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## HOUSE BILL NO. 1083

Offered January 9, 2014

A *BILL to amend and reenact § 65.2-605 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 65.2-605.1, relating to workers' compensation; costs of medical services.*

Patron—Ware

Referred to Committee on Commerce and Labor

**Be it enacted by the General Assembly of Virginia:**

**1. That § 65.2-605 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 65.2-605.1 as follows:**

**§ 65.2-605. Liability of employer for medical services ordered by Commission; malpractice; assistants-at-surgery; coding.**

A. The pecuniary liability of the employer for medical, surgical, and hospital service herein required when ordered by the Commission shall be limited to such charges as prevail in the same community for similar treatment when such treatment is paid for by the injured person and the employer shall not be liable in damages for malpractice by a physician or surgeon furnished by him pursuant to the provisions of § 65.2-603, but the consequences of any such malpractice shall be deemed part of the injury resulting from the accident and shall be compensated for as such.

B. The pecuniary liability of the employer for treatment ordered by the Commission pursuant to subsection A that is rendered on or after July 1, 2014, by a nurse practitioner or physician assistant serving as an assistant-at-surgery shall be limited to no more than 20 percent of the charge of the physician performing the surgery.

C. Multiple procedures associated with medical, surgical, and hospital services ordered by the Commission pursuant to subsection A and rendered on or after July 1, 2014, shall be coded and billed with appropriate CPT modifiers and paid according to the National Correct Coding Initiative rules as in effect at the time the health care was provided to the claimant.

**§ 65.2-605.1. Prompt payment; limitation on claims.**

A. Payment for health care services for which an employer is liable as provided in § 65.2-605 shall be made to the health care provider within 60 days after receipt of each separate itemization of the health care services provided.

B. If the itemization or a portion thereof is contested, denied, or considered incomplete, the employer or the employer's workers' compensation insurance carrier shall notify the health care provider within 45 days after receipt of the itemization that the itemization is contested, denied, or considered incomplete. The notification shall include the following information:

1. The reasons for contesting or denying the itemization, or the reasons the itemization is considered incomplete;

2. If the itemization is considered incomplete, all additional information required to make a decision; and

3. The remedies available to the health care provider if the health care provider disagrees.

Payments shall be made within 60 days after receipt from the health care provider of the information requested by the employer or employer's workers' compensation carrier for an incomplete claim under this subsection.

C. Payment due for any properly documented health care services that are neither contested within the 45-day period nor paid within the 60-day period, as required by this section, shall be increased by interest at the judgment rate of interest as provided in § 6.2-302 retroactive to the date of receipt of the itemization.

D. An employer's liability to a health care provider under this section shall not affect its liability to an employee.

E. No employer or workers' compensation carrier may seek recovery of a payment made to a health care provider for health care services rendered after July 1, 2014, to a claimant, unless such recovery is sought less than one year from the date payment was made to the health care provider, except in cases of fraud. The Commission shall have jurisdiction over any disputes over recoveries.

F. No health care provider shall submit a claim to the Commission contesting the sufficiency of payment for health care services rendered to a claimant after July 1, 2014, unless such claim is filed within one year following (i) the date of service for which payment is sought; (ii) the date the employer or workers' compensation carrier notifies the health care provider in writing that the payment is denied; or (iii) the last date payment was made, whichever occurs last. The time period for filing such claim

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**59** *shall be tolled during a judicial appeal of a medical award until such award becomes final.*