

**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 and opinions of medical professionals, other than retained experts, deemed necessary for the administration or adjudication of a workers’ compensation claim. (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, BILLING 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 reports for each medical visit to the Payor within fourteen (14) days following each evaluation, examination or treatment. ___ (- -)T

~~02.01. Procedure~~Billing and Payment. In all cases in which a particular injury or occupational disease results in a worker's compensation Claim that has not been denied by Payor, any bill for medical services sent to a Payor for payment by a Provider, as defined in Section 72-102(26), Idaho Code, shall be accompanied by a copy of all medical information generated by the Provider in connection with the service being billed, free of charge. A Payor need not consider for payment any bill for medical services that is not accompanied by the medical information created as a result of that service. ~~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 M~~medical Reports information to the Claimant upon request; first copy free of charge. ~~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 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

03. 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 fifteen (15) 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

e. ~~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

04. 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 fifteen (15) days of the date of the request. (- -)T

Proposed Changes – 10 Jun 2021

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05. Requests for Medical Information by the Parties. Under the provisions of Section 72-432(11), Idaho Code, medical information shall be provided 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

b. Medical information requested by other parties, if extant at the time of the request, shall be provided at a per page rate to be set by the Commission as part of its medical fee schedule. (- -)T

c. Medical information which must be created to respond to a request by any party, by way of letter, conference, deposition, or testimony at hearing, shall be compensated at an hourly rate to be set by the Commission as part of its medical fee schedule. (- -)T

Medical information requested in accordance with this subsection shall be provided within fifteen (15) 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.)

07. Acceptable Charges for Medical Information Provided to Parties in a Claim.

The following shall govern the acceptable charge that may be made for medical information when requested by a party to a claim under the provisions of IDAPA 17.01.01.404.

a. Requests for Existing Medical Information. Copies of existing medical information, when requested by a party other than the claimant or the Commission, who may request such information free of charge, may be charged to the requestor at a reasonable rate, not to exceed \$X.xx per page.

b. Requests for Additional Medical Information. Requests to provide new medical information that is not extant, such as a medical opinion, by way of letter, conference, deposition or testimony at a hearing, may be charged at a reasonable rate, not to exceed \$XXX.xx per hour.