

AMENDMENTS TO HOUSE BILL NO. 18

Sponsor: REPRESENTATIVE MULLERY

Printer's No. 2014

1 Amend Bill, page 1, line 17, by inserting after "306(F.1)"

2 (5) and

3 Amend Bill, page 4, by inserting between lines 22 and 23

4 (5) (i) The employer or insurer shall make payment and
5 providers shall submit bills and records in accordance with the
6 provisions of this section. All payments to providers for
7 treatment provided pursuant to this act shall be made within
8 thirty (30) days of receipt of such bills and records unless the
9 employer or insurer disputes the reasonableness or necessity of
10 the treatment provided pursuant to paragraph (6). The nonpayment
11 to providers within thirty (30) days for treatment for which a
12 bill and records have been submitted shall only apply to that
13 particular treatment or portion thereof in dispute; payment must
14 be made timely for any treatment or portion thereof not in
15 dispute. A provider who has submitted the reports and bills
16 required by this section and who disputes the amount or
17 timeliness of the payment from the employer or insurer shall
18 file an application for fee review with the department no more
19 than thirty (30) days following notification of a disputed
20 treatment or ninety (90) days following the original billing
21 date of treatment. If the insurer disputes the reasonableness
22 and necessity of the treatment pursuant to paragraph (6), the
23 period for filing an application for fee review shall be tolled
24 as long as the insurer has the right to suspend payment to the
25 provider pursuant to the provisions of this paragraph. Within
26 thirty (30) days of the filing of such an application, the
27 department shall render an administrative decision.

28 (ii) Where the employer or insurance carrier wishes to
29 request utilization review, the payment of medical bills at
30 issue shall be made prior to filing a petition. An employer or
31 insurer is not entitled to make a claim for utilization review
32 unless proof of payment of the bill in question is made to the
33 department at the time of application. A provider who has
34 submitted the reports and bills required by this section and who
35 disputes the timeliness of the payment from the employer or
36 insurer shall file an application for fee review with the
37 department. Within thirty (30) days of the filing of the

1 application, the department shall render an administrative
2 decision.

3 (iii) The failure to pay a bill within thirty (30) days of
4 receipt for the filing of a utilization review petition without
5 prior payment will result in the assessment of an additional ten
6 per centum penalty payable within twenty (20) days of
7 notification by the department.

8 Amend Bill, page 8, line 21, by inserting after "306(F.1)(3)

9 (VI)(J)"

10 , (5)