

Table of Contents

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

000. LEGAL AUTHORITY.	2
001. TITLE AND SCOPE.	2
002. WRITTEN INTERPRETATIONS.	2
003. ADMINISTRATIVE APPEALS.	2
004. -- 190. (RESERVED).	2
191. RULE GOVERNING COMPUTATION OF AVERAGE WEEKLY WAGE.	2
192. -- 280. (RESERVED).	2
281. RULE GOVERNING CONVERSION OF IMPAIRMENT RATINGS TO "WHOLE MAN" STANDARD.	2
282. -- 300. (RESERVED).	3
301. RULE GOVERNING COMPENSATION FOR DISABILITY DUE TO LOSS OF TEETH.	3
302. -- 320. (RESERVED).	3
321. RULE GOVERNING REIMBURSEMENT FOR TRAVEL EXPENSES.	3
322. MEDICAL REPORT FORMS.	4
323. -- 999. (RESERVED).	5

**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, Title 02, Chapter 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 Idaho Code, Section 72-419(4)(a). 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 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. -- 320. (RESERVED).

321. RULE GOVERNING REIMBURSEMENT FOR TRAVEL EXPENSES.

01. Calculating Distance. As used in Idaho Code, Section 72-432(1), 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 Idaho Code, Section 72-102(21) 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 IDAHO CODE SECTION 72-432(1)**

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 (30)-day period.

(8-22-91)

322. MEDICAL REPORT FORMS.

01. Seven (7) Days to Submit Report. Any physician or other practitioner providing any evaluation, examination and/or treatment to any person claiming to have suffered a job-related injury SHALL submit a written report to the Industrial Commission, 317 Main Street, P. O. Box 83720, Boise, ID 83720-0041, within seven (7) days following each evaluation, examination and/or treatment.

(11-17-78)

02. Report Form and Content. The Written report required by this rule shall be in substantially the following form and submitted on eight and one half by eleven inch (8-1/2" x 11") paper:

(11-17-78)

IC Form 2 - INDUSTRIAL COMMISSION
P. O. Box 83720 Boise, Idaho 83720-0041
Surety:

WORKERS' COMPENSATION MEDICAL SERVICES REPORT

This form must be completed and shall accompany any bill for Medical Services.

___ Attending ___ Supplemental ___ Final

EMPLOYER

INJURED EMPLOYEE

Date of Injury

Date of First Treatment

Age of Injured _____

HISTORY _____

EXAMINATION _____

DIAGNOSIS _____

PROGNOSIS/RECOMMENDATIONS _____

DISABILITY FROM WORK: Estimated Time _____

Date Started _____ Date Ended _____

Date Surgically Healed or Stable _____

PERMANENT PHYSICAL IMPAIRMENT RATING: _____

Hospitalized: Yes ___ No ___

Attending Physician Signature
(Sign Personally)

Name of Hospital:

Type or Print Physician's Name

Date _____

Address _____

Sample copies of IC Form 2 are available from the Industrial Commission, 317 Main Street, P. O. Box 83720, Boise, Idaho 83720-0041, telephone (208) 334-6000. (11-17-78)

323. -- 999. (RESERVED).