

**From:** [Northrup, Debra](#)  
**To:** [Vaughn, Patti](#); [Ann Young](#)  
**Cc:** [Taylor, Ben](#)  
**Subject:** Proposed changes to Rule  
**Date:** Wednesday, July 31, 2024 11:54:41 AM

**CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.**

Pattie and Ann

I am providing you with some recommended verbiage for 305.01.a. and 04 to reflect either paper or electronic documentation. In addition, I have provided some additional proposed language under 803.05.a. added modifier references for rental and purchase of DME items and under 803.06.b. to clarify timely filing of bills and submission to the Commission. My edits are in green, underlined and italicized.

I am still requesting the adoption of Medicare's Clinical Laboratory fee schedule and more clarity on payment policies that are acceptable.

I appreciate the time and energy your put into creating these regulations. If there is anything that I can do to assist, please feel free to contact me.

Thanks & Best

**305. REQUIREMENTS FOR MAINTAINING IDAHO WORKER'S COMPENSATION CLAIMS FILES.**  
~~All insurance carriers, self-insured employers, and licensed adjusters servicing Idaho worker's compensation claims shall comply with the following requirements: (3-23-22)~~

01. Idaho Office. (3-23-22)

a. All insurance carriers, self-insured employers, and licensed adjusters servicing Idaho worker's compensation claims shall maintain ADEQUATE *an office within the state of Idaho. The offices shall be* CLAIMS ADJUSTING *staffed by adequate personnel to manage INJURED WORKERS CLAIMS TIMELY AND ACCORDING TO THESE RULES AND STATUTE REQUIREMENTS. conduct business.* (3-23-22)

b. The insurance carrier or self-insured employer shall authorize and require a member of its in-state staff or an Idaho licensed resident adjuster to service and make decisions regarding claims pursuant to Section 72-305, Idaho Code. (3-23-22)

c. As staffing changes occur and, at least annually, the insurance carrier, self-insured employer, or licensed adjuster shall submit to the Commission Secretary the names of those authorized to make decisions regarding claims pursuant to Section 72-305, Idaho Code. Each authorized insurance carrier shall designate only one (1) **Claims Administrator** for each policy of worker's compensation insurance. (3-23-22)

02. Claim Files. All Idaho worker's compensation claim files shall be maintained within the state of Idaho in either hard copy or immediately accessible electronic format. Claim files shall include ~~ALL DOCUMENTS RELEVANT TO THE CLAIM FILE;~~ ~~but are not limited to:~~ (3-23-22)

- a. FROI and Claim for Benefits; (3-23-22)
- b. Copies of bills for medical care; (3-23-22)
- c. Copy of lost-time computations, if applicable; (3-23-22)
- d. Correspondence reflecting reasons for any delays in payments, the resolution of such delays, and acceptance or denial of compensability; (3-23-22)
- e. Employer's return-to-work communications; and (3-23-22)
- f. Medical reports. (3-23-22)

03. Correspondence. All original correspondence involving adjusting decisions regarding Idaho worker's compensation claims shall be authorized **AND ACCESSIBLE THROUGH ELECTRONIC REPRODUCTION** from **and maintained at AN** in-state offices. (3-23-22)

04. Date Stamp. Each of the documents listed in Subsections 305.02 and 305.03, above, shall ~~be~~ **HAVE AN ELECTRONIC OR PAPER** date **stamped with the name** identifying **of the receiving office on the day** **EACH DOCUMENT WAS INITIALLY RECEIVED BY THE INSURER OR THEIR VENDOR,** and by each receiving agent or vendor acting on behalf of the claims office. (3-23-22)

05. Notice and Claim. All First Reports of Injury, Claims for Benefits, notices of occupational illnesses, and fatalities shall be sent directly to the in-state adjuster for the insurance carrier or self-insured employer. **The original copy An EDI FILING** of the FROI, Claim for Benefits, and notices of occupational illness and fatality shall be sent electronically to the Industrial Commission.

### **803. MEDICAL FEES.**

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 (Modifier RR) or purchase (Modifier NU-New or EU-Used) 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)**

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.

- 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. THE COMMISSION CONSIDERS ALL WORKERS COMPENSATION COMPENSABLE INITIAL OR /CORRECTED BILLS OR SUBSEQUENT APPEALS RECEIVED BY THE PAYER WITHIN ONE YEAR FROM THE DATE OF SERVICE AS PAYABLE; BUT AFTER 120 DAYS AND UP TO ONE YEAR FROM THE DATE OF SERVICE THEY ARE NOT ELIGIBLE TO GO THROUGH THE COMMISSION'S DISPUTE RESOLUTION PROCESS UNDER 803.06.I.. BILLS OR BILLING DISPUTES RECEIVED AFTER ONE YEAR FROM THE DATE OF SERVICE ARE CONSIDERED FINAL AND NOT PAYABLE.

Debra Northrup, RN, CPC, CPMA, CDEO, CEMA | Bill Review Manager

CorVel Corporation | Denver, CO

T 720,250,0715 | F 866.449.4989|720.682.5810

[debra\\_northrup@corvel.com](mailto:debra_northrup@corvel.com) | [www.corvel.com](http://www.corvel.com)

**\*If you represent a provider who has signed up to receive EFT payments through CorVel, you can obtain EORs and/or EFT payment information through our Provider Portal at:**

**<https://provider.odc4.com/Login.aspx>. EFT Hotline: (503) 795-3157 or Toll Free (844) 881-2109**

Let someone know when a CorVel Staff member or team did something impressive!

Nominate them for an Ace IT award at: [ACEIT \(corvel.com\)](http://ACEIT.corvel.com)

**\*\*Confidentiality Notice:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and delete the original message and destroy all copies.