



Oregon

John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE, Room 27
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 292 (Revised) Dec. 15, 2011

TO: Medical providers, workers' compensation insurers, self-insured employers, service companies, and other interested parties

SUBJECT: Workers' compensation medical reporting forms

This bulletin provides the forms for health care providers to use for reporting medical data to Oregon insurers and self-insured employers under ORS 656.252, 656.254, and OAR 436-010-0240. The Workers' Compensation Division revised Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claim," to be consistent with changes to ORS 656.990(1), effective Jan. 1, 2012. We revised the "Caution against making false statements" language on the "Notice to worker" page of the form. We did not make any other changes to Form 827 and did not revise Form 440-3245, "Release to Return to Work." This bulletin replaces Bulletin 292 dated April 30, 2010.

In order to efficiently use state resources and limited funds, the division will use existing supplies of Form 827 on hand to fill orders from health care providers. We encourage providers to use up existing supplies of Form 827 before reordering.

I. Form 3245, "Release to Return to Work"

Under OAR 436-010-0240, if the insurer requires the attending physician or authorized nurse practitioner to complete a release to return to work form, the insurer must use Form 3245. Otherwise, use of Form 3245 by the provider is optional.

II. Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claim"

When appropriate, the worker must complete the top portion of Form 827 including the reason for filing the form. The health care provider must complete the remainder of the form. At a minimum, the health care provider must check one of the filing reasons in the provider section, attach chart notes, when appropriate, and sign or stamp the form.

A. First report of injury

On the initial claim, Form 827 is used by the first health care provider to report an occupational injury or disease claim to the insurer. The health care provider must send the Form 827 to the insurer no later than 72 hours after the worker's first visit (Saturdays, Sundays, and holidays excluded). The health care provider must give the worker a copy of the completed Form 827 and Form 3283.

B. Claims for new or omitted medical conditions

The worker may use Form 827 to file a claim for a new or omitted medical condition. The worker's request must be signed and include the medical condition that they believe is new or was omitted from any previous acceptance notice.

C. Change of attending physician or authorized nurse practitioner

If an injured worker elects to change their attending physician or authorized nurse practitioner, the new health care provider must report the change to the insurer using Form 827. The completed form must be mailed to the insurer within five calendar days of the change of attending physician.

D. Report of aggravation of original injury

An aggravation is defined as an actual worsening of the compensable condition after the last award or arrangement of compensation, which is established by medical evidence supported by objective findings. If your examination of the worker identifies an aggravation of a compensable condition mail Form 827 to the insurer within five calendar days. Your report describing the objective findings should be included with the Form 827 or mailed separately within 14 days of the examination.

III. Filing reasons and instructions for progress reports, closing reports, and palliative care requests

Form 827 is not required if your chart notes provide sufficient information to clearly identify the type of report or request. The worker is not required to complete Form 827 for these reports or requests. **Important:** Provide enough identifying information on your chart notes so the insurer can match the chart note to the worker's claim.

A. Progress report

If you authorize time-loss, the insurer may require you to provide a progress report every 15 days. If the insurer requests a progress report, but does not provide a Form 827, you should submit your chart notes. The insurer is responsible for duplication of Form 827 (not including instruction page, notice to worker, or Form 3283) as needed for progress or closing reports.

B. Closing report

You may use Form 827 for closing reports if you provide all of the information required by Bulletin 239. Bulletin 239 provides instructions for completing a closing report. There are limitations regarding which health care providers can establish impairment findings. Refer to Appendix A of chapter 436, division 010 of the Oregon Administrative Rules for an explanation of these limitations.

C. Palliative care request

The attending physician may use Form 827 to request the insurer's approval of palliative care. Form 827 includes instructions and the definition of palliative care as used in the workers' compensation law.

You can request carbonless, multi-part Form 827s from the Workers' Compensation Division by contacting us at 503-947-7627. You may duplicate Form 3245 on plain paper. Both forms are available as Microsoft Word® documents or PDF files on the division's website:

www.wcd.oregon.gov/policy/bulletins/formsbyno.html

If you have questions about this bulletin, please contact a Benefit Consultant at 800-452-0288.

/s/ Kevin Willingham for

John L. Shilts, Administrator
Workers' Compensation Division

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Attachments: Form 440-3245, "Release to Return to Work" (Rev. 10/05)
Form 440-827, "Worker's and Health Care Provider's Report for Workers' Compensation Claim" (Rev. 1/12)