

IDAHO ADMINISTRATIVE CODE
Industrial Commission

IDAPA 17.01.01 – Administrative Rules
Under the Worker’s Compensation Law

010. DEFINITIONS.

The definitions set forth in Chapter 72, Idaho Code apply to these rules. In addition, the following terms have the meaning set forth below: (3-20-20)T

(Break in continuity of section.)

31. **Medical-Report Information.** Means, ~~and includes~~ without limitation, all bills, chart notes, surgical records, testing results, treatment records, hospital records, prescriptions, and medication records relevant to or bearing upon a particular claim for injury or occupational disease. (3-20-20)T

011. ABBREVIATIONS.

The following abbreviations have the meaning set forth below: (3-20-20)T

(Break in continuity of section.)

11. **JRP.** Means the Commission’s Judicial Rules of Judicial Practice and Procedure. (- -)T

(Renumber the following subsections.)

404. SUBMISSION OF MEDICAL REPORTS AND REQUESTS FOR INFORMATION FROM PROVIDERS

This procedure applies to all open worker's compensation claims where medical services are provided ~~and which have not been denied by the Payor.~~ (3-20-20)T

01. Medical Treatment Reports. In all cases where medical services are provided and which have not been denied by the Payor, the Provider shall submit written medical information generated in connection with each medical visit to the Payor within fourteen (14) days following each evaluation, examination or treatment. The Provider shall also submit the same medical information to the Claimant upon request, first copy free of charge. (- -)T

~~**01. Procedure.** In all cases in which a particular injury or occupational disease results in a worker's compensation Claim, the Provider shall submit written Medical Reports for each medical visit to the Payor. Payers and Providers may contract with one another to identify specific records that will be provided in support of billings. The Provider shall also submit the same written Medical Reports to the Claimant upon request. These reports shall be submitted within fourteen (14) days following each evaluation, examination, and/or treatment. The first copy of any such reports shall be provided to the Payor and the Claimant at no charge. If duplicate copies of reports already provided are requested by either the Payor or the Claimant, the Provider may charge the requesting party a reasonable charge to provide the additional reports. Whenever possible, billing~~

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~~information shall be coded using CPT. In the case of Hospitals, reports shall include a Uniform Billing Form 04. In the case of physicians and other Providers supplying outpatient services, this reporting requirement shall include a CMS 1500 form. (3-20-20)T~~

02. Requests for Medical Information by the Commission. (- -)T

~~a. If an injury or occupational disease results in a Claim, the Employer/Surety or Provider shall provide medical information as requested by the Commission ~~submit written reports to the Commission upon request.~~ Such requests may include, without limitation, requests for information regarding the beginning and ending dates of periods of temporary disability, permanent and temporary restrictions, recommendations for further treatment and impairment ratings. Such requests may ~~either~~ be made in writing, ~~or~~ telephonically or electronically and the response may be submitted in writing or electronically. A response to a Commission request for medical information shall be provided within fourteen (14) days from the date of the request. Medical information requested by the Commission shall be provided without charge. ~~If a Claim is referred to the Rehabilitation Division, Medical Reports shall be furnished by the Payor or Provider directly to the office that requests such reports. The Payor or Provider shall consider this an on-going request until notice is received that the reports are no longer required. (3-20-20)T~~~~

~~b. If the injury or occupational disease results in a time loss Claim, the Payor shall submit copies of medical records containing information regarding the beginning and ending of disability, releases to work whether light duty or regular duty, impairment ratings, physical restrictions to the Commission. Other Medical Reports shall be submitted to the Commission only upon request. (3-20-20)T~~

~~c. ISIF shall receive all copies of Medical Reports, without charge, from either the Claimant or the Payor, depending upon who seeks to join it as a party to a worker's compensation Claim. (3-20-20)T~~

~~d. If the Commission requests Medical Reports from the Payor or Provider, the information shall be provided within a reasonable time period without charge. If information is received for which the Commission has no need, the information may be discarded or destroyed. (3-20-20)T~~

03. Requests for Medical Information by ISIF. A party who has filed a claim against the ISIF shall provide medical information requested by the ISIF, free of charge. Medical information responsive to such request must be provided within thirty (30) days of the date of the request. (- -)T

04. Requests for Medical Information From Providers by the Parties. Under the provisions of Section 72-432(11), Idaho Code, medical information shall be provided by Providers to a party upon request, subject to the following: (- -)T

a. One copy of medical information requested by a claimant or claimant’s legal counsel, if extant at the time of the request, shall be provided free of charge. (- -)T

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b. Medical information requested by other parties, if extant at the time of the request, shall be provided at a reasonable cost. (- -)T

c. Medical information requested in accordance with this subsection shall be provided within thirty (30) days of the date of the request unless other arrangements are mutually agreed upon. Disputes over requests for medical information made by parties shall be resolved upon motion to the Commission in accordance with the JRP. Orders of the Commission concerning requests for medical information may be enforced pursuant to Section 72-715, Idaho Code. (- -)T

~~02. **Report Form and Content.** Upon approval of the Commission, Medical Reports may be submitted in electronic or other machine-readable form usable to all parties. (3-20-20)T~~

~~03. **Timely Response Requirement.** When the Commission requests a Medical Report from a Payor or Provider for use in monitoring a worker's compensation Claim, the Payor or Provider shall provide the requested information promptly. (3-20-20)T~~

~~04. **Forfeiture of Payment.** If a Provider fails to give records to the Payor or Claimant, the Payor or Claimant may petition the Commission for an order requiring the Provider to provide the requested information. The petition shall set forth the Petitioner's efforts to obtain the information, the responses to those efforts, and why the Petitioner believes that the Provider has the information. In response to the petition, the Commission may enter an order requiring the Provider to furnish the requested records or demonstrate that the records are not available. If a Provider fails to provide records when ordered by the Commission, the Commission may enter an Order of Forfeiture. In the event such an order is entered, the Provider will forfeit its right to payment from both the Payor and Claimant, until such time as the records are provided. (3-20-20)T~~

803. MEDICAL FEES.

(Break in continuity of section.)

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 payment (3-20-20)T

(Break in continuity of section.)

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

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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. (3-20-20)T

(Break in continuity of section.)

iii. ~~If requested by the Payor, the bill shall be accompanied by a written report as defined by Subsection 010.31 and required by~~ Unless previously provided pursuant to Section 404 of these rules, ~~Where a bill is not~~ shall be accompanied by a copy of all medical information generated by the Provider in connection with the service being billed, free of charge. ~~such Report,~~ Where a bill is not accompanied by such information, the periods expressed in Paragraphs 803.06.c and 803.06.e. of this rule, shall not begin to run until the Payor receives the ~~Report~~ information. Whenever possible, billing information shall be coded using CPT. In the case of Hospitals, reports shall include a Uniform Billing Form 04. In the case of physicians and other Providers supplying outpatient services, this reporting requirement shall include a CMS 1500 form. (3-20-20)T