

To: Provider Plaintiff's
From: Linda Hamilton, Chairman
Date: May 12, 2011
Re: Guidelines for filing on Application for Adjustment of Claim for Provider Fee Purpose

The Worker's Compensation Board is dedicated to assisting in the resolution of disputes between providers and insurance carriers or employers for treatment provided to employees under Ind. Code § 22-3-2 through § 22-3-6. In order to efficiently carry out this objective, the following guidelines are to be followed when filing an Application for Adjustment of Claim for Provider Fee (State Form 18487).

GUIDELINES

- All Provider Fee Applications shall be served by the Provider Plaintiff (not by the Board) upon both the employer and the insurance carrier/administrator of record; or upon the Defendant's business address as listed with the Indiana Secretary of State's office.
- The attorney for a Provider Plaintiff shall be prepared to show proof of service of the Application, in accordance with Indiana law regarding service of pleadings, to the satisfaction of the Board.
- All further pleadings and motions in Provider cases shall be served, in accordance with the Trial Rules, upon the employer and insurance carrier OR the attorney representing the employer/carrier; and that the Provider should be prepared to demonstrate proof of same to the satisfaction of the Board.
- All Provider Fee applications must include the following:
 - o Insurance carrier name and telephone number
 - o The date of service
 - o The date of injury, if known
 - o If the employer is self-insured, please note this on the Provider Fee application
- State Form 18487 is being amended to require the injured party's address and date of birth. Please include this information until the form has been modified.
- Attached to the completed Provider Fee Application should be the following information:
 - o A copy of the Universal Billing Form or HCFA-1500
 - o A copy of the first and final requests for reimbursement by the provider to the carrier.

These requests should indicate the name and address of the person being contacted, the employee's name, address, date of service and any other information that will assist the carrier or employer in identifying the claim.

Regarding the Application Filing Fee:

Governor Daniels signed into law and made effective Senate Bill 0576 on May 9, 2011. Therefore, beginning July 1, 2011, the Act will require that a filing fee of \$60 accompany Applications for Adjustment of Provider Fee, where the claim is based on a balance bill situation.

In cases where the employer/carrier has denied liability for the claim or medical care, no filing fee is required.

For Balance Billings

In cases where the provider is a hospital or medical facility, and the employer/carrier has made a partial payment (a "balance billing"), the filing fee of \$60 must accompany the Application. Up to 10 Applications may be combined with a single filing fee of \$60 when the individual claims involve the same employer, insurance carrier, or bill review service, and the amount of each individual claim does not exceed \$200.

In order to assure that the Provider Fee claim is ripe for adjudication, Applications should not be filed until at least One Hundred Twenty (120) days after the date on the initial letter to the insurance carrier or self-insured employer. Please provide the dates on which the initial and subsequent demands were made to the employer/ carrier.