

WORKERS' COMPENSATION MEDICAL COST CONTAINMENT: A NATIONAL INVENTORY, 2013

Table 20 Medical Bill Filing, Payment, and Medical Dispute Resolution Regulations as of January 1, 2013

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						Separate Process for Medical Disputes Prior to Hearing	Use Same Process for All Litigation	Other		
District of Columbia	None	None	In a "timely" manner	Provider may file a complaint with the Office	N/A		Yes		Office of Workers' Compensation	Same as other disputes
Florida	None	None	45 days	(3)	Carrier shall calculate monthly for bills received during the prior period		Yes		Only the designated fact finders have the authority	Medical reimbursement disputes, in which compensability is not at issue, are resolved by the Division's Office of Medical Services; disputes involving the compensability of a requested or provided medical service may be resolved by EAO or before the Office of Judges of Compensation Claims
Georgia	One year from the date of service or within one year of the date the claim is accepted or established as compensable, whichever is later	They waive their right to reimbursement for those expenses	30 days	31 to 60 days - 10% of unpaid balance; more than 60 days but within 90 days - 20%; beyond 90 days - in addition to 20%, an additional 12%/annum	Provider to bill to the payor on a statement			Monetary penalty as described, with peer review added	Peer review, mediation, hearing in that order	Mediation or hearing before an administrative law judge
Hawaii	2 years	Carrier does not have to pay the bill	60 days	1% per month of outstanding bill	Provider can send an additional billing to the payor		Yes		Only the designated fact finders have the authority	Administrative review; informal administrative hearing
Idaho	120 days	Provider will be ineligible to participate in dispute resolution program	30 days	Payor is precluded from disputing charges	If provider files an administrative request for approval of disputed charge and prevails, an additional 30% of the owed amount will be ordered	Yes			WC Agency using trained administrative staff per rule	Administrative review of submitted information
Illinois	None	None	30 days from receipt of a complete bill	1% interest is due per month	Provider can send an additional billing to the payor		Yes		Arbitrators and commissioners	Informal administrative conference or a formal hearing
Indiana	None	None	None	No penalty	None		Yes		Only the designated fact finders have the authority	A formal hearing
Iowa	None	None	None	No penalty	None	Yes			Only the designated fact finders have the authority	Arbitration; a formal hearing
Kansas	None	None	60 days	No penalty	None	Yes			ALJ can hold a hearing	Informal hearing or formal hearing
Kentucky	45 days	May not get paid	30 days	Fines and may waive opportunity to challenge bill	The provider has to file an administrative request with the agency and the payor must either pay the penalty or deny the penalty is due		Yes		ALJ can either make a determination on pleadings or hold a hearing	Administrative review; informal conference; mediation; or hearing
Louisiana	1 year	Non payment	60 days/30 days if e-billed	12% of unpaid balance or \$50/day for every day the amount is outstanding up to a max. of \$2,000	The provider has to file an administrative request with the agency and the payor must either pay the penalty or deny the penalty is due		Yes		Only the designated fact finders have the authority	Mediation; informal or formal hearing
Maine	None	None	30 days	Flat amount based on the length of delay	The provider has to file an administrative request with the agency and the payor must either pay the penalty or deny the penalty is due		Yes		Only the designated fact finders have the authority	Mediation; informal or formal hearing
Maryland	None	None	45 days	Interest & penalty & waiver of right to deny reimbursement	By commission order		Yes		Only the designated fact finders have the authority	A formal hearing
Massachusetts	None	None	None	None	None	No	Yes		M.G.L. c. 152 Sec. 10	Conciliation, Conference & Hearing per M.G.L. c. 152 sec. 10

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Michigan	1 year	R 418.10102 Claim filing limitations. Rule 102. (1) A provider shall bill a carrier within one year of the date of service for consideration of payment. (Bill does not have to be paid)	30 days	3%	Self assessed by carrier or provider request	Disputes filed using Form 104B handled via telephonic Alternative Dispute Resolution process; if no resolution, petition is sent to magistrate docket for formal hearing		Usually file a 104b for medical billing issues; can also file a petition 104a; or have a small claims court hearing	(a) A magistrate (b) The appellate commission (c) The court of appeals (d) The supreme court Or they have the option of filing under small claims court	(4)
Minnesota	60 days	Provider may be penalized by Medical Services Review Board; if bill is not sent to payor within 6 months, payment is denied (subject to certain exceptions)	30 days	Interest and penalties	Assessed by the Minnesota Department of Labor and Industry compliance unit, or by a compensation judge in litigated cases	Yes			Administrative review; informal conference; mediation; administrative conference; or formal hearing	Disputes of \$7,500 or less are handled by administrative conference at the Department of Labor and Industry unless DLI refers the dispute to the Office of Administrative Hearings. Disputes of more than \$7500 are handled by the Office of Administrative Hearings, either as an administrative conference or by formal hearing
Mississippi	20 days after initial treatment and then every 30 days	Reimbursement can be reduced by 1.5% for each 30 days of late billing	30 days	1.5% interest is due for every 30 days bill not paid within 30 days; one-time 10% penalty after 60 days	Provider files an administrative request with the agency which the carrier can pay or deny	Yes			Cost Containment Director	Appeal from Director's decision is to a panel of 3 commissioners - their decision is final
Missouri	None	None	None	None	None	Yes			The director of the Division of Workers' Compensation, using trained administrative staff	Administrative review; informal conference; or informal hearing
Montana			Within 60 days of receipt of medical bill on an accepted, undisputed claim	39-71-107(5)(c), MCA	May be assessed a penalty of not less than \$200 or more than \$1,000 for each bill that is the subject of a delay	Mediation ARM 24.28.101		Independent Medical Review Process ARM 24.29.1595	WC Court & MT Supreme Court	Independent Medical Review or Mediation-WC Court-MT Supreme Court
Nebraska	None	None	30 days	No fee schedule or contract reduction- fees must be paid as billed			Yes	If dispute is over reasonable and necessary, there must be a court appointed IME	Only the designated fact finders have the authority	Mediation or a formal hearing
Nevada	90 days	Payment may be denied	60 days	(5)	Provider files an administrative request with the agency which the carrier can pay or deny	Yes	No	If an MCO is in place, it should involve a resolution process; but any party can request a hearing	Only the designated fact finders have the authority	Complaint reviewed for written determination, informal conference, formal hearing
New Hampshire	30 days (6)	(7)	30 days	A flat amount based on the length of the delay (8)	Provider files an administrative request with the agency or injured worker (9)	No	Yes		Administrative hearing	Administrative hearing
New Jersey	None	None	None	None	None		Yes		Workers' compensation judge	Administrative conference; a formal hearing

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New Mexico	30 days for practitioner, 60 days for hospital	Payor may launch a complaint to WCA, possible fines or penalties	30 days	Provider can send complaint to Agency	Provider has to file a request for payment of the penalty within the formal adjudication system and a fact finder must issue an order for the payor to pay	File request for reconsideration or demand for notice of contested billing according to rules	Yes		Division Director or the designated fact finder	Informal conference; mediation or a formal hearing
New York	90 days	The provider may not be able to collect on the bill	45 days	May be subject to interest and penalty	Provider must request an administrative award	Yes			WC Agency using delegated authority to administrative staff trained for this purpose or a special medical peer review program	Administrative review; information conference; arbitration; or a formal hearing
North Carolina as of 1/1/2012 (10)	75 days	They could lose their right to payment	60 days	Interest is due on the unpaid balance after this timeframe (specify the interest percentage to be paid - 10%)	The provider has to file an administrative request with the agency and the payor must either pay the penalty or deny the penalty is due	For medical billing, the medical fee section attempts an informal resolution and if unsuccessful, it goes through the usual adjudication process. For treatment issues, file a medical motion with executive secretary's office or request a hearing		We also have a specific process for regular and emergency medical motions	Only the designated fact finders have this authority (may be called commissioners, judges, or hearing officers)	Administrative review, informal conference, mediation, informal administrative hearing, formal hearing
North Dakota	1 year	Not billable; no payment	None	None	None	Yes			WC Agency using trained administrative staff	Administrative review; informal conference; mediation; informal or formal hearing
Ohio	1 year	Bill is forever barred (11)	30 days	Interest is due if \$10.00 or more (12)	Provider does not have to do anything; BWC must calculate the amount due and add to payment	Yes			Ohio Industrial Commission	
Oklahoma	None	None	Payor must pay provider within forty-five (45) days of the receipt by the employer or insurance carrier of a complete and accurate invoice, unless the employer or insurance carrier has a good faith reason to request additional information about such invoice	None	None		Yes		Oklahoma Workers' Compensation Court	Disputes may be mediated or litigated. Conflicting interpretations of the fee schedule may be resolved administratively by Court Administrator
Oregon	60 days	(13)	45 days	(14)	Provider can send additional billing to payor for penalty or file an administrative request with the agency or adjudicate	Yes			Only the WC Division Director	Administrative review; mediation; or formal hearing
Pennsylvania	None	None	30 days	10% interest on all past due payments and potential for a penalty of 50% of the unpaid bill	Interest is assessed through fee review and penalty is assessed through the adjudication process			x	Hearing officer or workers' compensation judge	Administrative fee review; penalty process and adjudication

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Rhode Island	91 days from conclusion of treatment	Payment may not be required	22 days	12% per annum	Provider can simply send a bill to the payor for the penalty	No	Yes		Only the designated fact finders have the authority	Informal conference or formal hearing
South Carolina	30 days	None	30 days	No penalty	None	Yes			Statutory medical review board	Administrative review of submitted information
South Dakota	None		30 days	\$500	Provider files an administrative request with the agency which the carrier can pay or deny		Yes		Only the designated fact finders have the authority	Administrative review of info; mediation; arbitration; or formal hearing
Tennessee	Not addressed in WC rules, but applicable Medicare edits would apply	Not addressed in WC rules, but applicable Medicare edits would apply (15)	31 days from receipt	2.08% monthly (25% annual) up to \$10,000	By the provider, the state does not collect this penalty	Yes, reviewed by program coordinator for possible resolution prior to going before the MCCCC			WC Director and his designee; medical attorney	Medical Care and Cost Containment Committee
Texas	95 days from date of service	Forfeiture of payment	45 days from receipt of a clean bill	Interest is due and payor may be subject to administrative penalties (16)	Provider files an administrative request with the agency (17)	Yes (18)			Independent review organizations (IROs) are used (19)	Agency staff decisions on medical fee disputes and IRO decision on medical necessity disputes may be appealed to agency for a contested case hearing or a hearing with the State Office of Administrative Hearings depending on the amount of money in dispute
US Federal Programs - FECA	1 year beyond the end of the calendar year in which the expense was incurred or the claim was first accepted, whichever is later	No payment	Only billings which fall under the Prompt Pay Act (PPA), 31 U.S.C. Chapter 39 (30 days)	Only billings which fall under the Prompt Pay Act (PPA), 31 U.S.C. Chapter 39	Based on requirements of the Prompt Pay Act	Yes (hold no hearings for any disputes)	No	Employee or provider can request review by District Office and appeal to Regional Office	District Director with appeal to Regional Director	Employee or provider can request review by District Office and appeal to Regional Office
US Federal Programs - Longshore	10 days for initial treatment only	Employer is not liable for cost of treatment. The failure to submit report within 10 days may be excused by the OWCP District Director in the interest of justice	30 days	Flat amount based on the length of delay	Provider files an administrative request with the agency which the carrier can pay or deny		Yes		Only the designated fact finders have the authority	Administrative review of info; informal conference; mediation; or formal hearing
Utah	1 year	No payment	Within 45 days of being billed	Interest at 8% per annum may be awarded by the Commission	Upon award by the Commission	Utilization Review Appeals process (R612-2-26)	Yes		Only the designated fact finders have the authority	Mediation or formal hearing
Vermont as of 1/1/2011 (20)	None	None	30 days	12% interest	Provider must file a request for review and provide documentation to both the department and the insurer		Yes		Director's designated authority to specially trained administrative staff	Mediation or formal hearing
Virginia	None	None	None	None	If payor unreasonably withholds payment, provider may seek attorney fees		Yes	Parties can voluntarily participate in mediation	Only the designated fact finders have the authority or peer review	Administrative review of submitted information, mediation or a formal hearing
Washington	1 year	No payment for the service	60 days	Interest would be due (in unusual cases it may be up to 1% a month)	Provider must file a request with the fact finder and an award must be ordered		Yes		The agency Medical Director and Associate Medical Directors resolve some disputes. Those not resolved by the department go to the Board of Industrial Appeals	Administrative review of submitted information; an informal administrative hearing or a formal hearing

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West Virginia	180 days	Reimbursement denied	None	None	None	Yes			WC Agency using trained administrative staff or the judges	Formal hearing, Legislative Rule Title 85 CSR, Series 20; Legislative Rule Title 85 CSR, Series 21
Wisconsin	None	None	60 days	No penalty	None	Yes			Only the designated fact finders have the authority	Administrative review of submitted information
Wyoming	60 days	Payment may be denied	60 days	None	Provider to request a hearing	No	Yes		Office of Administrative Hearings or Medical Commission Hearing	Formal hearing
Notes:										
1 Arizona - We have an ombudsman and an expedited hearing process. Director or claims manager can attempt resolution.										
2 Delaware - Effective 5/23/08, Delaware adopted a Health Care Payment System (HCPS), which can be accessed at http://www.delawareworks.com . Treatment that falls within one of the 7 practice guidelines must first be disputed through the UR process and then can be appealed by filing a petition. Treatment outside of the practice guidelines is denied and then disputed through the petition process.										
3 Florida - The Department of Financial Services shall impose penalties for late payments or disallowances for denials of medical, hospital, pharmacy, or dental bills that are below a minimum 95% timely performance standard. The carrier shall pay to the workers' compensation Administration Trust Fund a penalty of 1) Twenty-five dollars for each bill below the 95% timely performance standard, but meeting a 90% timely standard; or 2) Fifty dollars for each bill below a 90% timely performance standard.										
4 Michigan - R 418.10130 - If the provider sends a properly submitted bill to a carrier and the carrier does not respond within 30 days, and if a provider sends a second properly submitted bill and does not receive a response within 60 days from the date the provider supplied the first properly submitted bill, then the provider may file an application with the agency for mediation or hearing. The provider shall send a completed form entitled "Application for Mediation and Hearing" to the agency and shall send a copy of this form to the carrier. If a carrier adjusts or rejects a bill or a portion of the bill, then the carrier shall notify the provider within 30 days of the receipt of the bill of the reasons for adjusting or rejecting the bill or a portion of the bill and shall notify the provider of its right to provide additional information and to request reconsideration of the carrier's action. The carrier shall set forth the specific reasons for adjusting or rejecting a bill or a portion of the bill and request specific information on a form, "Carrier's Explanation of Benefits," prepared by the agency pursuant to the reimbursement section of these rules.										
5 Nevada - Interest is due at a rate equal to the prime rate at the largest bank in Nevada, immediately preceding the date on which the payment was due plus 6% (NRS 616.136). There is also the possibility of an administrative fine.										
6 New Hampshire - 30 days. No mention in law of when bill must be submitted, but medical report form must be sent within 10 days of first treatment.										
7 New Hampshire - No reimbursement for services unless medical report sent within 10 days of first treatment. Hearing officer may waive this requirement.										
8 New Hampshire - Up to \$2,500 if not paid within 30 days of receipt of bill.										
9 New Hampshire - Department assess fine.										
10 North Carolina - The information set forth above does not reflect the impact of 04 NCAC 10J.0101 Fees for Medical Compensation, which is effective January 1, 2013.										
11 Ohio - The bill is forever barred per Ohio Administrative Code rule 4123-3-23, which states: "Fee bills requesting payment for medical or other services rendered in a claim shall be filed with the bureau or commission within two years of the date on which the service was rendered or shall be forever barred. In cases where the claim was disallowed and by later action is allowed, such fee bills shall be filed within six months from the date of the mailing of the final order allowing the claim or be forever barred. Thus, a fee bill to be timely filed, must be filed either within one year from the date services were rendered or within six months from the date of the mailing of the final order of allowance of claim, whichever period of time is longer, or be forever barred."										
12 Ohio - Administrative code 4123-6-42(A) requires the "Payment will be made either thirty days after BWC, or its agent receives a proper invoice for the amount of payment due, or thirty days after the final adjudication allowing payment of an award to the claimant, whichever is later". 4123-6-42(B) requires BWC to pay the provider interest if payment is not timely made and the interest accrued is \$10.00 or more. Ohio revised statute 126.30(E) specifies that "The interest charge shall be at the rate per calendar month that equals one-twelfth of the rate per annum prescribed by section 5703.47 of the Ohio revised code for the calendar year that includes the month for which the interest charge accrues."										
13 Oregon - OAR 436-009-0010(5)(b) and (c): If the billing Provider can show good cause for submission, they may submit the bill. A bill rendered over twelve months after treatment is not payable without mitigating circumstances, covered under OAR 436-009-00.										
14 Oregon - OAR 436-009-0030(5): Failure to pay for medical services timely may render the insurer to pay a reasonable monthly service charge for the period payment was delayed, if the provider generally levies such a service charge to the general public.										
15 Tennessee - The penalties within the MFS assessed by the department are related to overpayments. A carrier may recover a payment to a provider, whether by an employee or a carrier, if the carrier requests the provider for the recovery of the payment, with a statement of reasons for the request, within one year of the date of payment. A provider may likewise recover additional payment from any carrier with a statement of reasons for the request, within one year of the date of service.										
16 Texas - Interest is calculated as the treasury constant maturity rate for 1 year treasury bills published by the Federal Reserve Board plus 3.5% if payment is made after the 60th day.										
17 Texas - Division monitors and audits to detect non-compliance.										
18 Texas - For medical fee disputes, agency staff reviews dispute and renders decision. For medical necessity disputes, independent review organizations (IROs) certified by the agency review the dispute and render a decision.										
19 Texas - Independent review organizations (IROs) certified by the agency are used for resolving medical necessity disputes. Agency staff decisions on medical fee disputes may be appealed to a contested case hearing at the agency or a hearing at the State Office of Administrative Hearings depending on the amount of money in dispute.										
20 Vermont - 2011 responses. No 2013 data were provided.										