



Oregon

Kate Brown, Governor

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BULLETIN NO. 292 (Revised) Aug. 26, 2016

TO: Health care 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, ORS 656.254, and OAR 436-010-0240. The division's intent in revising Form 827 is to highlight the potential impact on workers' benefits when using the new/omitted condition checkbox. There are no changes to Form 3245, "Return-to-Work Status." This bulletin replaces Bulletin 292 dated Feb. 26, 2016.

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 existing supplies of Form 827 before reordering.*

I. Form 3245, "Return-to-Work Status"

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 Claims"

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 the appropriate filing reasons, if any, 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 he or she believes is new or was omitted from any previous acceptance notice. If the worker checks this box, it initiates a claim processing decision by the insurer that may negatively affect the worker's benefits. For example, there could be a potential loss of additional medical services, temporary disability, permanent disability or vocational assistance benefits. If the worker has questions, he or she may consult an attorney or the Ombudsman for Injured Workers 1-800-927-1271 (toll-free). The health care provider must send the completed form to the insurer within five days of the visit.

C. Change of attending physician or authorized nurse practitioner

If a worker elects to change his or her attending physician or authorized nurse practitioner, the new health care provider must report the change to the insurer using Form 827. The health care provider must send the completed form to the insurer within five days of the visit.

D. Report of aggravation of original injury

After the last award or arrangement of compensation, a worker is entitled to additional benefits under an aggravation claim. An aggravation is defined as an actual worsening of the compensable condition(s) supported by objective findings. If the exam of the worker identifies an aggravation of a compensable condition, the health care provider must send the completed form to the insurer within five days of the visit. The report describing the objective findings should be included with Form 827 or mailed separately within 14 days of the exam.

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

Form 827 is not required if the 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: The health care provider must provide enough identifying information in the chart notes so the insurer can match the chart note to the worker's claim.

A. Progress report

If the health care provider authorizes time-loss, the insurer may require a progress report every 15 days. If the insurer requests a progress report, but does not provide a Form 827, the provider should submit 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

The health care provider may use Form 827 for closing reports if the provider includes 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 OAR 436-010, Appendix A 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. Forms 827 and 3245 are available as Microsoft Word® documents on the division's website: www.wcd.oregon.gov.

Video training on the use of Form 827 will soon be available on the division's website: www.oregonWCdoc.info.

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

/s/ Louis Savage

Louis Savage, Administrator
Workers' Compensation Division

Distribution: WCD- LY, electronic mailing lists

Attachments: Form 3245, "Return-to-Work Status" (Rev. 2/16)
Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims" (Rev. 8/16)