

ALABAMA DEPARTMENT
OF LABOR

NOTICE OF INTENDED ACTION

AGENCY NAME: ALABAMA DEPARTMENT OF LABOR

RULE NO. & TITLE: 480-5-5-.29; Medical Case Management

INTENDED ACTION: Amendment.

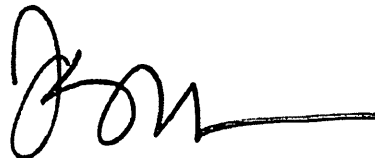
SUBSTANCE OF PROPOSED ACTION: To amend the above section under the Administrative Procedures Chapter to update certain provisions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing by mail or in person to the contact person listed below between the hours of 8:00 am and 4:30 pm, Monday through Friday until and including March 7, 2022. Persons wishing to submit data, views or arguments orally should contact the person listed below by telephone during this period to arrange an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: March 7, 2022

CONTACT PERSON AT AGENCY:

Joseph S. Ammons
Alabama Dep't of Labor
649 Monroe Street, Suite 1801
Montgomery, AL 36131
Telephone: (334) 956-7470



Joseph S. Ammons
General Counsel

**ALABAMA DEPARTMENT OF LABOR
WORKERS' COMPENSATION
ADMINISTRATIVE CODE**

**CHAPTER 480-5-5
UTILIZATION MANAGEMENT AND BILL SCREENING**

TABLE OF CONTENTS

480-5-5-.01	Scope
480-5-5-.02	Definitions
480-5-5-.03	Timely Payment of Undisputed Medical Claims
480-5-5-.04	Statement of Services
480-5-5-.05	Entity Qualified to Perform Bill Screening
480-5-5-.06	Utilization Review Entity Qualified to Perform Utilization Review
480-5-5-.07	Utilization Review Process
480-5-5-.08	Precertification Required
480-5-5-.09	Procedure for Precertification
480-5-5-.10	Continued Stay Review Procedures
480-5-5-.11	Technical Considerations for Review (Bill Screening) of Claims
480-5-5-.12	Physician of Record
480-5-5-.13	Emergency Care
480-5-5-.14	Second or Opposing Surgical Opinion
480-5-5-.15	Bill Screening
480-5-5-.16	Conflict of Interest: Health Facility Ownership by a Provider
480-5-5-.17	Optometric Services
480-5-5-.18	Chiropractic Services
480-5-5-.19	Physical Therapy/Occupational Therapy/Speech Therapy Services
480-5-5-.20	Hospital Services
480-5-5-.21	Prescribed Medications
480-5-5-.22	Approved Standardized Medical Reimbursement Forms
480-5-5-.23	Appeals Process for Utilization Review Bill Screening, Peer Clinical Review and Denial or Revocation of Utilization Review Certificate
480-5-5-.24	Discharge Planning Procedures
480-5-5-.25	On-Site Audit
480-5-5-.26	Ambulatory Surgery Centers
480-5-5-.27	Admission Review Procedures
480-5-5-.28	Dental Services

480-5-5-.29	Medical Case Management
480-5-5-.30	Home Health Care Services
480-5-5-.31	Pain Management Program
480-5-5-.32	Durable Medical Equipment
480-5-5-.33	Time Limits for Claims Payments
480-5-5-.34	Ambulance Services
480-5-5-.35	Impairment Rating Guide
480-5-5-.36	Time Limits for Employee Filing Incurred Expense Claims
480-5-5-.37	Out-Of-State Medical Provider

480-5-5-.29 Medical Case Management

(1) Medical case management determination shall be the responsibility of the employer/agent unless delegated. This service may be performed in conjunction with utilization management; however, it is differentiated by its designation to promote optimal recovery and physical rehabilitation by professional involvement in the physical rehabilitation process.

(2) Since medical case management is an integral component of a utilization management program, it shall, at the discretion of the employer/agent, be used as a component in the physical rehabilitation of the injured worker. The overall goal of medical case management is to facilitate the organizing and sequencing of appropriate health care services. This shall be done in the most cost-effective manner without compromising quality of care in order to promote optimal outcomes for all parties involved.

(3). The employer/agent is the responsible party for determining the necessity of medical case management.

(4). Individuals or entities performing medical case management shall comply with the most current standards adopted by the ~~National Association of Rehabilitation Professionals in the Private Sector (NARPPS)~~ International Association of Rehabilitation Professionals (IARP), professional performance criteria for medical case management, which pertains to workers' compensation cases or other nationally recognized medical case management standards. Notwithstanding the foregoing, nothing in this rule shall require a case manager to become a member of any association with recognized standards used in medical case management.

(5) The dispute resolution process shall be in accordance with Rule 480-5-5-.23.

Author: Workers' Compensation Division

Statutory Authority: Code of Alabama, 1975, §25-5-293

History: Effective September 12, 1996. **Amended:** Filed January 5th, 2022; effective .