

1 4 NCAC 10J .0101 is proposed for amendment as follows:

2 **4 NCAC 10J .0101 FEES FOR MEDICAL COMPENSATION**

3 (a) ~~Subject to the provisions of G.S. 97-25.3, Preauthorization, the Industrial~~ The Commission shall has adopted  
4 and published a Medical Fee Schedule, pursuant to the provisions of G.S. 97-26(a), ~~fixing-setting~~ maximum ~~fees~~  
5 amounts, except for hospital fees pursuant to G.S. 97-26(b), which may be ~~charged~~ paid for medical, surgical,  
6 nursing, dental, and rehabilitative services, and medicines, sick travel, and other treatment, including medical and  
7 surgical supplies, original artificial members as may reasonably be necessary at the end of the healing period and the  
8 replacement of such artificial members when reasonably necessitated by ordinary use or medical circumstances.  
9 The ~~fees~~ amounts prescribed in the applicable published Fee Schedule shall govern and apply ~~in all cases according~~  
10 to G.S. 97-26(c). However, in ~~special~~ other hardship cases where sufficient reason is demonstrated to the ~~Industrial~~  
11 Commission, fees amounts in excess of those so published may be allowed. ~~Persons who disagree with the~~  
12 ~~allowance of such fees in any case may make application for and obtain a full review of the matter before the~~  
13 ~~Industrial Commission as in all other cases provided.~~ Copies of this published Fee Schedule may be obtained from  
14 ~~the Industrial Commission's authorized vendor.~~

15 (b) The Commission's Medical Fee Schedule contains maximum allowed amounts for medical services provided  
16 pursuant to Chapter 97 of the General Statutes. The Medical Fee Schedule utilizes 1995 Current Procedural  
17 Terminology (CPT) codes adopted by the American Medical Association, Healthcare Common Procedure Coding  
18 Systems (HCPCS) codes, and jurisdiction-specific codes and is incorporated by reference as if fully set forth herein.  
19 A listing of the maximum allowable amount for each code is available on the Commission's website at  
20 <http://www.ic.nc.gov/ncic/pages/feesched.asp> and in hardcopy at 430 N. Salisbury Street, Raleigh, North Carolina.

21 (c) The following methodology provides the basis for the Commission's Medical Fee Schedule:

- 22 (1) CPT codes for General Medicine are based on North Carolina 1995 Medicare values multiplied by  
23 1.58.  
24 (2) CPT codes for Physical Medicine are based on North Carolina 1995 Medicare values multiplied  
25 by 1.30.  
26 (3) CPT codes for Radiology are based on North Carolina 1995 Medicare values multiplied by 1.96.  
27 (4) CPT codes for Surgery are based on North Carolina 1995 Medicare values multiplied by 2.06.

28 (c) The Commission has adopted and published a separate Hospital Fee Schedule pursuant to G.S. 97-26(b). The  
29 Hospital Fee Schedule is available on the Commission's website at <http://www.ic.nc.gov/ncic/pages/feesec14.htm>  
30 and in hardcopy at 430 N. Salisbury Street, Raleigh, North Carolina.

31 ~~(b)~~ (d) A provider of medical compensation shall submit its statement for services within 75 days of the rendition of  
32 the service, or if treatment is longer, within 30 days after the end of the month during which multiple treatments  
33 were ~~provided, provided, or within such other reasonable period of time as allowed by the Industrial Commission.~~  
34 However, in cases where liability is initially denied but subsequently admitted or determined by the ~~Industrial~~  
35 Commission, the time for submission of medical bills shall run from the time the health care provider received  
36 notice of the admission or determination of liability. Within 30 days of receipt of the statement, the employer,  
37 carrier, or managed care organization, or administrator on its behalf, shall pay or submit the statement to the

1 ~~Industrial~~ Commission for approval or send the provider written objections to the statement. If an employer,  
2 ~~carrier/administrator~~ carrier, administrator, or managed care organization disputes a portion of the provider's bill, it  
3 the employer, carrier, administrator, or managed care organization, shall pay the uncontested portion of the bill and  
4 shall resolve disputes regarding the balance of the charges through its contractual arrangement or through the  
5 Industrial Commission. ~~If any bill for medical compensation services is not paid within 60 days after it has been~~  
6 ~~approved by the Industrial Commission and returned to the responsible party, or, when the employee is receiving~~  
7 ~~treatment through a managed care organization, within 60 days after the bill has been properly submitted to an~~  
8 ~~insurer or managed care organization, there shall be added to such unpaid bill an amount equal to 10 percent, which~~  
9 ~~shall be paid at the same time as, but in addition to, such bill, unless late payment is excused by the Industrial~~  
10 ~~Commission. When the 10 percent addition to the bill is uncontested, payment shall be made to the provider without~~  
11 ~~notifying or seeking approval from the Industrial Commission. When the percent addition to the bill is contested,~~  
12 ~~any party may request a hearing by the Industrial Commission pursuant to G.S 97-83, and G.S 97-84.~~  
13 (e) Pursuant to G.S. 97-18(i), when the 10 percent addition to the bill is uncontested, payment shall be made to the  
14 provider without notifying or seeking approval from the Commission. When the 10 percent addition to the bill is  
15 contested, any party may request a hearing by the Commission pursuant to G.S. 97-83 and G.S. 97-84.  
16 ~~(f)~~ (f) When the responsible party seeks an audit of hospital charges, and has paid the hospital charges in full, the  
17 payee hospital, upon request, shall provide ~~all~~ reasonable access and copies of appropriate records, without charge or  
18 fee, to the person(s) chosen by the payor to review and audit the records.  
19 ~~(d)~~ (g) The responsible employer, ~~or carrier/administrator~~ carrier, managed care organization, or administrator shall  
20 pay the statements of medical compensation providers to whom the employee has been referred by the ~~authorized~~  
21 ~~treating physician,~~ physician authorized by the insurance carrier for the compensable injury or body part, unless ~~said~~  
22 ~~the physician has been requested to obtain authorization for referrals or tests; provided that compliance with such the~~  
23 ~~request does shall~~ not unreasonably delay the treatment or service to be rendered to the employee.  
24 ~~(e) It is the responsibility of the carrier, self insured employer, group insured as certified by the North Carolina~~  
25 ~~Department of Insurance, and statutory self insured (state agency or political subdivision) to submit on a yearly~~  
26 ~~basis a Form 51, Consolidated Fiscal Annual Report of "Medical Only" and "Lost Time" Cases.~~  
27 ~~(f)~~ (h) Employees ~~shall be~~ are entitled to reimbursement for sick travel when the travel is medically necessary and  
28 the mileage is 20 or more miles, round trip, ~~at a rate to be established periodically by the Industrial Commission in~~  
29 ~~its Minutes.~~ the business standard mileage rate set by the Internal Revenue Service per mile of travel and the actual  
30 cost of tolls paid. Employees ~~shall be~~ are entitled to lodging and meal expenses, at a rate to be ~~periodically~~  
31 ~~established for state employees by the North Carolina Director of Budget,~~ Industrial Commission in its Minutes,  
32 when it is medically necessary that the employee stay overnight at a location away from the employee's usual place  
33 of residence. ~~An employee shall be~~ Employees are entitled to reimbursement for the costs of parking or a vehicle  
34 for hire, when the costs are medically necessary, at the actual costs of the ~~expenses.~~ expenses, ~~unless the Industrial~~  
35 ~~Commission determines the expenses were not reasonable.~~  
36 ~~(g)~~ (i) Any ~~employer/carrier/administrator~~ employer, carrier or administrator denying a claim in which medical  
37 care has previously been authorized ~~shall be~~ is responsible for all costs incurred prior to the date notice of denial is

1 provided to each health care provider to whom authorization has been previously given.

2 *History Note:* Authority G.S. 97-18(i); 97-25.6; 97-26; 97-80(a); 138-6;

3 *Eff.* January 1, 1990;

4 *Amended Eff.* January 1, 2013; June 1, 2000; March 15, 1995

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