



Certification Page Regular and Emergency Rules

Revised September 2016

☐ **Emergency Rules** (After completing all of Sections 1 through 3, proceed to Section 5 below)

☒ **Regular Rules**

1. General Information

a. Agency/Board Name Department of Workforce Services		
b. Agency/Board Address 1510 E. Pershing Blvd.	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Marcia J. Price	f. Agency Liaison Telephone Number (307) 777-6746	
g. Agency Liaison Email Address marcia.price@wyo.gov	h. Adoption Date 3/22/18	
i. Program Workers' Compensation Commission		

2. Legislative Enactment For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

☒ **No.** ☐ **Yes.** Please provide the Enrolled Act Numbers and Years Enacted:

3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

(Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)

Chapter Number: 0	Chapter Name: Index	☐ New ☐ Amended ☒ Repealed
Chapter Number: 0	Chapter Name: Appendix A	☐ New ☐ Amended ☒ Repealed
Chapter Number: 0	Chapter Name: Appendix C	☐ New ☐ Amended ☒ Repealed
Chapter Number: 12	Chapter Name: Common Acronyms of Workers' Compensation	☐ New ☐ Amended ☒ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed

3. State Government Notice of Intended Rulemaking

- a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: **1/26/18**
- approved as to form by the **Registrar of Rules**; and
 - provided to the **Legislative Service Office** and **Attorney General**:

4. Public Notice of Intended Rulemaking

- a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ No. ☐ Yes. ☒ N/A
- b. A public hearing was held on the proposed rules. ☐ No. ☐ Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

- c. If applicable, describe the **emergency** which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

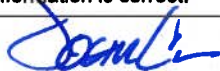
5. Final Filing of Rules

- a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**: **3/22/18**
- b. Date on which final rules were approved as to form by the **Secretary of State** and sent to the **Legislative Service Office**: **3/22/18**
- c. ☒ The Statement of Reasons is attached to this certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual



Printed Name of Signatory

John Cox

Signatory Title

Director, DWS

Date of Signature

MAR. 22, 2018

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature

Date of Signature

Principal Statement of Reasons –
Workers Compensation Commission
Chapter 0 – Index,
Chapter 0 – Appendix A,
Chapter 0 – Appendix C and
Chapter 12 - Acronyms

Workers Compensation Division proposes to repeal Chapter 0 – Index, Chapter 0 – Appendix A, Chapter 0 – Appendix C and Chapter 12 – Acronyms located under Workers Compensation Commission. None of these are rules and should not be posted as such.

Chapter 0 – Index has been posted under Workers Compensation Commission since 4/2/04. This Index is used to print a hard copy of the Workers Compensation Division rules.

Chapter 0 – Appendix A has been posted under Workers Compensation Commission since 9/10/99. This document is about surgical guidelines, surgical centers and fee schedules, which are listed in the existing Workers Compensation Division rules.

Chapter 0 – Appendix C has been posted under Workers Compensation Commission since 9/10/99. This document lists unit values for orthotic and prosthetic devices. These items are listed in the current Workers Compensation Division fee schedule rules.

Chapter 12 – Acronyms, has been posted under Workers Compensation Commission since 4/2/04. This chapter lists the most used acronyms in workers compensation. This document is used when the Division prints hard copies of the rules.



Matthew H. Mead
Governor

State of Wyoming

Department of Workforce Services

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John Cox
Director
John Ysebaert
Deputy Director

March 20, 2018

Public Comments
For WC Commission – Chapter 0 – Index;
Chapter 0 – Appendix A;
Chapter 0 – Appendix C; and,
Chapter 12 – Common Acronyms of Workers' Compensation

On January 26, 2018, these rules were posted and accepted on the Secretary of State's website for public notice.

On February 4, 2018, a public notice was published in the Casper newspaper for statewide notice.

The 45 day public comment period for this rule expired on March 19, 2018.

No public comments were received.



We Bridge Human and Economic
Development for Wyoming's Future.



Chapter 0 - Index

Repealed. (2018)

Repealed. (2018)

Chapter 0 – Appendix C

Repealed. (2018)

Chapter 12

Common Acronyms of Workers' Compensation

Repealed. (2018)

Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation

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Repealed. (2018).

~~Surgical Guidelines—Exceptions to Relative Values for Physicians, authored by Relative Value Studies, Inc., as published by St. Anthony Publishing, Inc. Surgeons should charge only the usual and customary fee charged the general public for the same or similar services. The following fees are the maximum fees and will only be allowed when the services rendered warrant it.~~

~~I. GUIDELINES FOR NECK AND BACK PROCEDURES~~

~~a) Co Surgeons:~~

~~Add surgeons fee + 20% assist's fee divided by 2 to calculate payment for each surgeon.~~

~~b) Co Surgeons exposing for an anterior approach:~~

- ~~— All cervical approaches — 10 units~~
- ~~— All thoracic approaches — 12 units~~
- ~~— All abdominal approaches — 10 units~~

~~c) Bilateral posterior laminotomies (63030) will be paid 100% for the first side and as an extra interspace (63035) for the opposite side.~~

~~d) Microscopes on routine laminectomies are an option and NOT compensable. (This is a surgeon's preference and/or standard of care)~~

~~(e) The removal of posterior segmental fixation with exploration as a single procedure will be paid per the added code of 22853 — 18 units.~~

~~(f) If a surgeon cuts the dura during routine laminectomy, Workers' Compensation will not pay for the repair.~~

~~(g) Bilateral spinal facet injections will be compensated on code 64442 and 64443 for the bilateral side. Each additional injection site will be paid on code 64443. The local injection is included in the primary injection procedure.~~

~~(h) For spinal injection procedures 76000 will be compensated for the use of the fluoroscope.~~

~~(j) For spinal injection procedures, hard copy x ray (professional component) charges are included in the primary injection procedures. Technical component will be paid per the St. Anthony's.~~

~~II. BACK FUSIONS WITH INSTRUMENTATION~~

Decompression, complete	63045 — cervical	*35 units
Laminectomy	63046 — thoracic	*35 units
Facetectomy	63047 — lumbar	*35 units
Foraminotomy (unilateral or bilateral)		
63048 — add'l interspace		* 7 units

~~or, when appropriate, pay:~~

~~Laminotomy with decompression of nerve root(s)-
Including partial facetectomy, foraminotomy and/or
Excision of herniated intervertebral disk; one
Interspace — 63020 — cervical — 32 units
63030 — lumbar — 30 units~~

~~For bilateral procedures, pay: — 63020 & 63035 — cervical — 38 units~~

~~63030 & 63035 lumbar 36 units~~

~~*Multiple procedures guidelines apply~~

~~Segmental fixation *22842 posterior, less
with instrumentation than 7 segments 20 units
pay at 100%~~

~~Arthrodesis, posterior 22600 cervical 26 units
pay at 50%
22610 thoracic 25 units
pay at 50%
22612 lumbar 30 units
pay at 50%
*22630 lumbar 25 units
pay at 50%
22632 add'l interspace 7.5 units
(use only with 22630) pay at 100%

22650 add'l interspace 6.3 units
pay at 100%~~

~~* 22851 will be included in 22842 and 22630.~~

~~Arthrodesis, anterior 22554 cervical *26 units
22556 thoracic *30 units
22558 lumbar *28 units
22585 add'l interspace * 8 units~~

~~* Pay at 80% if part of an anterior/posterior procedure. If sole procedure, pay per St. Anthony's fee schedule guidelines.~~

~~Graft 22820 4.2 units pay at 100%
Stimulator 20975 4.5 units pay at 50%~~

~~III. GUIDELINES FOR KNEE PROCEDURES~~

~~(a) Lateral release Code 27425 = 12 units
with other open procedure = 6 units~~

~~an open procedure only = 12 units~~

~~an arthroscopic procedure only = 12 units~~

~~an arthroscopic procedure with other procedures = 6 units~~

~~(b) Chondroplasty limited and chondroplasty major.~~

~~Code 29877 debridement shaving (chondroplasty) limited~~

~~Extensive chondroplasty = 18 units~~

~~IV. GUIDELINES FOR GUYON'S CANAL AND CARPAL TUNNEL RELEASE.~~

~~Pay 100% for carpal tunnel release and 50% for Guyon's canal if ulnar neuropathy has been diagnosed before surgery. If ulnar neuropathy has not been diagnosed, this portion of the surgery will not be paid.~~

~~V. MULTIPLE PROCEDURES~~

When there are two incisions at the same operative setting, pay 100% for the primary procedure. Pay 80% for the primary procedure done through the second incision. Multiple procedure guidelines apply for subsequent procedures done through each incision.

VI. GUIDELINES FOR PRIVATE ASSIST.

(a) ~~Surgical assistants:~~

~~(A private assist vs an assist from O. R.)~~

~~— An assist will be paid only when their presence is dictated in the OP Report and it is determined that an assist is medically necessary for that procedure.~~

~~Dr. Assist = 20% of surgery fee~~

~~PA Assist = 15% of surgery fee~~

~~Private Assist = 15% of surgery fee~~

VII. MISCODING.

~~When our adjudicator determines a surgical procedure is miscoded the adjudicators will change the codes in concurrence with the treating M.D., and/or if inadequate information is received and a decision can not be rendered the claim will be returned back to the physician.~~

VIII. ~~MEDICAL TESTIMONY AND DEPOSITION FEES~~

~~99075 \$500.00 for 1st hour~~

~~\$250.00 for 2nd and each subsequent hour.~~

~~Partial hours shall be pro rated.~~

IX. ~~EMERGENCY OR AFTER OFFICE HOURS CARE.~~

~~Emergency or necessary after office hours care can be billed at 120% of regular charges. Appropriate codes can be found in "Relative Values for Physicians, 96.2 Edition," as published by St. Anthony Publishing, Inc., as authored by Relative Value Studies, Inc.~~

1 ~~SURGERY CENTER (SURGICENTER) PAYMENTS~~

~~Payment to surgery centers/surgicenters will be made according to the following reimbursement levels:~~

<u>CPT Code</u>	<u>Reimbursement</u>	<u>CPT Code</u>	<u>Reimbursement</u>
<u>Rate</u>			
<u>Rate</u>			
10120	\$1,512.73	29826	\$2,423.42
10121	\$1,814.98	29848	\$1,085.25
20670	\$910.48	29875	\$1,938.84
20680	\$912.85	29877	\$1,868.82
23130	\$2,399.24	29879	\$1,824.86
23420	\$3,097.28	29880	\$2,428.20
25000	\$904.38	29881	\$1,831.39
25111	\$1,229.19	29882	\$1,844.67
25620	\$2,857.32	29888	\$3,548.91
26055	\$859.49	49505	\$1,949.97
26410	\$1,319.90	64718	\$1,688.34
26951	\$1,772.18	64721	\$1,117.92
27340	\$2,205.96	64721 64719	\$1,015.21
27422	\$2,598.31		

~~*Any procedure code not listed or a 23 hour stay without an established reimbursement level will require an itemized bill.~~

Unit Values for "L" Codes for Orthotic and Prosthetic Devices. Vendors should charge only the usual and customary fee charged the general public for the same or similar services. The following units are the maximum fees and will only be allowed when the services rendered warrant it.

<u>CODE</u>	<u>UNIT</u>	<u>CODE</u>	<u>UNIT</u>	<u>CODE</u>	<u>UNIT</u>
L-0100	9.5				
L-0110	2.5				
L-0120	1.0				
L-0130	2.7				
L-0140	1.0				
L-0150	2.0				
L-0160	2.6				
L-0170	11.0				
L-0172	2.1				
L-0174	4.5				
L-0180	6.0				
L-0190	8.0				
L-0200	8.0				
L-0210	0.9				
L-0220	2.8				
L-0300	3.0				
L-0310	5.0				
L-0315	5.0				
L-0317	6.0				
L-0320	6.0				
L-0330	7.5				
L-0340	11.0				
L-0350	16.0				
L-0360	23.0				
L-0370	7.0				
L-0380	10.0				
L-0390	25.0				
L-0400	28.0				
L-0410	30.0				
L-0420	31.0				
L-0430	22.0				
L-0440	19.0				
L-0500	2.5				
L-0510	4.5				
L-0515	3.5				
L-0520	6.5				
L-0530	7.5				
L-0540	7.5				
L-0550	22.0				
L-0560	24.0				
L-0565	19.0				
L-0600	2.0				
L-0610	4.0				

L-0620 7.0

L-0700 30.0

L-0710 34.0

L-0810 40.00

L-0820 35.00

L-0830 51.00

L-0860 22.00

L-0900 2.7

L-0910 5.7

L-0920 2,8

L-0930 6.0

L-0940 2.5

L-0950 5.5

L-0960 1.0

L-0970 2.0

L-0972 2.0

L-0974 3.5

L-0976 3.0

L-0978 3.0

L-0980 0.3

L-0982 0.3

L-0984 1.7

L-1000 33.0

L-1010 1.0

L-1020 1.5

L-1025 2.0

L-1030 1.0

L-1040 1.5

L-1050 1.5

L-1060 1.5

L-1070 1.5

L-1080 1.0

L-1085 2.5

L-1090 1.5

L-1100 2.7

L-1110 4.0

L-1120 1.0

L-1200 27.0

L-1210 4.0

L-1220 3.7

L-1230 10.0

L-1240 1.4

L-1250 1.0

L-1260 1.4

L-1270 1.4

L-1280 1.4

L-1290 1.4

L-1300 30.0

L-1310 29.0

L 1500 32.0
L 1510 20.0
L 1520 40.0

L 1600 2.0
L 1610 1.0
L 1620 2.0
L 1630 2.8
L 1640 8.0
L 1650 4.0
L 1660 3.0
L 1680 20.0
L 1685 20.0
L 1686 14.0

L 1800 1.0
L 1810 1.5
L 1815 2.0
L 1820 2.0
L 1825 1.0
L 1830 2.0
L 1832 10.0
L 1834 12.0
L 1840 15.0
~~L 1843 8.5~~
L 1844 26.0
L 1845 13.0
L 1846 17.0
L 1850 5.0
L 1855 17.0
L 1858 19.0
L 1860 17.0
L 1870 17.0
L 1880 11.5
L 1885 17.0

L 1900 4.5
L 1902 1.4
L 1904 7.5
L 1906 2.0
L 1910 4.0
L 1920 5.7
L 1930 4.0
L 1940 10.0
L 1945 15.0
L 1950 12.0
L 1960 10.0
L 1970 12.0
L 1980 6.0
L 1990 10.0

L 2000 24.0
L 2010 23.5
L 2020 27.0
L 2030 26.0
~~L 2035 3.0~~
L 2036 30.0

L 2037 25.0
L 2038 22.0
L 2039 35.0

L 2102 8.0
L 2104 8.0
L 2106 12.0
L 2108 17.0
L 2112 7.0
L 2114 9.0
L 2116 11.0
L 2122 12.0
L 2124 14.0
L 2126 19.0
L 2128 28.0
L 2132 15.0
L 2134 15.0
L 2136 19.0
L 2180 2.0
L 2182 1.5
L 2184 2.0
L 2186 2.5
L 2188 5.0
L 2190 1.5
L 2192 5.5

L 2200 1.0
L 2210 1.0
L 2220 1.5
L 2230 1.5
L 2240 1.5
L 2250 6.0
L 2260 3.0
L 2265 2.0
L 2270 1.0
~~L 2275 2.0~~

L 2280 7.0
L 2300 4.0
L 2310 2.0
L 2320 3.5
L 2330 6.5
L 2335 4.0
L 2340 7.0
L 2350 16.0
L 2360 1.0
L 2370 2.0
L 2375 2.0
L 2380 2.0
L 2385 2.5
L 2390 2.0
L 2395 2.5
L 2397 2.0

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L 2624 5.0
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L 2630 4.0
L 2640 5.0
L 2650 2.0
L 2660 3.5
L 2670 3.0
L 2680 3.0

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~~L 2755 2.0~~
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L 2770 1.0
L 2780 1.0
L 2785 0.5
L 2795 1.5

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L 2820 2.0
L 2830 2.0
L 2840 1.0
L 2850 1.0

L 3000 2.0
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L 3002 1.0
L 3003 1.5
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L 3040 1.0
L 3050 1.0
L 3060 1.0
L 3070 0.2
L 3080 0.2
L 3090 0.3

L 3100-0.3
L 3140-NA
L 3150-NA
L 3170-0.2

L 3201-COST PLUS 30%
L 3202-COST PLUS 30%
~~L 3224-1.0~~
L 3225-1.0
L 3265-COST PLUS 30%

L 3300-0.3
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L 3320-1.0
L 3330-8.5
L 3332-1.0
L 3334-0.2
L 3340-2.5
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L 3360-0.3
L 3370-0.3
L 3380-0.5
L 3390-0.5

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L 3410-1.0
L 3420-1.0
L 3430-BR
L 3440-BR
L 3450-BR
L 3455-0.3
L 3460-0.3
L 3465-0.3
L 3470-BR
L 3480-0.5
L 3485-1.0

L 3500-0.2
L 3510-0.3
L 3520-0.3
L 3530-0.3
L 3540-0.5
L 3550-BR
L 3560-0.2
L 3570-0.5
L 3580-0.5
L 3590-BR
L 3595-BR

L 3600-1.5
L 3610-3.0
L 3620-2.0
L 3630-2.5
L 3640-BR
L 3649-BR
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L 3660-2.0

L 3670 2.0

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L 3948 1.0

L 3950 2.5

L 3952 3.0

L 3954 2.0

~~L 3956 0~~

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L 3966 14.0
L 3968 17.0
~~L 3969 13.0~~
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L 3974 3.0
L 3980 5.0
L 3982 6.0
L 3984 6.0
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L 3986 10.0
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L 3999 BR

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L 4030 9.0
L 4040 7.0
L 4045 6.0
L 4050 7.0
L 4055 5.0
L 4060 6.0
L 4070 5.0
L 4080 2.0
L 4090 2.0

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L 4130 9.0

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~~L 4392 .5~~
L 4394 .5
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L 5270 100.0
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L 5430 10.0
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L 5460 10.0

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L 5505 34.0
L 5510 29.0
~~L 5520 28.0~~
L 5530 30.0
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L 5560 36.0
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L 5595 70.0

L 5600 85.0
L 5610 41.0
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L 5613 48.0
~~L 5614 30.0~~
L 5616 27.0
~~L 5617 10.0~~
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L 5620 5.0
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~~L 5644 12.0~~

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L 5980 74.0
~~L 5981 50.0~~
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L 5984 11.5
L 5985 5.0
L 5986 13.0
L 5987 110.0
L 5999 BR
L 6000 26.0
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L 6055 32.0

L 6100 34.0

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L-6250-47.0

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L-6388-8.0

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L-6450-62.0

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L-6770-7.0

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L-6870-5.0
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L-6875-13.5
L-6880-10.0
L-6890-3.0

~~L-6895~~ 10.0

~~L-6900~~ 27.0

~~L-6905~~ 27.0

~~L-6910~~ 26.0

~~L-6915~~ 11.0

~~L-6920~~ 126.0

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~~L-6935~~ 140.0

~~L-6940~~ 174.0

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~~L-6970~~ 271.0

~~L-6975~~ 284.0

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~~L-7015~~ 100.0

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~~L-7025~~ 60.0

~~L-7030~~ 100.0

~~L-7035~~ 61.0

~~L-7040~~ 48.0

~~L-7045~~ 27.0

~~L-7160~~ 198.5

~~L-7165~~ 243.0

~~L-7170~~ 96.0

~~L-7180~~ 560.0

~~L-7185~~ 100.0

~~L-7186~~ 172.0

~~L-7190~~ 130.0

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~~L-7261~~ 68.0

~~L-7266~~ 17.0

~~L-7272~~ 37.0

~~L-7274~~ 106.0

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~~L-7362~~ 5.0

~~L-7364~~ 8.0

~~L-7366~~ 9.0

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~~L-8320~~ 1.0

~~L-8330~~ 1.0

~~L-8400~~ 0.4

~~L-8410~~ 0.4

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~~L 8485 0.2~~
~~L 8490 2.5~~
~~L 8500 12.0~~
~~L 8501 2.0~~
~~L 8610 12.0~~
~~L 8612 12.0~~
~~L 8613 5.0~~

Repealed. (2018)

~~Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division~~

~~CHAPTER 12—COMMON ACRONYMS OF WORKERS' COMPENSATION~~

A

ADR	Alternative Dispute Resolution
ALS	Advanced Life Support
ALS 2	Advanced Life Support—Level 2
AMA	American Medical Association
AMW	Average Monthly Wage
AOE	Arising Out of Employment

B

BA	Bachelor of Arts
BS	Bachelor of Science
BLS	Basic Life Support
BCIA	Biofeedback Certification Institute of America
BLS E	Basic Life Support—Emergency

C

CDC	Center for Disease Control and Prevention
CNA	Certified Nursing Assistant
CNS	Central Nervous System
COE	Course of Employment
CPT	Common Procedure Terminology
CTS	Carpal Tunnel Syndrome
CVE	Certified Vocational Evaluator
COLA	Cost of Living Adjustment
C/O	Complaints
C 1, C 2 etc	Cervical Vertebrae

D

DC	Doctor of Chiropractic Medicine
DO	Doctor of Osteopathic Medicine
Dx	Diagnosis
DDS	Doctor of Dental Science
DME	Durable Medical Equipment
DOB	Date of Birth
DOI	Date of Injury
DOS	Date of Service
DOT	Dictionary of Occupational Titles

~~Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division~~

DVR — Division of Vocational Rehabilitation

DWS — Department of Workforce Services

E

EE — Employee

ER — Emergency Room
Employer

EDT — Electronic Data Transfer

EFT — Electronic Funds Transfer

EMR — Experience Modification Rating

EOB — Explanation of Benefits

F

FAX — Facsimile (Transmission)

FCE — Functional Capacity Evaluation

FDA — Food and Drug Administration

fx — Fracture

H

HE — Hearing Examiner

HCP — Health Care Provider

HCFA — Health Care Financing Administration (1500)

HCPCS — Healthcare Common Procedure Coding System

Hx — History

I

ICU — Intensive Care Unit

IHU — Independent Hearing Unit

IME — Independent Medical Examination

INS — Immigration and Naturalization Services

IDET — Intradiscal Electrothermal Therapy

ICD-9 — International Classification of Diseases, 9th Revision

L

LS — Lump Sum

LT — Lost Time

LOE — Loss of Earnings

LPN — Licensed Practical Nurse

LVN — Licensed Vocational Nurse

L-1, L-2 etc. — Lumbar vertebrae

~~Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division~~

M

MA ————— Master of Arts or Medical Advisor
MD ————— Doctor of Medicine

MI ————— Myocardial Infarction
MS ————— Master of Science
MMI ————— Maximum Medical Improvement
MRI ————— Magnetic Resonance Imaging
MVA ————— Motor Vehicle Accident
MIRA ————— Micro Insurance Reserve Analysis

N

NDC ————— National Drug Code
NLT ————— Non-Lost Time
NAICS ————— North American Industry Classification System

O

OR ————— Operating Room
OT ————— Occupational Therapy
OAHI ————— Office of Administrative Hearings
OJT ————— On the Job Training
OTC ————— Over-the-Counter (medication)

P

PA ————— Physician Assistant
PI ————— Private Investigator
PT ————— Physical Therapy
Px ————— Prognosis
PhD ————— Doctor of Philosophy
PharmD/RPH ————— Doctor of Pharmacology
PPD ————— Permanent Partial Disability
PPI ————— Permanent Partial Impairment
POS ————— Point of Service
PRN ————— Patient Return as Needed
PsyD ————— Doctor of Psychiatric Medicine
PTD ————— Permanent Total Disability

R

RN ————— Registered Nurse
Rx ————— Prescription

~~Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division~~

REM ——— Rapid Eye Movement

ROI ——— Release of Information

Report of Injury

Return on Investment

ROM ——— Range of Motion

RPH ——— Registered Pharmacist

RSD ——— Reflex Sympathetic Dystrophy

RTW ——— Return to Work

RVD ——— Relative Values for Dentists

RVP ——— Relative Values for Physicians

S

Sx ——— Symptoms

SIC ——— Standard Industrial Classification

SSI ——— Social Security (Retirement) Income

SSN ——— Social Security Number

SAMW ——— Statewide Average Monthly Wage

SSDI ——— Social Security Disability Income

SOAP ——— Subjective (data), Objective (data), Assessment and Plan

T

Tx ——— Treatment

TENS ——— Transcutaneous Electrical Nerve Stimulation

TMJ ——— Temporomandibular Joint (Dysfunction)

TOS ——— Thoracic Outlet Syndrome

TPD ——— Temporary Partial (light duty) Disability

TTD ——— Temporary Total Disability

T-1, T-2 etc. ——— Thoracic Vertebrae

U

UW ——— University of Wyoming

UB-92 ——— Universal Billing Form (for hospital services)

V

VE ——— Vocational Evaluation

VR ——— Vocation Rehabilitation

W

WCMC ——— Workers' Compensation Medical Commission

WCD ——— Workers' Compensation Division

Repealed. (2018)