

Form 51 Instructions for Fiscal Year 2020-21 (July 1, 2020 - June 30, 2021)

NOTE: “Medical only” does NOT include cases in which the employee missed more than one day of work. Additionally, for the purposes of the Form 51, only report “medical only” cases involving total payment that is less than the threshold dollar amount that triggers the need to file a Form 19. For Fiscal Year 2020-21, there are two different threshold dollar amounts that apply, due to the amendment to Rule 11 NCAC 23A .0104 effective December 1, 2020. The threshold amount for cases reported to you from July 1, 2020 through November 30, 2020 is \$2,000. The threshold amount for cases reported to you from December 1, 2020 through June 30, 2021 is \$4,000.

Line 1 of Form 51:

Report the number of “medical only” cases (cases in which the employee has not missed more than one day of work) that were reported to you during the period of July 1, 2020 through November 30, 2020 **and** involved payment of medical compensation of \$2,000 or less; **AND**

Report the number of “medical only” cases (cases in which the employee has not missed more than one day of work) that were reported to you during the period of December 1, 2020 through June 30, 2021 **and** involved payment of medical compensation of \$4,000 or less.

*NOTE: The same case should **not** be reported twice. (Use Form 51 Worksheet to show your work and attach Form 51 Worksheet to the Form 51).*

Line 2 of Form 51: Report the total dollar amount in medical compensation spent for the period of July 1, 2020 through June 30, 2021, for all “medical only” cases, regardless of when the cases were reported to you.

NOTE: Only complete Lines 3-8 of the Form 51 if you are a Managed Care Insurer (or if you are directly applying the Industrial Commission Medical Fee Schedule to submitted medical bills).

Line 3 of Form 51: Report the number of “lost time” cases, meaning cases in which the employee missed more than one day of work, during the period of July 1, 2020 through June 30, 2021.

NOTE: For Lines 4-7 of the Form 51, report all money spent for medical care during the period of July 1, 2020 through June 30, 2021 in “lost time” cases, including money spent for both in-state and out-of-state medical providers.

Line 4 of Form 51: Report the money spent for all outpatient hospital care.

Line 5 of Form 51: Report the money spent for all inpatient care, regardless of where the bill was processed.

Line 6 of Form 51: Report the money spent for care provided by physicians, physical therapists, chiropractic physicians, home health, private duty nursing, nursing homes or long-term facilities, pain clinics, ambulance air flights, psychiatrists, or psychologists. Also include prescription drugs, supplies, and sick travel.

Line 7 of Form 51: Report the money spent for rehabilitation nurses, vocational rehabilitation, work hardening, or work conditioning.

Line 8 of Form 51: Add the dollar amounts reported in Lines 4 through 7.

NOTE: The Form 51 should include data applicable to cases under the North Carolina Workers’ Compensation Act. Do not include data from cases considered exempt. See G.S. §97-13 for exemptions. (Ex. Federal-Longshoreman cases).