

## RULE 19.

### DISPUTES BETWEEN PROVIDERS AND PAYORS

#### A. Scope.

By virtue of the authority vested in the Commission pursuant to Idaho Code §§ 72-508 and 72-707, the Industrial Commission of the State of Idaho hereby adopts this judicial rule of procedure governing the resolution of disputes between providers and payors.<sup>1</sup> A "dispute" means a disagreement between a provider and a payor over whether any charge for medical services is acceptable pursuant to the provisions of the administrative regulation applicable at the time a charge was incurred.<sup>2</sup> The definitions set forth in IDAPA 17.02.08.031 and 17.02.08.032 are incorporated by reference as if fully set forth herein.

#### B. Compliance Prerequisite.

In order to commence the dispute resolution process, a provider must have complied with the applicable procedures preliminary to dispute resolution set forth in IDAPA 17.02.08.032.

#### C. Service.

Required documents shall be filed and served by mail, fax, or personal delivery.

#### D. Review.

The Commission will use this dispute resolution process to determine whether the provider's charge is acceptable pursuant to the provisions of IDAPA 17.02.08.031.

#### E. Dispute Resolution Process.

##### 1. Pleadings.

- a. **Provider** - If a provider has received from a payor a final objection to all or part of a provider's bill, or if 45 days have passed from the date provider sent the bill without response from payor, the provider may file with the Commission and serve on the payor a request for approval of the disputed charge. If a payor has finally objected to more than one charge in a single billing, the provider may seek approval of all such charges in a single motion.

- (i) **Form.** The provider shall file such request on the form provided in Appendix 6 and attach thereto affidavits or other documents evidencing facts sufficient to show that the charge in dispute is acceptable pursuant to the applicable regulation. If the dispute is over a charge that does not have a CPT code or a

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1. This Judicial Rule stands on its own and does not incorporate by reference any other Judicial Rule promulgated by this Commission.

2. This process shall be used solely for resolving disputes between providers and payors over whether any charge for medical services is acceptable pursuant to the provisions of the administrative regulation applicable at the time a charge was incurred. It shall not be used to resolve disputes regarding the reasonableness, necessity or appropriateness of medical treatment. Reasonableness of treatment includes such issues as whether the number, provider, type or style of treatments is appropriate. Those issues may be raised by means of a Complaint filed with the Commission.

conversion factor, the Provider will provide evidence of the provider's usual charge for that medical service to non-industrially injured patients.

(ii) **Timing.** Such request must be filed with the Commission and served on the payor within 30 calendar days of the date the provider receives the payor's final objection, or within 90 days from the date provider sent the bill to payor if payor has not responded. A provider's failure to timely file a request for the disputed charge shall forever bar the provider from seeking the Commission's approval of any charge as to which a final objection has been made.

b. **Payor** - A payor served with a request for the disputed charge shall file a response with the Commission, together with affidavits and/or other documents evidencing facts sufficient to show that the charge in dispute is not acceptable pursuant to the applicable regulation. The response and accompanying documents shall be served on the provider within 21 calendar days of the date it receives the provider's motion. If no response is filed and served within the time provided herein, the Commission shall enter a default in favor of the provider and the charges will be deemed acceptable.

## 2. **Commission Staff Review.**

When the time for filing a response has passed, the Commission shall refer all pleadings and supporting documents filed by the parties to a Commission staff member or members for administrative review and disposition.

a. **Review.** The Commission's staff shall review the pleadings and supporting documents as well as all other relevant information. The weight to be placed on any evidence considered by the Commission's staff shall be solely within the staff's independent judgment.

b. **Administrative Order.** The Commission staff will issue an administrative order ruling on the motion for disputed charge. The administrative order shall state the reasons therefor and shall be filed with the Commission and served on all parties.

c. **Compensation for Costs and Expenses.**<sup>1</sup> If Provider's motion disputing CPT-coded items prevails, an additional thirty percent (30%) shall be added to the amount found by the Commission to be owed as compensation for Provider's costs and expenses associated with using the dispute resolution process as set forth in IDAPA 17.02.08.032.10.

In the case of a prevailing motion filed by a hospital or ambulatory surgical center (ASC) under section 031.02.a.(v), or by a provider under 031.02.e, the additional thirty percent (30%) shall be due only if the Payor does not pay the amount owed within thirty (30) days after the date of the Administrative Order.

The hospital or ASC shall give written notice to the Commission that the Administrative Order remains unpaid after thirty (30) days. The written notice is to be copied to the in-state insurance adjuster and/or self-insured employer, whichever is appropriate.

The Commission will await a response from Payor for five business days to allow confirmation that payment was properly made. After such time has expired without

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1. Amended March 1, 2008

payment confirmation, the Commission shall issue a Second Administrative Order to the Payor concerning the additional amount requested.

3. **Reconsideration.**

- a. **De Novo Review.** Any party aggrieved by the administrative order issued by the Commission staff may, within 20 days of the date the administrative order is entered, file for reconsideration seeking *de novo* review by the Industrial Commission, stating with specificity the reason(s) therefor and shall serve a copy on the opposing party. The other party shall have 10 days to file a response to the motion, and the aggrieved party shall have 5 days to file a reply to the response. On filing for reconsideration, and where the Commission determines that the interests of justice will be served by further review, the Commission may conduct a *de novo* review of the record to determine whether the interests of justice have been served by the administrative order, or may remand the matter to Commission staff for *de novo* consideration and entry of an additional administrative order.
- (i) **Record.** The record shall include all pleadings and exhibits filed with the Commission, any other information relied on by the Commission staff, and the administrative order.
- b. **Opportunity to Present Additional Evidence.**
- (i) Any party desiring to submit additional evidence must submit it with the reconsideration or response thereto. Additional evidence may not be submitted with a reply to a response. The party submitting the evidence must demonstrate good cause why the evidence was not submitted with the motion for disputed charge. Good cause will be based on whether the evidence was newly discovered or not available when the motion for a disputed charge was submitted, or excusable neglect. If the party fails to show good cause, the evidence will not be considered.
- (ii) The Commission shall issue an order ruling on a request to augment the record. If the Commission grants such request, it shall establish a schedule and method whereby such additional evidence may be presented.
- c. **Order.** After a *de novo* review of the record and, where applicable, review of additional evidence, the Commission shall issue an order on the reconsideration.

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*COMMENTS: Subsection E.1.a extends the time for a provider to file a bill for payment.*

*Subsection E.3.b provides a concise statement of the process for augmenting the record.*

*Amended effective March 1, 2008 to conform with IDAPA changes.*

\_\_\_\_\_  
Name of party Submitting

\_\_\_\_\_  
Address of party Submitting

\_\_\_\_\_  
Phone of party Submitting

**BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO**

_____	)	
Provider,	)	<b>MOTION FOR APPROVAL</b>
	)	<b>OF DISPUTED CHARGE</b>
v.	)	
	)	
_____	)	PATIENT:
Payor.	)	DATE(S) OF SERVICE:
_____	)	DISPUTED AMOUNT: \$

Comes now \_\_\_\_\_, Provider, pursuant to Rule 19, JRP, and requests the Industrial Commission of the State of Idaho for an order approving the fees for health care services set forth in Appendix "A" attached hereto, which fees have been disputed. Payor has twenty-one (21) calendar days from the date it receives this request to file its response. Rule 19, JRP.

Documents submitted in support of this motion are attached hereto and include the following:

1. Appendix A (List of Disputed Charges)
- 2.
- 3.
- 4.
- 5.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Provider or Agent**

\_\_\_\_\_  
Print or Type Name

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a true and correct copy of this

Motion was served upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION  
MEDICAL FEE DISPUTE COORDINATOR  
PO BOX 83720  
BOISE ID 83720-0041

US Mail \_\_\_\_\_

Hand Delivery \_\_\_\_\_

Fax \_\_\_\_\_

Payor's Address:

US Mail \_\_\_\_\_

Hand Delivery \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_  
Provider or Agent Signature

\_\_\_\_\_  
Print or Type Name

**APPENDIX A  
MOTION FOR APPROVAL OF DISPUTED CHARGE**

<b>Date of Service</b>	<b>CPT Code / Item Description (CPT Code is preferred)</b>	<b>Amount Billed</b>	<b>Amount Paid</b>	<b>Amount Objected to</b>
<b>TOTALS</b>	(expand as necessary)			

Appendix 6A