Negotiated Rulemaking
July 29, 2024

Agenda

Overview & Timeline

Discussion on IDAPA 17.01.01 Entire Chapter

Closing Remarks & Next Steps

IDAHO INDUSTRIAL COMMISSION

Overview

Executive Order 2020-01: Zero Based Regulation

Review of IDAPA 17.01.01 into sections:

.000 - .307

.401 - .602

.801 - .803

Medical Fees

Additional information on **negotiated rulemaking** will be posted to our website, and on Townhall Idaho**.** You may subscribe to email updates.

IDAHO
INDUSTRIAL COMMISSION

Timeline

Negotiated Rulemaking

November 2023 - August 2024

Proposed Rulemaking

August 2024 - October 2024

Pending Rule

November 6, 2024 or November 28, 2024

2025 Legislative Session

IDAHO INDUSTRIAL COMMISSION

Negotiated Rulemaking

Date	Time (MST)	IDAPA	Location
Wednesday, November 8, 2023	10:30-12:00 p.m.	.000-.307	Webex Boise
Wednesday, May 8, 2024	9:30-11:00 a.m.	.401-.602	Webex Boise Coeur D'Alene Idaho Falls Lewiston Pocatello Twin Falls *Post Falls IDOL
Monday, June 24, 2024	1:30-3:00 p.m.	.801-.803	
Thursday, July 11, 2024 *	10:00-12:00 p.m.	Medical Fees	
Monday, July 29, 2024	**1:00-3:00 p.m.**	**ALL**	

If time is available, discussion on additional sections of 17.01.01 will be held during the meetings.

IDAHO INDUSTRIAL COMMISSION

Public Hearings *(Tentative)*

Date	Time (MST)	Location
Monday, October 7, 2024	TBD	Webex Sawtooth Hearing Room - Chinden Main Office
Thursday, October 24, 2024	TBD	

IDAHO INDUSTRIAL COMMISSION

Comments

Written comments on Negotiated Rulemaking are due by August 1st

kamerron.slay@iic.Idaho.gov or

commission.secretary@iic.Idaho.gov

IDAHO
INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

01. Insurance Carriers. In order to gain approval from the Industrial Commission to underwrite worker's compensation insurance under Section 72-301, Idaho Code, an insurance carrier shall comply with the additional following requirements: (3-23-22)

a. Deposit With State Treasurer. The carrier must receive approval from the Director of the Idaho Department of Insurance to underwrite casualty and surety insurance under Sections 41-506 and 41-507, Idaho Code, and shall initially deposit security in the amount of two hundred fifty thousand dollars ($250,000) with the State Treasurer, under the provisions of Section 72-302, Idaho Code. (3-23-22)

b. Application. To receive approval from the Industrial Commission, an insurance carrier must submit a completed application, available from the Industrial Commission's Fiscal Department, including: ~~supply an application with~~: (3-23-22)

i. A recommendation ~~statement~~ from the ~~Director of the~~ Idaho Department of Insurance ~~documenting compliance with Paragraph 01.a, above~~ that the carrier be approved to transact worker's compensation insurance in the State of Idaho; (3-23-22)

ii. The latest audited financial statement of said carrier; (3-23-22)

iii. A statement appointing the Director of the State of Idaho Department of Insurance as its agent to receive service of legal process. ~~The name and address of the~~ (3-23-22)

IDAHO INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

iv. The name and address of the carrier's appointed Claims Administrator employing an Idaho licensed resident adjuster or the insurance carrier's own in-house Idaho adjusting staff with authority to make compensation payments and adjustments of claims arising under the Act. Each Claims Administrator shall have only one (1) mailing address on record at the Commission for claims adjusting purposes. If more than one (1) Claims Administrator is utilized in Idaho, a list of every such Claims Administrator and all corresponding policyholders shall be provided;(3-23-22)

v. A statement that the carrier will distribute blank forms that are prescribed by the Commission to its insured; (3-23-22)

vi. A statement that all surety bonds covering the payment of compensation will be filed with the Idaho State Treasurer for all employers insured. All carriers will use the continuous bond form set out on the Commission's website. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

vii. A statement that renewal certificates on said bonds will be issued and filed with the Industrial Commission immediately, when and if renewed; (3-23-22)

viii. A statement that all surety contract cancellations will be canceled in compliance with Section 72-311, Idaho Code; (3-23-22)

ix. A statement that said carrier will deposit, in addition to other security required by this rule, further security equal to all unpaid outstanding awards of compensation; (3-23-22)

x. A statement that said carrier will comply with the statutes of the state of Idaho and rules of the Industrial Commission and that payments of compensation shall be sure and certain and not unnecessarily delayed; and (3-23-22)

xi. A statement that the carrier will make reports to the Commission as are required. (3-23-22)

xii. A copy of the Certificate of Authority from the carrier's State of Domicile.

IDAHO INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

02. Self-Insured Employers. In order to gain written approval from the Industrial Commission to self-insure under Section 72-301, Idaho Code, an employer shall comply with the following requirements: (3-23-22)

a. Payroll. Have an average annual Idaho Payroll over the preceding three (3) years of at least ten ~~four~~ million dollars ($10,000,000) ~~($4,000,000)~~. (3-23-22)

b. Application. Submit a completed application, available from the Industrial Commission's Fiscal Department, along with the application fee of two hundred fifty dollars ($250), to the Idaho Industrial Commission, Attention: Fiscal Department, including: ~~.~~ (3-23-22)

i.**c.** Documentation. ~~Submit documentation~~ demonstrating the sound financial condition of the employer, such as the most recent CPA reviewed or, if available, audited, financial statement. (3-23-22)

ii.**d.** ~~Claims Adjusting. Designate in writing~~ Written designation of a Claims Administrator employing an Idaho licensed resident adjuster including name and address. Each Claims Administrator shall have only one (1) mailing address on record at the Commission for claims adjusting purposes. (3-23-22)

iii.**e.** ~~Previous Claims. Provide a~~ A claims history of all worker's compensation claims filed with the employer or the employer's worker's compensation carrier, as well as all compensation paid, during the previous five (5) calendar years.

(3-23-22)

IDAHO INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

iv. **f.** ~~Excess Insurance. Provide~~ A copy of an insurance plan that ~~must include~~ includes excess insurance coverage ~~and~~ or copies of all proposed policies of excess worker's compensation insurance coverage. (3-23-22)

v. **g.** ~~Actuarial Study. Provide an~~ An actuarial study prepared by a qualified actuary determining adequate rates for the proposed self-funded worker's compensation plan based upon a fifty percent (50%) confidence level. ~~(3-23-22)~~

vi. **h.** ~~Feasibility Study. Provide a~~ A self-insurance feasibility study that includes an analysis of the advantages and disadvantages of self-insurance as compared to current coverage, and the related costs and benefits. ~~(3-23-22)~~

vii. **i.** ~~Custodial Agreement. Set up a~~ A custodial agreement with the State Treasurer for securities required to be deposited under Sections 72-301 and 72-302, Idaho Code. (3-23-22)

viii. **j.** Supplemental ~~Information. Provide supplemental~~ information as requested. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

301. Rules Governing Qualifications to Write Insurance or Self-Insure

ix.**k.** ~~Initial Security Deposit.~~ Prior to final approval, ~~deposit~~ an initial security deposit must be made with the Idaho State Treasurer ~~in the form permitted by~~ per Section 72-301, Idaho Code, or a self-insurer's bond in substantially the form as the Commission's self-insurer's compensation bond, available on the Commission's website, in the amount of one hundred fifty thousand dollars ($150,000), plus five percent (5%) of the first ten million dollars ($10,000,000) of the employer's average annual Payroll in the state of Idaho for the three (3) preceding years; along with such additional security as may be required by the Commission based on prior claims history. (3-23-22)

x.**l.** ~~Initial Guaranty Agreement. The Commission may allow or, w~~ Where financial reports or other factors such as the high risk industry of the employer indicate the need, the Commission may require an employer that is organized as a joint venture or a wholly owned subsidiary to provide an initial guaranty agreement from each member of the joint venture or the parent company. This guaranty agreement confirms the continuing agreement of each of the joint venture members or the parent company to guarantee the payment of all Idaho worker's compensation claims of employees of that joint venture or subsidiary employer. The guaranty agreement shall be in substantially the same form as the ~~current sample~~ Self-Insured Indemnity and Guaranty Agreement and, as applicable, the companion Consent of the Board of Directors, both available on the Commission's website. (3-23-22)

xi. ~~**m.** Written Approval. Obtain written approval from the Industrial Commission. (3-23-22)~~

xii.**n.** Idaho National Laboratory. An employer meeting the requirements of Section 72-301A, Idaho Code, does not have to comply with the requirements of Paragraphs 302.02.a., 02.f., 02.i., and 02.k., above.
xiii.(3-23-22)

IDAHO
INDUSTRIAL COMMISSION

302.02 Rules Governing Continuing Requirements to Underwrite Insurance or Self-Insure

02. Self-Insured Employers. A self-insured employer approved under Subsection 301.02 shall comply with the following requirements: (3-23-22)

a. Payroll Requirements. Maintain an average annual Idaho Payroll over the preceding three (3) years of at least ten ~~four~~ million dollars ($10,000,000) (~~$4,000,000~~), if such employer was originally approved by the Commission subsequent to June 30, 2025, and four million dollars ($4,000,000), if such employer was originally approved by the Commission prior to July 1, 2025. Any self-insured employer that does not meet the Payroll requirement of this rule for two consecutive semi-annual premium tax reporting periods shall be allowed to maintain their self-insured status for six (6) months from the end of the last reporting period in order to permit them time to increase their Payroll or obtain worker's compensation coverage with an insurance carrier authorized to write worker's compensation insurance in the state of Idaho. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

305.06 Requirements for Maintaining Idaho Worker's Compensation Claims Files

06. Compensation Payments - Generally. (3-23-22)

a. All compensation, as defined by Section 72-102, Idaho Code, must be issued from the in-state office. (3-23-22)

b. Except as ordered otherwise by the Commission, the insurance carrier or self-insured employer may make compensation payments by either: (3-23-22)

i. Check or other readily negotiable instrument; (3-23-22)

ii. Upon the Claimant's written request, through an electronic payment transfer to an account designated by the Claimant. The Claimant or Claimant's attorney may discontinue receiving the electronic transfer payment and revert to receiving compensation payments via check by written notification; or ~~When requested by the Claimant, electronic transfer payment to an account designated by the Claimant in accordance with the requirements of Subsection 305.07; or~~ (3-23-22)

iii. An insurance carrier or a self-insured employer may pay compensation through either: (1) an automated teller machine (ATM) card, (2) debit card, or (3) access card (hereinafter, collectively referred to as an "access card") to a Claimant if there is a signed agreement between the insurance carrier or self-insured employer and the Claimant. An insurance carrier or self-insured employer shall not reduce compensation payments paid to a Claimant through an access card for any fees, surcharges, and adjustments unless they are for direct costs in replacing an access card through an expedited mail service, international transaction fees, or out-of-network ATM fees. The Claimant or Claimant's attorney may discontinue receiving payment via access card by written notification. ~~When requested by the Claimant, electronic transfer payments made through an access card; if that option is made available by the carrier or self-insured employer, in accordance with the requirements of Subsection 305.08.~~ (3-23-22)

c. Notwithstanding subsection (ii) and (iii) above, ~~I~~if the Claimant is represented by an attorney who may have an attorney's lien for fees due on such compensation payments, the attorney must agree to payment by electronic transfer to Claimant's account or payment through an access card before such compensation may be paid other than by a check made payable to the Claimant and the attorney. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

305.07 Electronic Transfer Payments

~~07. Electronic Transfer Payments. (3-23-22)~~

~~a. A Claimant may request that the insurance carrier or self insured employer make compensation payments by electronic transfer to a personal bank account by providing the insurance carrier or self insured employer in writing: the name and routing transit number of the financial institution and the account number and type of account to which the Claimant wants to have the compensation electronically transferred. The insurance carrier or self insured employer shall provide the Claimant with a written form to fill out the required information by this subsection within seven (7) days of receiving a request for electronic transfer of payments from the Claimant unless the Claimant has already completed an on-line electronic form provided by the carrier or employer. (3-23-22)~~

~~b. The insurance carrier or self insured employer may make compensation payments to the Claimant by electronic transfer to an account designated by the Claimant if the Claimant: (3-23-22)~~

~~i. Requests in writing that payment be made by electronic transfer; (3-23-22)~~

~~ii. Provides the information required by Paragraph 305.07.a. above; and (3-23-22)~~

~~iii. Is reasonably expected to be entitled to receive compensation payments for a period of eight (8) weeks or more from the point that Subparagraphs 305.07.b.i. and 07.b.ii. are satisfied. (3-23-22)~~

~~c. The insurance carrier or self insured employer shall initiate payment by electronic transfer starting with the first benefit payment due on or after the twenty first day after the requirements of Paragraph 305.07.b., above are met, but shall continue to make timely payments by check until the insurance carrier or self insured employer initiates benefit payment delivery by electronic transfer. (3-23-22)~~

~~d. If the Claimant has previously been receiving benefit payments by electronic transfer and wants to receive benefits by check, the insurance carrier or self insured employer shall initiate benefit payment delivery by check starting with the first benefit payment due to the Claimant on or after the seventh day after receiving a written request for such payments. (3-23-22)~~

IDAHO
INDUSTRIAL COMMISSION

305.08 Access Card Payments

~~08. Access Card Payments. (3-23-22)~~

~~a. Access card means any card or other payment method that may be used by a Claimant to initiate electronic fund transfer from an insurance carrier's or a self-insured employer's bank account. The term "access card" does not include stored value cards or prepaid cards that store funds directly on the card and that are not linked to an insurance carrier's or a self-insured employer's bank account. (3-23-22)~~

~~b. An insurance carrier or a self-insured employer may pay compensation through an access card to a Claimant if there is written mutual agreement signed by the insurance carrier or self-insured employer and the Claimant. The insurance carrier or self-insured employer shall maintain accurate records of the mutual agreement for, at a minimum, four hundred and one (401) weeks from the date of injury. The written agreement shall contain an acknowledgment that the Claimant received and agreed to the written disclosure required by Paragraph 305.08.d. (3-23-22)~~

~~c. An insurance carrier or a self-insured employer providing compensation payments to a Claimant through an access card shall: (3-23-22)~~

~~i. Permit the Claimant to withdraw the entire amount of the balance of an access card in one transaction; (3-23-22)~~

~~ii. Not reduce compensation payments paid to a Claimant through an access card for the following fees, surcharges, and adjustments: (3-23-22)~~

IDAHO INDUSTRIAL COMMISSION

305.08 Access Card Payments

~~(1) Overdraft services under which a financial institution pays a transaction (including a check or other item) when the Claimant has insufficient or unavailable funds in the account; (3-23-22)~~

~~(2) ATM withdrawal or point of sale purchase for more than the card holds and the transaction is denied; (3-23-22)~~

~~(3) ATM balance inquiries; (3-23-22)~~

~~(4) Withdrawing money from network ATMs; (3-23-22)~~

~~(5) Withdrawing money from a teller; (3-23-22)~~

~~(6) Customer service calls; (3-23-22)~~

~~(7) Activating the card; (3-23-22)~~

~~(8) Fees for card inactivity; (3-23-22)~~

~~(9) Closing account; (3-23-22)~~

~~(10) Access card replacement through standard mail; (3-23-22)~~

~~(11) Withdrawing the entire payment in one transaction; (3-23-22)~~

~~(12) Point of sale purchases, or (3-23-22)~~

~~(13) Any other fees or charges that are not authorized under Subparagraph 305.08.c.iii., and (3-23-22)~~

~~iii. Only permit a Claimant to be charged for the following: (3-23-22)~~

~~(1) Fees for access card replacement through an expedited mail service; (3-23-22)~~

~~(2) International transaction fees, and (3-23-22)~~

~~(3) Out-of-network ATM fees. (3-23-22)~~

IDAHO
INDUSTRIAL COMMISSION

305.08 Access Card Payments

~~d. Insurance carriers or self insured employers shall provide a written disclosure to the Claimant contemporaneously with the written mutual agreement required under Paragraph 305.08.b. that includes: (3-23-22)~~

~~i. A summary of the Claimant's liability for unauthorized electronic fund transfers; (3-23-22)~~

~~ii. The telephone number and address of the person or office to be notified when the Claimant believes that an unauthorized electronic fund transfer has been or may be made; (3-23-22)~~

~~iii. The type of electronic fund transfers that the Claimant may make and any limitations on the frequency of transfers; (3-23-22)~~

~~iv. Any fees imposed for electronic fund transfers or for the right to make transfers, including a statement that fees may be imposed by an ATM operator that is out of network; (3-23-22)~~

~~v. Fees for expedited card replacement or international transaction fees will be removed from the balance maintained in the bank account linked to the access card; (3-23-22)~~

IDAHO INDUSTRIAL COMMISSION

305.08 Access Card Payments

vi. A summary of the Claimant's right to receipts and periodic statements; (3-23-22)

vii. All bank locations and network ATMs in the United States where the Claimant may access his or her funds at no cost; (3-23-22)

viii. A statement informing the Claimant that they have a right to receive payments directly into their personal bank account through direct deposit or by check. (3-23-22)

e. An insurance carrier or a self-insured employer shall provide the written disclosure and any notice of term or condition changes required under Paragraph 305.08.d. that: (3-23-22)

i. Are printed in not less than twelve (12) point font; (3-23-22)

ii. Include the full text to communicate all terms and conditions; (3-23-22)

iii. Are written in a clear and coherent manner and wherever practical, words with common and everyday meaning shall be used to facilitate readability; and (3-23-22)

iv. Are appropriately divided and captioned in a meaningful sequence such that each section contains an underlined, boldfaced, or otherwise conspicuous title or caption at the beginning of the section that indicates the nature of the subject matter included in or covered by the section. (3-23-22)

f. An access card issued to a Claimant under this Subsection 305.08 shall: (3-23-22)

i. Not bear any information that could reasonably identify the Claimant as a participant in the worker's compensation system; and (3-23-22)

ii. Include on the front or back of the access card a toll-free customer service number and website address. Customer service personnel shall be available by phone Monday through Friday during normal business hours (9 a.m. to 6 p.m. Mountain Time). (3-23-22)

IDAHO
INDUSTRIAL COMMISSION

305.08 Access Card Payments

g. The insurance carrier or self insured employer shall provide a written notice to the Claimant at least twenty one (21) days before the effective date of any change in a term or condition of the mutual agreement or disclosure, including terminating the access card program, increased fees, or liability for unauthorized electronic fund transfers. Any terms or conditions that violate the requirements of this Subsection 305.08 are null and void and may result in administrative action against the carrier or employer. An insurance carrier or employer shall provide a written notice of term or condition changes that: (3-23-22)

i. Provides a comparison of the current terms and the changes; and (3-23-22)

ii. References the Claimant's ability to request a change in method of payment to electronic fund transfer to his or her personal bank account in accordance with Subsection 305.07 or to payment by check. (3-23-22)

h. An insurance carrier or a self insured employer may close the access card account by issuing a check to the Claimant with the remaining balance of the access card if the account has been inactive for twelve (12) months or longer. (3-23-22)

i. The insurance carrier or self insured employer shall not remove money from the Claimant's account or access card except to remove permitted fees under Subparagraph 305.08.c.iii. or to close the account for inactivity of a period of twelve (12) months or more. An insurance carrier or a self insured employer seeking to recoup overpayments shall follow the requirements of section 72-316, Idaho Code. (3-23-22)

j. An insurance carrier or a self insured employer is considered to have made a compensation payment the date the payment is available on the Claimant's access card. (3-23-22)

IDAHO
INDUSTRIAL COMMISSION

010.07 Definitions of “Charge” etc.

07. Charge. Means the expense or cost. For hospitals and ASCs, “charge” means the total charge. (3-23-22)

a. Acceptable charge. Means a charge calculated in compliance with Section 803 of this rule or as billed by the Provider, whichever is lower, or the charge agreed to pursuant to a written contract. (3-23-22)

b. Customary charge. Means a charge that has an upper limit no higher than the ~~90th~~ 80th percentile, as determined by the Commission, of usual charges made by Idaho Providers for a given medical service. (3-23-22)

c. Reasonable charge. Means a charge that does not exceed the Provider's “usual” charge and does not exceed the “customary” charge. (3-23-22)

d. Usual charge. Means the most frequent charge made by an individual Provider for a given medical service to non-industrially injured patients. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

803.02 Acceptable Charges For Medical Services Provided by Physicians Under the Idaho Worker's Compensation Law

02. Acceptable Charges For Medical Services Provided By Physicians Under The Idaho Worker's Compensation Law. (3-23-22)

a. The Commission adopts the Resource-Based Relative Value Scale (RBRVS), published by CMS, as amended, as the standard to be used to determine acceptable charges by physicians. (3-23-22)

b. Modifiers. Modifiers for physicians will be reimbursed as follows: (3-23-22)

i. Modifier 50: Additional fifty percent (50%) for bilateral procedure. (3-23-22)

ii. Modifier 51: Fifty percent (50%) of secondary procedure. This modifier will be applied to each medical or surgical procedure rendered during the same session as the primary procedure. (3-23-22)

iii. Modifier 80: Twenty-five percent (25%) of coded procedure. (3-23-22)

iv. Modifier 81: Fifteen percent (15%) of coded procedure. This modifier applies to MD and non-MD assistants. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

803.02.f Acceptable Charges for Medical Services provided by Physicians Under the Idaho Worker's Compensation Law

f. Medicine Dispensed by Physicians. Reimbursement to physicians for any medicine shall not exceed the acceptable charge calculated for that medicine as if provided by a Pharmacy under Subsection 04 of this rule without a dispensing or compounding fee. Reimbursement for any drug or topical agent for which a significantly lower-cost therapeutic equivalent is available, including over-the-counter (OTC), shall be limited to 50% above the cost of the therapeutic equivalent. Reimbursement to physicians for repackaged medicine shall be the AWP for the medicine prior to repackaging, identified by the National Drug Code (NDC) reported by the original manufacturer. Reimbursement may be withheld until the original manufacturer's NDC is provided by the physician. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

803.03.c Acceptable Charges for Medical Services Provided by Hospitals and Ambulatory Surgery Centers under the Idaho Worker's Compensation Law

(2) Outpatient laboratory tests provided with no other Hospital outpatient service on the same date, or outpatient laboratory tests provided on the same date of service as other Hospital outpatient services that are clinically unrelated may be paid separately if billed with modifier L1. Payment shall be made in the same manner that services with no APC weight are paid under Subparagraph 803.03.c.i. of this rule. (3-23-22)

iii. When no medical services with a status code J1 appears on the same Claim, two (2) or more medical procedures with a status code T on the same Claim shall be reimbursed with the highest weighted code paid at one hundred percent (100%) of the APC calculated amount and all other status code T items paid at fifty percent (50%). When a medical service with a status code J1 appears on the same Claim, all medical services with a status code T shall be paid at fifty percent (50%). (3-23-22)

iv. When no medical services with a status code J1 appears on the same Claim, status code Q items with an assigned APC weight will not be discounted. When a medical service with a status code J1 appears on the same Claim, status code Q items shall be paid at fifty percent (50%). (3-23-22)

IDAHO INDUSTRIAL COMMISSION

803.05 Acceptable Charges for Medical Services Provided by other Providers under the Idaho Worker's Compensation Law

05. Acceptable Charges For Medical Services Provided By Other Providers Under The Idaho Worker's Compensation Law. The standard for determining the acceptable charge for Providers other than physicians, Hospitals or ASCs shall be the reasonable charge.

a. **Durable Medical Equipment (DME) Providers.** Within the first thirty (30) days of equipment use, the Payor shall be given the option to rent or purchase DME. Rented equipment shall be considered purchased once the rental charges exceed the purchase price, which may not exceed ten percent (10%) of the invoice cost. If purchased, the DME shall become the property of the Claimant. (3-23-22)

IDAHO INDUSTRIAL COMMISSION

803.06 Billing and Payment Requirements for Medical Services and Procedures Preliminary to Dispute Resolution

06. Billing And Payment Requirements For Medical Services And Procedures Preliminary To Dispute Resolution. This rule governs billing and payment requirements for medical services provided under the Worker's Compensation Law and the procedures for resolving disputes between Payors and Providers over those bills or payments. (3-23-22)

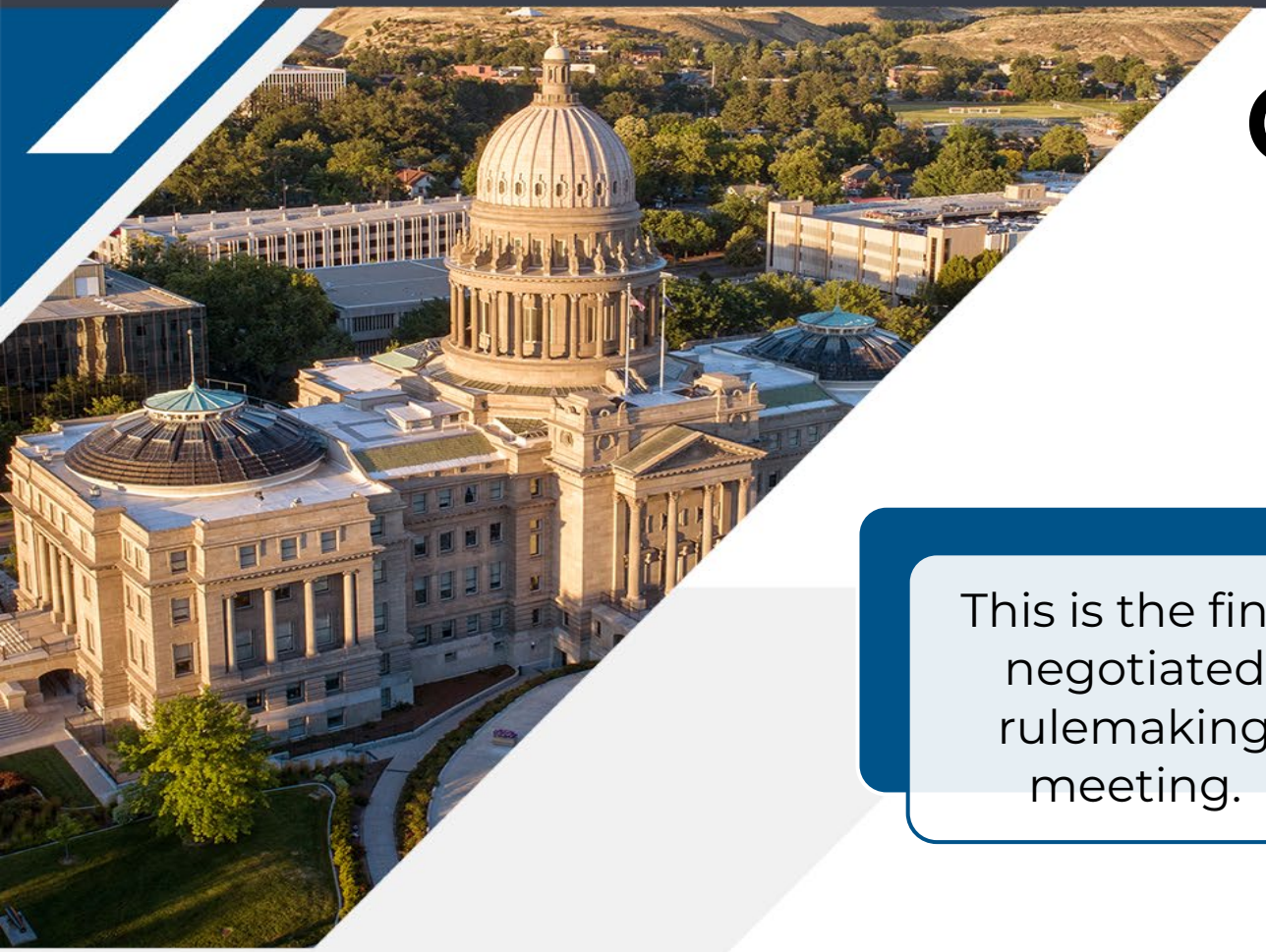
a. Time Periods. None of the periods herein shall begin to run before the Notice of Injury/Claim for Benefits has been filed with the Employer as required by law. (3-23-22)

b. Provider to Furnish Information. A Provider, when submitting a bill to a Payor, shall inform the Payor of the nature and extent of medical services furnished and for which the bill is submitted. This information shall include, but is not limited to, the patient's name, the employer's name, the date the medical service was provided, the diagnosis, if any, and the amount of the charge or charges. Failure to submit a bill complying with this Paragraph 06.b to the Payor within one hundred twenty (120) days of the date of service will result in the ineligibility of the Provider to utilize the dispute resolution procedures of the Commission set out in Paragraph 803.06.i. of this rule for that service. Except for the circumstances listed below, payment is forfeited when the charges are not billed within twelve (12) months from the date of service and may not be balance billed as defined in Idaho Code 72-102(2):

The industrial cause of the injury is initially unknown to the Provider;
A change in Employer's coverage or designated claims administrator is unknown to the Provider.
This list is not exhaustive, and the Commission has discretion to address disputes regarding timeliness of the billing in the dispute resolution procedures of the Commission set out in Paragraph 803.06.i of this rule.

(3-23-22)

IDAHO INDUSTRIAL COMMISSION



Closing Remarks

This is the final negotiated rulemaking meeting.

Comments will be accepted until **August 1st**.

Updated Drafts will be posted on the agency's website

IDAHO
INDUSTRIAL COMMISSION