

IDAPA 17 - INDUSTRIAL COMMISSION

17.02.09 - MEDICAL FEES

DOCKET NO. 17-0209-1001 (NEW CHAPTER)

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective at the conclusion of the legislative session with the exception of Section 032, which becomes effective on January 1, 2012, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 72-508, 72-520, 72,721, 72-722, 72-723, and 72-803, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

The pending rule is being adopted as amended as a result of public hearings conducted and written comments received from sureties, hospitals, and Ambulatory Surgery Centers (APC). The definition of Critical Access Hospitals was redefined for better clarity. Changes were made to clarify which APC weight schedule is to be used and the annual effective date of the APC weight schedule. A slight increase in the base rate was made for both the hospital outpatient and ASC services. Also, invoice costs for reimbursement of implantable hardware was changed to aggregate invoice costs with a cap of \$3,000 for inpatient services and \$1,000 for outpatient and ASC services.

The notice of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 298 through 305.](#)

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Patti Vaughn at 208-334-6084.

DATED this November 18, 2010.

Mindy Montgomery, Director
Industrial Commission
700 S. Clearwater Lane
PO Box 83720
Boise, Idaho 83720-0041
Phone: 208-334-6059
Fax: 208-334-5145

DOCKET NO. 17-0209-1001 - ADOPTION OF PENDING RULE

Substantive changes have been made to the pending rule.
Italicized text that is underscored is new text that has been added to the pending rule.

Only those sections or subsections that have changed from the original proposed text are printed in this Bulletin following this notice.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October, 2010, pages 298 through 305.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT FOR DOCKET NO. 17-0209-1001

030. DEFINITIONS.

Words and terms used in this rule are defined in the subsections which follow. ()

Subsection 030.04

04. Critical Access Hospital. A hospital currently designated as a critical access hospital by the Centers for Medicare and Medicaid Services (CMS). ()

032. ACCEPTABLE CHARGES FOR MEDICAL SERVICES PROVIDED BY HOSPITALS AND AMBULATORY SURGERY CENTERS UNDER THE IDAHO WORKERS' COMPENSATION LAW.

Pursuant to Section 72-508 and Section 72-803, Idaho Code, the Commission hereby adopts the following rule for determining acceptable charges for medical services provided by hospitals and ambulatory surgery centers under the Idaho Workers' Compensation Law. ()

02. Adoption of Standards for Hospitals and ASCs. The following standards shall be used to determine the acceptable charge for hospitals and ambulatory surgery centers. ()

Paragraph 032.02.c.

c. Hospital Outpatient and Ambulatory Surgical Center (ASC) Services. The standard for determining the acceptable charge for outpatient services provided by hospitals (other than critical access and rehabilitation hospitals) and for services provided by ambulatory surgical centers is calculated by multiplying the base rate by the Medicare Hospital Outpatient Prospective Payment System (OPPS) APC weight in effect on the first day of January of the current calendar year. The base rate for hospital outpatient services is one hundred and thirty-eight dollars (\$138). The base rate for ASC services is ninety dollars (\$90). ()

Subparagraph 032.02.c.iv.

iv. Status code Q items with an assigned APC weight will not be discounted. ()

Paragraph 032.02.d.

d. Hospitals Outside of Idaho. Reimbursement for services provided by hospitals outside the state of

Idaho may be based upon the agreement of the parties. If there is no agreement, services shall be paid in accordance with the workers' compensation fee schedule in effect in the state in which services are rendered. If there is no *hospital* fee schedule in effect in such state, or if the fee schedule in that state does not allow reimbursement for the services rendered, reimbursement shall be paid in accordance with these rules. ()

e. Additional Hospital Payments. When the charge for a medical service provided by a hospital (other than a critical access or rehabilitation hospital) meets the following standards, additional payment shall be made for that service, as indicated. ()

Subparagraphs 032.02.e.ii. and 032.02.e.iii.

ii. Inpatient Implantable Hardware. Hospitals may seek additional reimbursement beyond the MS DRG payment for invoiced implantable hardware where the *aggregate* invoice cost is greater than ten thousand dollars (\$10,000). Additional reimbursement shall be the invoice cost plus *an amount which is equal to* ten percent (10%) *of the invoice cost, but which does not exceed three thousand dollars (\$3,000)*. Handling and freight charges shall be included in invoice cost. ()

iii. Outpatient Implantable Hardware. Hospitals and ASCs may seek additional reimbursement beyond the APC payment for invoiced implantable hardware where the *aggregate* invoice cost is greater than five hundred dollars (\$500). Additional reimbursement shall be the invoice cost plus *an amount which is equal to* ten percent (10%) *of the invoice cost, but which does not exceed one thousand dollars (\$1,000)*. Handling and freight charges shall be included in invoice cost. ()