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17.02.04 - Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Benefits

IDAPA 17
TITLE 02
CHAPTER 04

17.02.04 - ADMINISTRATIVE RULES OF THE INDUSTRIAL COMMISSION UNDER THE WORKERS' COMPENSATION LAW -- BENEFITS

000. LEGAL AUTHORITY.
These rules are adopted and promulgated by the Industrial Commission pursuant to the provision of Section 72-508, Idaho Code. (7-6-94)

001. TITLE AND SCOPE.
These rules shall be cited as IDAPA 17.02.04, "Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Benefits." (7-6-94)

002. WRITTEN INTERPRETATIONS.
No written interpretations of these rules exist. (7-6-94)

003. ADMINISTRATIVE APPEALS.
There is no administrative appeal from decisions of the Industrial Commission in workers' compensation matters, as the Commission is exempted from contested-cases provisions of the Administrative Procedure Act. (7-6-94)

004. -- 190. (RESERVED).

191. RULE GOVERNING COMPUTATION OF AVERAGE WEEKLY WAGE.

01. Amounts Paid over Base Rate. Sums paid by an employer to an employee, over and above the base rate of compensation agreed upon by the employer and the employee in a contract of hire, which are contingent and dependent upon the employee's increased physical exertion and/or efficiency shall be included in computing the employee's average weekly wage pursuant to Section 72-419(4)(a), Idaho Code. Said sums shall not be considered premium pay. (7-25-79)

02. Fringe Benefits. Also, in computing the average weekly wage, it shall be presumed that wages shall include, but shall not be limited to, cost of living increases, vacation pay, holiday pay, and sick leave. (7-25-79)

03. Premium Pay. Further, in computing the average weekly wage, it shall be presumed that premium pay shall include, but shall not be limited to, shift differential pay, and overtime pay. (7-25-79)

04. Examples Not Exclusive. The above-listed examples shall not be taken as exclusive in computing the average weekly wage. (7-25-79)

192. -- 280. (RESERVED).

281. RULE GOVERNING CONVERSION OF IMPAIRMENT RATINGS TO "WHOLE MAN" STANDARD.

01. Converting Single Rating of Body Part to Whole Person Rating. In the event of a percentage rating followed by the practitioner's equating the same to the whole man by one or more steps (e.g., a percentage of the foot, which equals a percentage of the lower extremity, which equals a percentage of the whole man), the initial or basic percentage rating of the injured part (or in non-scheduled injury, percentage of a comparative scheduled injury) shall be converted to the exact percentage of the whole man in accordance with the Industrial Commission Schedule, Section 72-428, Idaho Code, with the base of five hundred (500) weeks for the whole man. Where a single rating is given, such shall be deemed the final rating and converted in the same manner. (1-2-75)

02. Averaging Multiple Ratings. Where more than one (1) evaluating physician has given such ratings, these shall be similarly converted to the statutory percentage of the whole man, and an average obtained for the applicable rating. (1-2-75)

03. Correcting Manifest Injustice. In the event that the Commission deems a manifest injustice would result from the above ruling, it may at its discretion take steps necessary to correct such injustice. (1-2-75)

282. -- 300. (RESERVED).

301. RULE GOVERNING COMPENSATION FOR DISABILITY DUE TO LOSS OF TEETH.

01. Compensation for Disability. A claimant under the Workers' Compensation Law shall be entitled to compensation for permanent disability for the loss of each tooth other than wisdom teeth at the rate of one tenth of one percent (.1%) of the whole man. The loss of wisdom teeth shall not constitute any permanent disability. Compensation hereunder shall be in addition to payments for medical services including dental appliances and bridgework necessitated by the injury and any income benefits during the period of claimant's recovery to which the claimant be entitled. (5-3-72)

02. Prima Facie Evidence. This rule and schedule shall be prima facie evidence of the percentage of permanent disability to be attributed to the loss of teeth. (5-3-72)

302. -- 319. (RESERVED).

320. RULE GOVERNING REIMBURSEMENT FOR TRAVEL EXPENSES FOR PHYSICAL OR VOCATIONAL REHABILITATION.
Reimbursement for travel expenses for physical or vocational rehabilitation as provided under Section 72-433(3), Idaho Code, shall be requested and calculated pursuant to the provisions of IDAPA 17.02.04.321. (7-1-97)

321. RULE GOVERNING REIMBURSEMENT FOR TRAVEL EXPENSES.

01. Calculating Distance. As used in Section 72-432(1), Idaho Code, the phrase "... such reasonable medical, surgical or other attendance or treatment, ..." shall include the cost of transportation to and from a physician (as defined in Section 72-102(21), Idaho Code, and hospital appointments, where such transportation is reasonably related to or necessitated by the diagnosis, treatment, or care of claimant's industrial injury or occupational disease; provided, however, that claimant shall not be reimbursed for the first fifteen (15) miles of any round trip, nor for traveling any round-trip distance of fifteen (15) miles or less. Such distance shall be calculated by the shortest practical route of travel. (8-22-91)

02. Mileage Rate. If claimant has access to, and is able to operate, a vehicle for transportation envisioned in Subsection 321.01, employer shall reimburse claimant at the mileage rate then allowed by the State Board of Examiners for State employees. Such rate shall be published annually by the Industrial Commission, together with the average state wage for the upcoming period. All such miles shall be reimbursed, with fractions of a mile greater than one-half (1/2) mile rounded to the next higher mile and fractions of a mile below one-half (1/2) mile disregarded. (8-22-91)

03. Commercial Transportation. If claimant has no vehicle, or has access to a vehicle and is reasonably unable to utilize the vehicle for transportation envisioned in Subsection 321.01 above, claimant's employer shall reimburse claimant the actual cost of commercial transportation as evidenced by actual receipts. Notwithstanding the above provision, no claimant shall be eligible for reimbursement of the actual cost of commercial transportation where such claimant is unable to operate a motor vehicle due to the revocation or suspension of driving privileges because claimant was under the influence of alcohol and/or drugs. (8-22-91)

04. Request for Reimbursement. It shall be claimant's responsibility to submit a travel reimbursement request to the employer. Such request shall be made on Industrial Commission Form IC 432(1), which is substantially shown in draft format below. The claimant must attach to the form a copy of a bill or receipt showing that the visit occurred. The employer shall furnish the claimant with copies of this form. (8-22-91)

IC Form 432(1):

REIMBURSEMENT FOR HEALTH CARE TRAVEL EXPENSES
PURSUANT TO SECTION 72-432(1), IDAHO CODE

Name of Injured Worker _____

Claim # _____ SSN: _____

Address _____

_____

Phone # _____

1. Use this form when claiming reimbursement for travel expenses incurred while pursuing reasonable or necessitated diagnosis, treatment, or care of an industrial injury or occupational disease.

2. Only mileage in excess of fifteen (15) miles for any given round trip is reimbursable. However, you should report the total mileage for each round trip. You are expected to take the shortest practical route of travel.

3. Reimbursement shall be made at the mileage rate allowed by the State Board of Examiners for state employees. The current rate for this mileage is available through your insurance company or by contacting the Idaho Industrial Commission.

4. While prompt submittal of your claim for travel reimbursement is important, you should not submit requests for reimbursement more frequently than once every thirty (30) days.

5. YOU MUST ATTACH TO THIS FORM A COPY OF A BILL OR RECEIPT SHOWING THAT EACH VISIT OCCURRED

A sample copy of IC Form 432(1) is available from the Industrial Commission, Compensation Consultants, 317 Main Street, P. O. Box 83720, Boise, Idaho 83720-0041, telephone (208) 334-6000.

(8-22-91)

05. Frequency of Requests. Claimant shall not request transportation reimbursement more frequently than once every thirty (30) days. However, notwithstanding this provision, should a claimant request transportation reimbursement more frequently than every thirty (30) days, employer need not issue more than one reimbursement check in any thirty-day (30) period. (8-22-91)

322. SUBMISSION OF MEDICAL REPORTS TO THE INDUSTRIAL COMMISSION.

01. Authority and Definitions. Pursuant to Sections 72-432, 75-508, 72-602 and 72-207, Idaho Code, the Industrial Commission of the State of Idaho promulgates this rule governing the procedure for submission of medical reports to the Industrial Commission. This procedure applies to all open workers' compensation claims where medical services are provided on or after the effective date and which have not denied by the Payor. The following definitions shall be applicable to this Rule. (2-20-95)

a. "Commission" means the Idaho Industrial Commission. (2-20-95)

b. "Medical Only Claim" means the injured worker will not suffer a disability lasting more than five (5) calendar days as a result of a job-related injury or occupational disease. (2-20-95)

c. "Rehabilitation Division" means the Rehabilitation Division of the Industrial Commission and includes its field offices. (2-20-95)

d. "Time loss claim" means the injured worker will suffer, or has suffered, a disability that lasts more

than five (5) calendar days as a result of a job-related injury or occupational disease, or the injured worker requires, or required, in-patient treatment as a result of such injury or disease. (2-20-95)

e. "Impairment rated claim" means those claims in which the provider establishes an impairment rating for the injured worker. (2-20-95)

f. "Medical report" includes without limitation, all bills, chart notes, surgical records, testing results, treatment records, hospital records, prescriptions, and medication records. (2-20-95)

g. "Employer" is defined in Idaho Code Section 72-402(11) and includes agents of employers such as attorneys, sureties, and adjusters. (2-20-95)

h. "Provider" means anyone who provides medical services as defined in Idaho Code Section 72-102(16). (2-20-95)

i. "ISIF" means the Industrial Special Indemnity Fund, which is commonly referred to as the Second Injury Fund. (2-20-95)

j. "Payor" means the entity that is responsible for making payment to the Provider for services rendered to treat an industrially injured patient and includes self-insured employers, sureties, adjusters and their agents. (2-20-95)

k. "Claimant" means the patient who sought treatment for an industrial accident or occupational disease and includes agents such as attorneys. (2-20-95)

02. Procedure for Submitting Medical Reports. (2-20-95)

a. In all cases in which a particular injury or occupational disease results in a workers' compensation claim, 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 medical reports to the Claimant upon request. 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 the Current Procedural Terminology (CPT). In the case of hospitals, reports shall include a Uniform Billing (UB) Form 92. In the case of physicians and other providers supplying outpatient services, this reporting requirement shall include a Health Care Financing Administration (HCFA) Form 1500. (2-20-95)

b. If an injury or occupational disease results in a claim, the Employer/Surety/Adjuster or Provider shall submit written reports tot he Commission upon request. Such request either may e in writing or telephonic. If a claim is referred to the Rehabilitation Division, medical reports shall be furnished by the Payor or Provider directly to the office that request such reports. The Payor or Provider shall consider this an on-going request until notice is received that the reports are no longer required. (2-20-95)

c. 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. Notices of Change of Status or Summaries of Payments shall be supported with medical reports when they are submitted to the Commission. Other medical reports shall be submitted to the Commission only upon request. (2-20-95)

d. 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 workers' compensation claim. (2-20-95)

e. 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. (2-20-95)

03. Report Form and Content. The medical reports required by this regulation shall be submitted on eight and one half inch by eleven inch (8 1/2" by 11") paper. Upon approval of the Commission, medical reports may be submitted in electronic or other machine-readable form usable to all parties. (2-20-95)

04. Timely Response Requirement. When the Commission requests a medical report from a Payor or Provider for use in monitoring a workers' compensation claim, the Payor or Provider shall provide the requested information promptly. The Commission request may be either in writing or telephonic. (2-20-95)

05. 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. (2-20-95)

323. -- 999. (RESERVED).

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