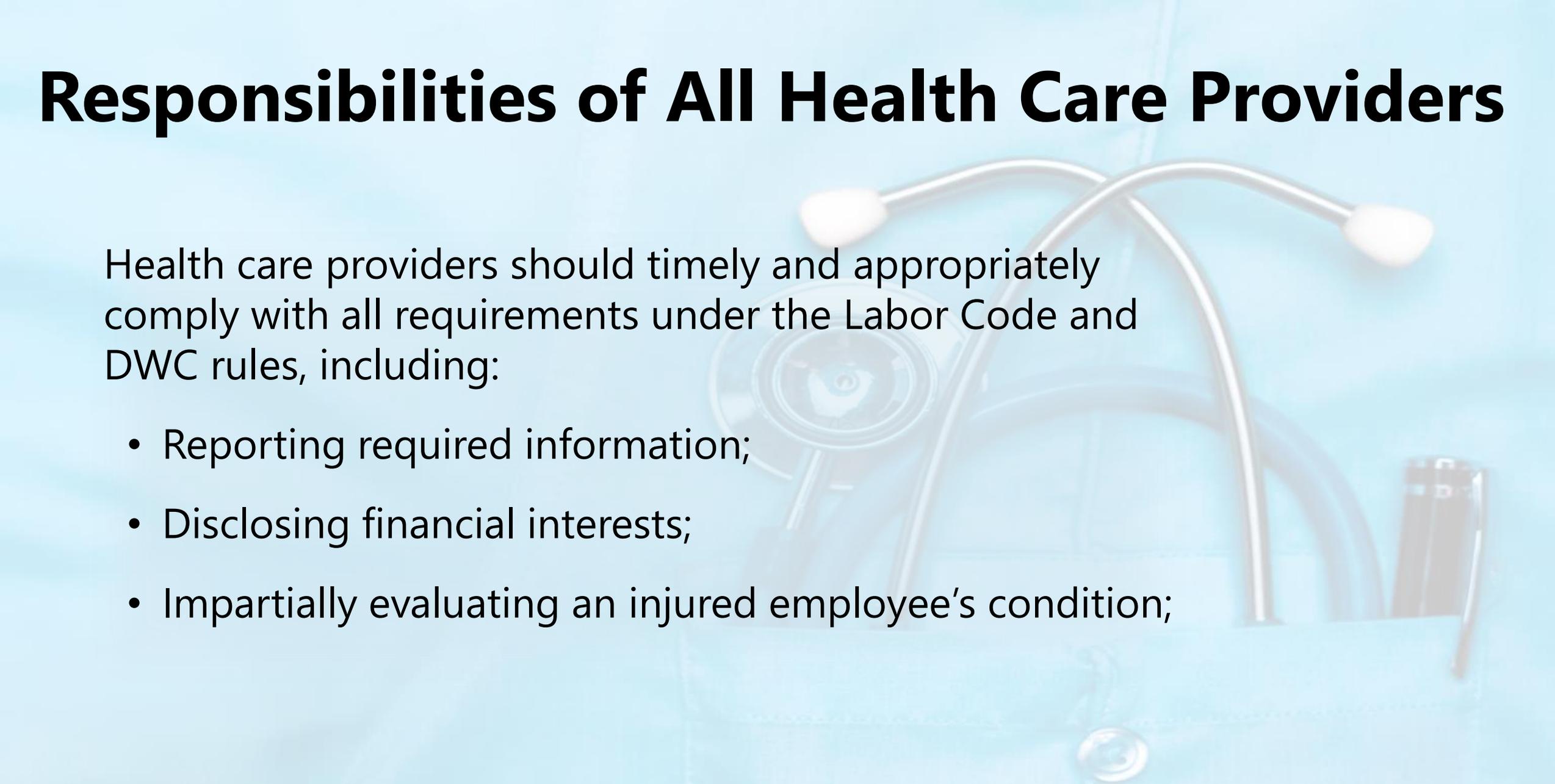
Labor Code Sec. 401.011. General Definitions



# Health Care Provider Responsibilities

**28 TAC Sec. 180.22. Health Care Provider Roles and Responsibilities**

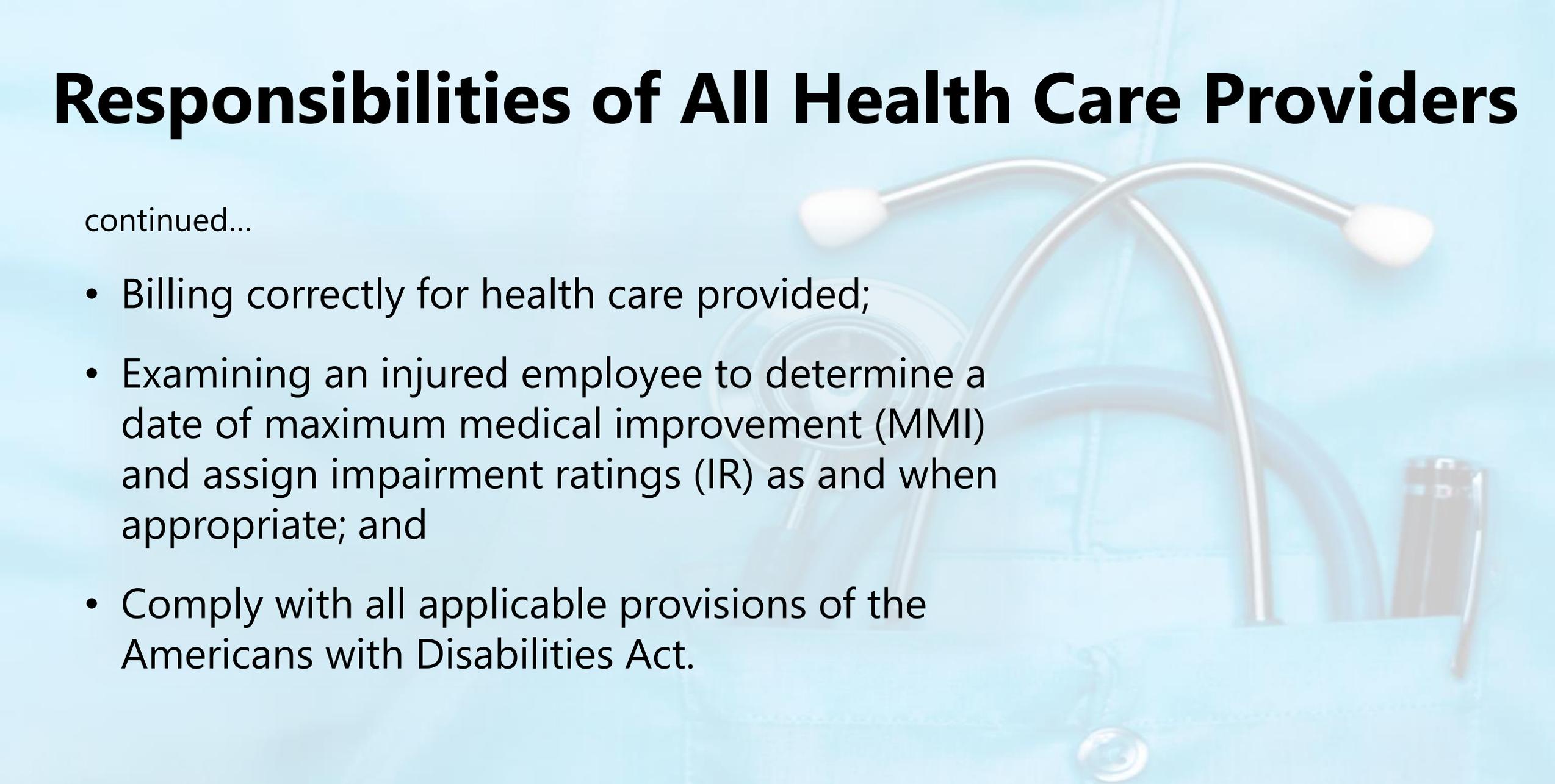
# Responsibilities of All Health Care Providers



Health care providers should timely and appropriately comply with all requirements under the Labor Code and DWC rules, including:

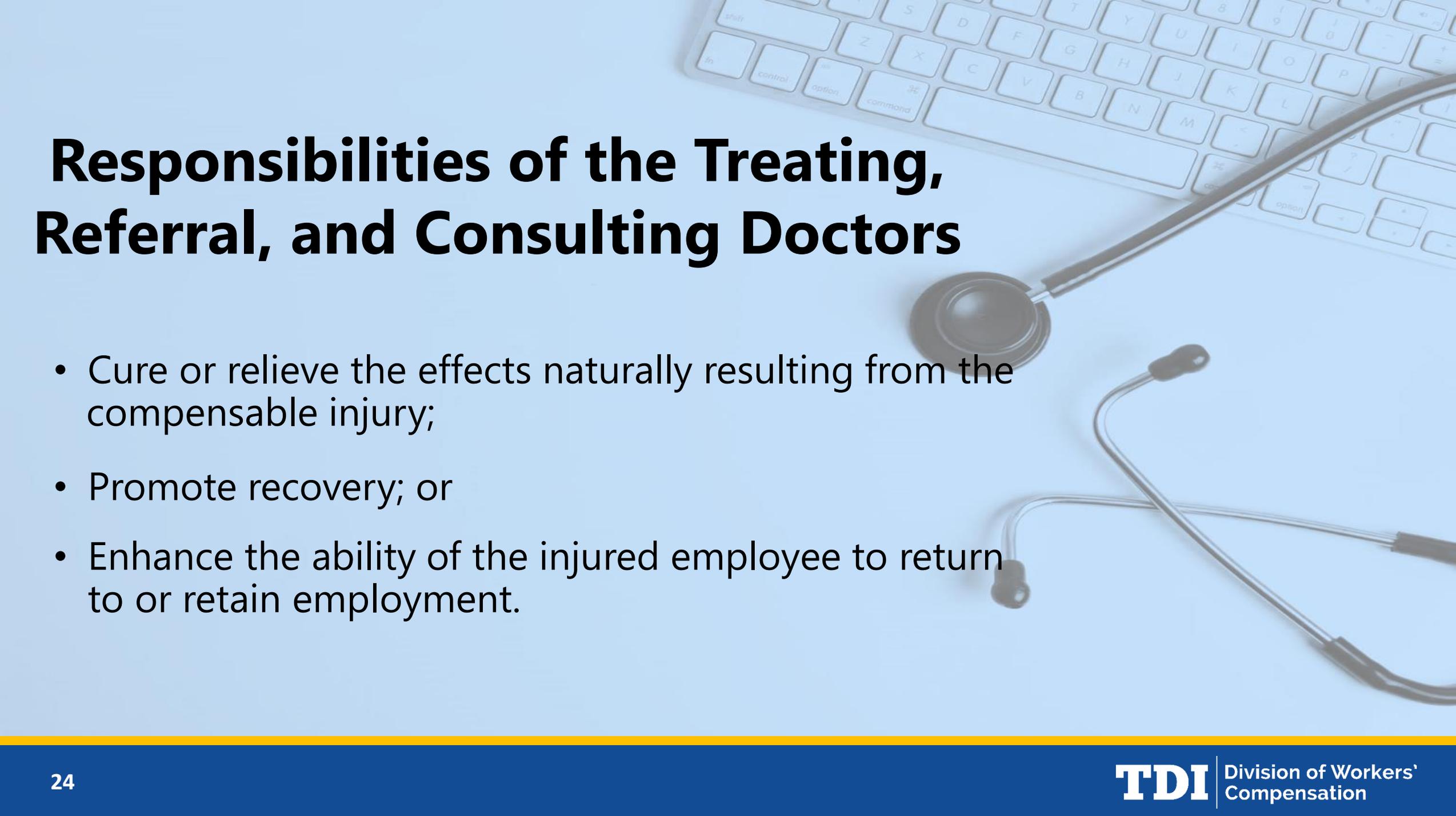
- Reporting required information;
- Disclosing financial interests;
- Impartially evaluating an injured employee's condition;

# Responsibilities of All Health Care Providers



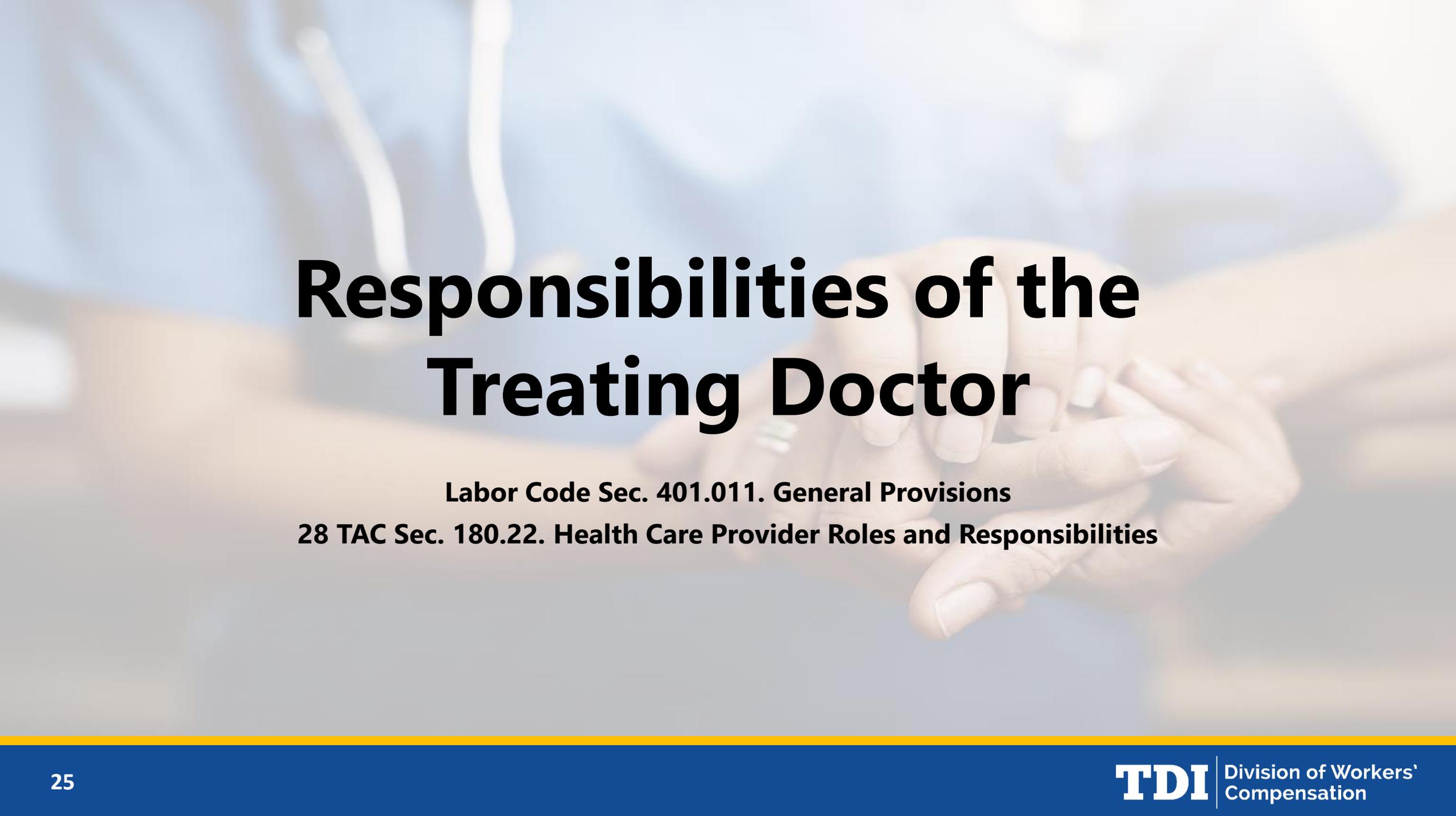
continued...

- Billing correctly for health care provided;
- Examining an injured employee to determine a date of maximum medical improvement (MMI) and assign impairment ratings (IR) as and when appropriate; and
- Comply with all applicable provisions of the Americans with Disabilities Act.



# Responsibilities of the Treating, Referral, and Consulting Doctors

- Cure or relieve the effects naturally resulting from the compensable injury;
- Promote recovery; or
- Enhance the ability of the injured employee to return to or retain employment.



# Responsibilities of the Treating Doctor

**Labor Code Sec. 401.011. General Provisions**

**28 TAC Sec. 180.22. Health Care Provider Roles and Responsibilities**

# Choice of Treating Doctor

- The injured employee is entitled to their own choice of treating doctor.
- Generally, the first doctor who provides health care to the injured employee is considered the employee's initial choice.

28 TAC Sec.126.9. Choice of Treating Doctor and Liability for Payment

# Choice of Treating Doctor

## Exceptions:

- Salaried by the employer;
- Recommended by the carrier or employer, unless the injured employee continues to receive treatment from the doctor for less than 60 days; or
- Provided emergency care, unless the injured employee receives treatment from the doctor for other than follow up care related to the emergency treatment.

# Change of Treating Doctor

The injured employee may request a change of treating doctor.

- **Non-network claims:**

DWC Form-053, *Request to Change Treating Doctor* submitted to the field office handling the claim.

- **Political subdivisions:**

May use the DWC Form-053, *Employee Request to Change Treating Doctor* submit to DWC. Please check with the political subdivision.

- **Network claims:**

Check with your network on the change of treating doctor form and the process.

# Treating Doctor Responsibilities

- Primarily responsibility is to efficiently manage and coordinate health care for an injured employee's compensable injury.
- Except in the case of an emergency, approve and recommend all health care, including health care provided by referral doctors.

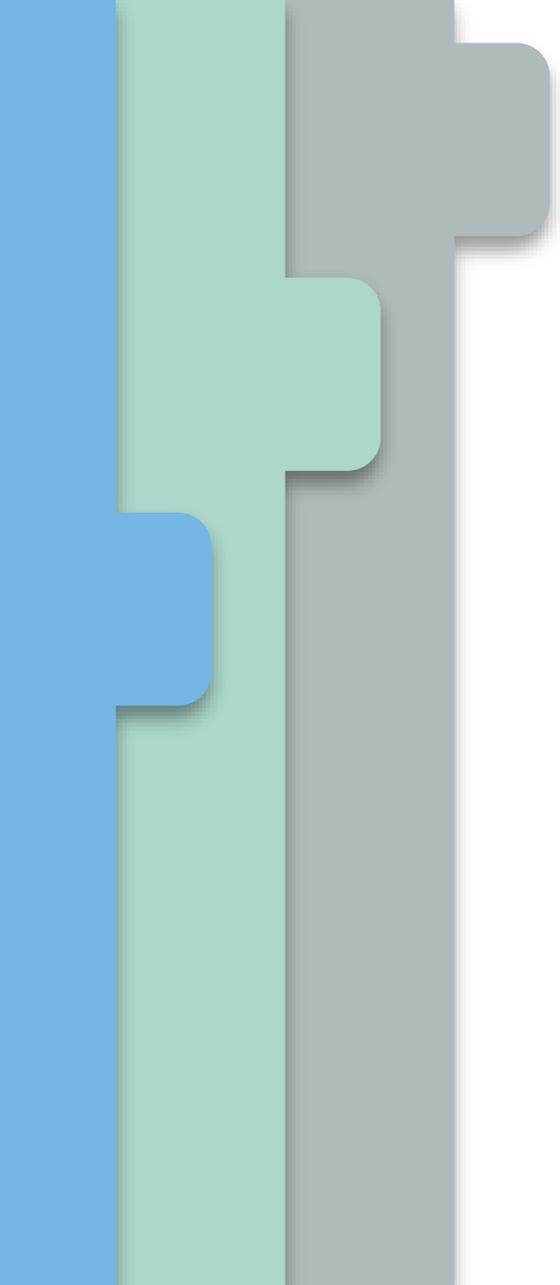


# Treating Doctor Responsibilities

Communicate about the injured employee's ability to work or discuss any work restrictions with the:

- Injured employee or representative, if any;
- Employer; and
- Insurance carrier.





# Treating Doctor Responsibilities

Work Status Report (DWC Form-073)



**Employee** - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

**Empleado** - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

### Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION		Date Sent (for transmission purposes only):	
1. Injured Employee's Name	5a. Doctor's/Delegating Doctor's Name and Degree	5b. PA / APRN Name (if completing form)	
2. Date of Injury	3. Social Security Number (last four) XXX-XX-	6. Facility Name	9. Employer's Name
4. Employee's Description of Injury/Accident	7. Facility/Doctor Phone and Fax Numbers	10. Employer's Fax Number or Email Address (if known)	
	8. Facility/Doctor Address (Street, City, State, ZIP Code)	11. Insurance Carrier	
		12. Carrier's Fax Number or Email Address (if known)	
II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)			
13. The injured employee's medical condition resulting from the workers' compensation injury:			
<input type="checkbox"/> a) will allow the employee to return to work as of ___/___/___ without restrictions; OR <input type="checkbox"/> b) will allow the employee to return to work as of ___/___/___ with the restrictions identified in PART III, which are expected to last through ___/___/___; OR <input type="checkbox"/> c) has prevented and still prevents the employee from returning to work as of ___/___/___ and is expected to continue through ___/___/___. The following describes how this injury prevents the employee from returning to work:			
III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)			
14. Posture Restrictions (if any):		17. Motion Restrictions (if any):	
Max hours per day: 0 2 4 6 8 Other: _____		Max hours per day: 0 2 4 6 8 Other: _____	
Standing <input type="checkbox"/>	<input type="checkbox"/>	Walking <input type="checkbox"/>	<input type="checkbox"/>
Sitting <input type="checkbox"/>	<input type="checkbox"/>	Climbing stairs/ladders <input type="checkbox"/>	<input type="checkbox"/>
Kneeling/squatting <input type="checkbox"/>	<input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/>	<input type="checkbox"/>
Bending/stooping <input type="checkbox"/>	<input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling <input type="checkbox"/>	<input type="checkbox"/>	Reaching <input type="checkbox"/>	<input type="checkbox"/>
Twisting <input type="checkbox"/>	<input type="checkbox"/>	Overhead reaching <input type="checkbox"/>	<input type="checkbox"/>
Other: _____		Keyboarding <input type="checkbox"/>	<input type="checkbox"/>
15. Restrictions Specific To (if applicable):		18. Lift/Carry Restrictions (if any):	
<input type="checkbox"/> Left hand/wrist	<input type="checkbox"/> Left leg	<input type="checkbox"/> May not lift/carry objects more than ___ lbs. for more than ___ hours per day.	
<input type="checkbox"/> Right hand/wrist	<input type="checkbox"/> Right leg	<input type="checkbox"/> May not perform any lifting/carrying.	
<input type="checkbox"/> Left arm	<input type="checkbox"/> Back	Other: _____	
<input type="checkbox"/> Right arm	<input type="checkbox"/> Left foot/ankle		
<input type="checkbox"/> Neck	<input type="checkbox"/> Right foot/ankle		
Other: _____			
16. Other Restrictions (if any)		19. Misc. Restrictions (if any):	
		Max hours per day of work: _____	
		Sit/stretch breaks of ___ per ___	
		Must wear splint/cast at work	
		Must use crutches at all times	
		No driving/operating heavy equipment	
		Can only drive automatic transmission	
		No skin contact with: _____	
		No running	
		Dressing changes necessary at work	
		No work / ___ hours/day work:	
		<input type="checkbox"/> In extreme hot/cold environments	
		<input type="checkbox"/> at heights or on scaffolding	
		Must keep _____	
		<input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
		20. Medication Restrictions (if any):	
		<input type="checkbox"/> Must take prescription medication(s)	
		<input type="checkbox"/> Advised to take over-the-counter meds	
		<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION			
21. Work Injury Diagnosis Information:		22. Expected Follow-up Services Include:	
		<input type="checkbox"/> Evaluation by the treating doctor on ___/___/___ at ___:___ a.m./p.m.	
		<input type="checkbox"/> Referral to/consult with ___ on ___/___/___ at ___:___ a.m./p.m.	
		<input type="checkbox"/> Physical medicine ___ X per week for ___ weeks starting on ___/___/___ at ___:___ a.m./p.m.	
		<input type="checkbox"/> Special studies (list): ___ on ___/___/___ at ___:___ a.m./p.m.	
		<input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date/Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
		<input type="checkbox"/> Initial	<input type="checkbox"/> Treating doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Designated doctor
Discharge Time:	Health Care Practitioner's Signature / License #	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Referral doctor <input type="checkbox"/> PA <input type="checkbox"/> Other doctor
		<input type="checkbox"/> RME doctor	<input type="checkbox"/> APRN



# Treating Doctor Responsibilities

Work Status Report (DWC Form-073)

Filed by the treating doctor, or delegated physician assistant or advanced practice registered nurse:

- After the initial examination of the employee, regardless of the employee's work status;
- When the employee experiences a change in work status or a substantial change in activity restrictions; and

28 TAC Sec.129.5. Work Status Reports

## **Treating Doctor Responsibilities**

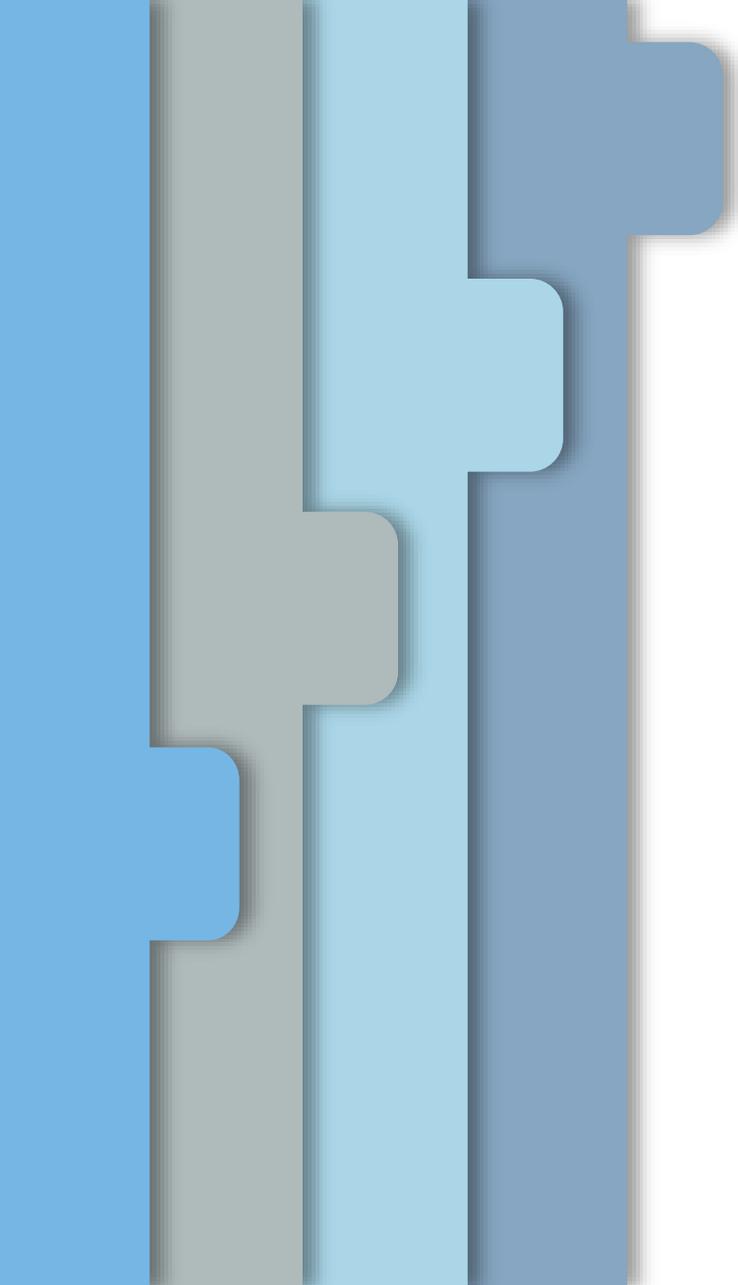
Work Status Report (DWC Form-073)

- At the schedule requested of the insurance carrier, its agent, or the employer requesting the report thorough its carrier:
  - Not to exceed one report every two weeks; and
  - Based upon the doctor's scheduled appointments with the employee.

28 TAC Sec.129.5. Work Status Reports

## **Treating Doctor Responsibilities**

Work Status Report (DWC Form-073)



# Treating Doctor Responsibilities

Report of Medical Evaluation  
(DWC Form-069)

Complete if known:

DWC Claim # \_\_\_\_\_

Carrier Claim # \_\_\_\_\_

**Report of Medical Evaluation**

<b>I. GENERAL INFORMATION</b>			<b>4. Injured Employee's Name (First, Middle, Last)</b>	<b>9. Certifying Doctor's Name and License Type</b>
<b>1. Workers' Compensation Insurance Carrier</b>	<b>5. Date of Injury</b>	<b>6. Social Security Number</b>	<b>10. Certifying Doctor's License Number and Jurisdiction</b>	<b>11. Certifying Doctor's Phone and Fax Numbers (Ph)</b>
<b>2. Employer's Name</b>	<b>7. Employee's Phone Number</b>		<b>12. Certifying Doctor's Address (Street or PO Box, City State Zip)</b>	
<b>3. Employer's Address (Street or PO Box, City State Zip)</b>			<b>8. Employee's Address (Street or PO Box, City State Zip)</b>	

**II. DOCTOR'S ROLE**

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

Treating Doctor     Doctor selected by Treating Doctor acting in place of the Treating Doctor     Designated Doctor selected by DWC  
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

**NOTE:** If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

**III. MEDICAL STATUS INFORMATION**

**14. Date of Exam**    **15. Diagnosis Codes**

\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_\_

**16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:**

**Clinical Maximum Medical Improvement (Clinical MMI)** is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

**Statutory MMI** is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a)  Yes, I certify that the employee reached  STATUTORY /  CLINICAL (mark one) MMI on \_\_\_\_/\_\_\_\_/\_\_\_\_ (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. - OR -

b)  No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about \_\_\_\_/\_\_\_\_/\_\_\_\_. The reason the employee has not reached MMI is documented in the attached narrative.

**NOTE:** The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

**IV. PERMANENT IMPAIRMENT**

**17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.**

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a)  I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -

b)  I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is \_\_\_\_%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):

third edition, second printing, February 1989 - OR -  
 fourth edition, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> printing, including corrections and changes issued by the AMA prior to May 16, 2000.

**NOTE:** A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

**V. DOCTOR'S CERTIFICATION**

**18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.**

Signature of Certifying Doctor: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

**VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION**

<b>19. Treating Doctor's Name and License Type</b>	<b>22.</b> <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
<b>20. Treating Doctor's License Number and Jurisdiction</b>	<b>23.</b> <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR -
<b>21. Treating Doctor's Phone and Fax Numbers (Ph)</b>	<input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.

**24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.**

Signature of Treating Doctor: \_\_\_\_\_ Date: \_\_\_\_\_



# Treating Doctor Responsibilities

Report of Medical Evaluation  
(DWC Form-069)

- Examine an injured employee to determine a date of MMI and IR when appropriate, or
- Refer the injured employee to another doctor who is authorized to certify MMI and assign an IR on behalf of the treating doctor.

28 TAC Sec. 130.2. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by the Treating Doctor

## **Treating Doctor Responsibilities**

Report of Medical Evaluation  
(DWC Form-069)

- A treating doctor who is not authorized to assign IRs may certify MMI for an injury that did not result in permanent impairment.
- A treating doctor is not required to schedule an exam to determine MMI if an injured employee had a minor injury and is treated, released, and not receiving temporary income benefits.

28 TAC 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment

28 TAC Sec.130.2. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by the Treating Doctor

## **Treating Doctor Responsibilities**

Report of Medical Evaluation  
(DWC Form-069)

Indicate agreement or disagreement with the certification of MMI and/or the IR assigned by another doctor.

Does not require an MMI/IR examination of the injured employee by the treating doctor.

28 TAC Sec.130.3. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by a Doctor other than the Treating Doctor

## **Treating Doctor Responsibilities**

Report of Medical Evaluation  
(DWC Form-069)

# Treating Doctor Responsibilities

## Medical Records to the Designated Doctor

Send to the designated doctor copies of all medical records in your possession, including medical records provided by a referral doctor related to the employee's compensable injury.

**Does not require** a signed release from the injured employee.

28 TAC Sec. 127.10. General Procedures for Designated Doctor Examinations

# Treating Doctor Responsibilities

## Medical Records to the Designated Doctor

Ensure the designated doctor receives the records no later than three working days prior to the date of examination.

The treating doctor may be reimbursed by the insurance carrier for copies of medical records sent to the designated doctor.

28 TAC Sec. 127.10. General Procedures for Designated Doctor Examinations

28 TAC Sec. 134.120. Reimbursement for Medical Documentation.

# Treating Doctor Responsibilities

After Designated Doctor Examination

MMI/IR examination by the treating or referral doctor:

- The designated doctor's opinion is the employee's first evaluation of MMI/IR; and
- The employee is not satisfied with the designated doctor's opinion.

Labor Code Sec. 408.0041. Designated Doctor Examination

# Treating Doctor Responsibilities

## After Designated Doctor Examination

Examination by the treating or referral doctor to address issues other than MMI/IR:

- Treating or referral doctor has not already provided a written report in the issue;
- Designated doctor has provided an opinion on the issue; and
- Employee is not satisfied with the designated doctor's opinion.

# Treating Doctor

## Causation Analysis

- An injured employee may need injury causation analysis from their treating doctor when there is a dispute about the injury.
- A treating doctor may be asked to provide a report that explains how and why the claimed accident or injury was a substantial factor in causing the work-related injury or illness within a reasonable degree of medical probability.

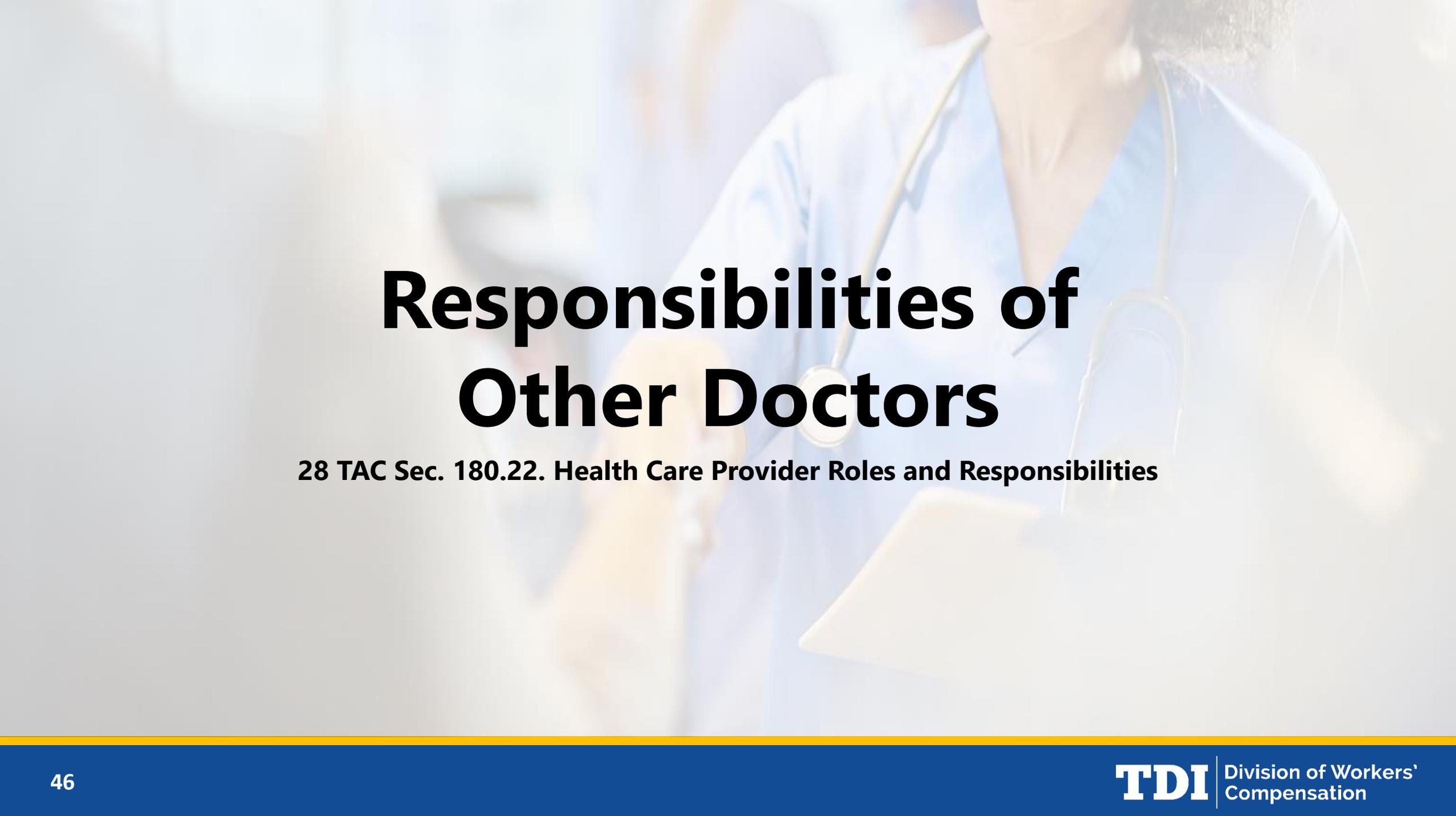
# Treating Doctor

## Causation Analysis

Resources available on the DWC website:

- Explaining the Compensable Injury (slide show).
- Sample treating doctor report.
- Summary of best practices for preparing analyses.
- Other resources.

<https://www.tdi.texas.gov/wc/hcprovider/causation.html>



# Responsibilities of Other Doctors

**28 TAC Sec. 180.22. Health Care Provider Roles and Responsibilities**



# Referral Doctor Responsibilities

- Examines and treats the injured employee at the treating doctor's request.
- Supplements the treating doctor's care.
- Timely reports the injured employee's status to the treating doctor and the insurance carrier.
- Only makes referrals with the approval of the treating doctor.



# Consulting Doctor Responsibilities

- Examines an employee or the employee's medical record at the request of the treating doctor, the designated doctor, or DWC.
- Makes referrals, initiates, or provides treatment only with the approval of the treating doctor.
- Becomes a referral doctor if the doctor begins to prescribe or provide health care to an injured employee.



# Designated Doctor Responsibilities

- Assigned by DWC to recommend a resolution of a dispute on the medical condition of an injured employee.
- Must complete required training and testing to be certified by DWC as a Designated Doctor (DD).

Designated Doctor Resources and Information

[www.tdi.texas.gov/wc/dd/index.html](http://www.tdi.texas.gov/wc/dd/index.html)



# Required Medical Examination Doctor Responsibilities

- Examines the injured employee's medical condition in response to a request from the insurance carrier or DWC.
- Before a DD exam, a RME is limited only to examining the appropriateness of medical care.
- After the DD exam, may evaluate MMI/IR, RTW, disability, etc.
- Does not make referrals, initiate, or provide treatment without the approval of the treating doctor.

28 TAC Sec. 126.6. Required Medical Examination



# Peer/Utilization Review Doctor Responsibilities

- Perform an administrative prospective, concurrent, or retrospective review of the medical necessity or reasonableness of health care services (utilization review) at the insurance carrier's request.
- Must be certified or registered as a utilization review agent (URA) by the Texas Department of Insurance or be employed by or under contract with a certified or registered URA.



# Recap

**Definitions.**



**Basic qualifications of health care providers participating in the workers' compensation system.**



**Doctor roles.**



**General responsibilities of all health care providers.**



**Responsibilities of doctors.**



# Contact Us



CompConnection:  
800-252-7031, option 3

[compconnection@tdi.texas.gov](mailto:compconnection@tdi.texas.gov)

