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Sequence Number: 05-12-13
 Notice ID(s): 2008-2013
 File Date: 5/21/13

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Department of Labor & Workforce Development
Division:	Workers' Compensation
Contact Person:	Landon Lackey
Address:	220 French Landing Dr. Floor 1-B Nashville, Tennessee 37243
Phone:	615-532-0370
Email:	Landon.lackey@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Evelyn Gaines-Guzman
Address:	220 French Landing Dr. Floor 4-A Nashville, Tennessee 37243
Phone:	615-253-1331
Email:	Evelyn.gaines.guzman@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	220 French Landing Dr.		
Address 2:	TOSHA Room, Floor 1-A		
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	07/09/2013		
Hearing Time:	10:00 a.m.	<input checked="" type="checkbox"/> _x_CST/CDT	<input type="checkbox"/> _EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendment
 New
 Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0800-02-06	General Rules of the Workers' Compensation Program – Utilization Review

Rule Number	Rule Title
0800-02-06-.01	Definitions
0800-02-06-.07	Appeals of Utilization Review Decisions
0800-02-06-.12	Appeals for Pain Management Services

Chapter Number	Chapter Title
0800-02-07	General Rules of the Workers' Compensation Program – Case Management

Chapter Number	Chapter Title
0800-02-17	Medical Cost Containment Program
Rule Number	Rule Title
0800-02-17-.03	Definitions
0800-02-17-.12	Recovery of Payment
0800-02-17-.21	Process for Resolving Differences Between Carriers and Providers Regarding Bills
0800-02-17-.22	Administrative Review of Fee Schedule Disputes/Hearings
0800-02-17-.23	Rule Review

Chapter Number	Chapter Title
0800-02-18	Medical Fee Schedule

Chapter Number	Chapter Title
0800-02-19	In-Patient Hospital Fee Schedule
Rule Number	Rule Title
0800-02-19-.02	Definitions

Chapter Number	Chapter Title
0800-02-20	Medical Impairment Rating Registry Program
Rule Number	Rule Title
0800-02-20-.01	Definitions

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Chapter 0800-02-06
General Rules of the Workers' Compensation Program
Utilization Review

Amendments

Chapter 0800-02-06 General Rules of the Workers' Compensation Program – Utilization Review is amended by deleting all references to “Commissioner” that refer to the commissioner of the department of labor and workforce development and replacing such with “Administrator.”

Authority: T.C.A. §§ 50-6-102, 50-6-124, 50-6-126, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-06-.01 Definitions is amended by deleting subsections (6), (7) and (22) and renumbering the remaining subsections accordingly.

Authority: T.C.A. §§ 50-6-102, 50-6-124, 50-6-126, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-06-.07 Appeals of Utilization Review Decisions is amended by deleting subsection (2) in its entirety and replacing it with the following:

- (2) Upon receipt of an appeal request by an employee or authorized treating physician:
- (a) The Division or its designated contractor shall conduct the utilization review appeal. The Division may contact the authorized treating physician for peer review purposes. The Division shall determine the medical necessity of the recommended treatment as soon as practicable after receipt of all necessary information. The Division shall then transmit such determination to the authorized treating physician, employee, and employer. The determination of the Division is final for administrative purposes, subject to the provisions of subsections (3)-(5) of this Rule.
 - (b) If any information necessary for the determination of the appeal is not within the possession of the Division, then any party withholding such information may be subject to sanctions and/or civil penalties as set forth in Rule 0800-02-06-.10, at the discretion of the Administrator.
 - (c) The Division shall charge a fee, as posted on its website, pursuant to Public Chapter 289 (2013) and T.C.A. 50-6-204(j) for each utilization review appeal that it completes. The fee shall be paid by the employer within thirty (30) calendar days of the Division's completion of the appeal.

Authority: T.C.A. §§ 50-6-102, 50-6-118, 50-6-124, 50-6-126, 50-6-204, 50-6-233, 50-6-238, and Public Chapter 289 (2013).

Rule 0800-02-06-.12 Appeals for Pain Management Services is amended by deleting the section in its entirety.

Authority: T.C.A. §§ 4-5-202, 4-5-203, 50-6-102, 50-6-124, 50-6-126, 50-6-204, and 50-6-233.

Chapter 0800-02-07
General Rules of the Workers' Compensation Program
Case Management

Amendments

Chapter 0800-02-07 General Rules of the Workers' Compensation Program – Case Management is amended by deleting all references to “Commissioner” that refer to the commissioner of the department of labor and workforce development and replacing such with “Administrator.”

Authority: T.C.A. §§ 50-6-102, 50-6-123, 50-6-126, 50-6-233, and Public Chapter 289 (2013).

Chapter 0800-02-17
Medical Cost Containment Program

Amendments

Chapter 0800-02-17 Medical Cost Containment Program is amended by deleting all references to "Commissioner" that refer to the commissioner of the department of labor and workforce development and replacing such with "Administrator."

Authority: T.C.A. §§ 50-6-102, 50-6-6-204, 50-6-205, 50-6-226, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-17-.03 Definitions is amended by deleting subsection (12) and renumbering the remaining subsections accordingly.

Authority: T.C.A. §§ 50-6-102, 50-6-6-204, 50-6-205, 50-6-226, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-17-.12 Recovery of Payment is amended in subsection (1) by deleting the last sentence in the subsection and is further amended by deleting subsections (2)-(6).

Authority: T.C.A. §§ 50-6-204, 50-6-205, 50-6-226 and 50-6-233.

Rule 0800-02-17-.21 Process for Resolving Differences Between Carriers and Providers Regarding Bills is amended by deleting the section in its entirety and replacing it with the following:

- (1) Disputes
 - (a) Unresolved disputes between a carrier and provider concerning bills due to conflicting interpretation of these Rules and/or the Medical Fee Schedule Rules and/or the In-patient Hospital Fee Schedule Rules may be presented to the Medical Payment Committee (or "Committee") within one year of the date of service. A request for Committee Review may be submitted to: Medical Director of the Workers' Compensation Division, Tennessee Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, Tennessee 37243, or any subsequent address as prescribed by the Division.
 - (b) Valid requests for Committee Review must be accompanied by a form prescribed by the Division, must be legible and complete, and must contain copies of the following:
 - 1. Copies of the original and resubmitted bills in dispute which include dates of service, procedure codes, bills for services rendered and any payment received, and an explanation of unusual services or circumstances.
 - 2. Copies of all explanations of benefit (EOB's).
 - 3. Supporting documentation and correspondence, if any.
 - 4. Specific information regarding contact with the carriers.
 - 5. A verified or declared written medical report signed by the physician and all pertinent medical records.
 - (c) The party requesting Committee Review must send a copy of the request and all documentation accompanying the request to the opposing party at the same time it is submitted to the Medical Director.
 - (d) If the request for review does not contain proper documentation, then the Committee will decline to review the dispute. Likewise, if the timeframes in this Rule are not met, then the Committee will decline to review the dispute, but such failure shall not provide an independent basis for denying payment or recovery of payment.

Authority: T.C.A. §§ 50-6-126, 50-6-204, 50-6-205, 50-6-226, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-17-22 Administrative Review of Fee Schedule Disputes/Hearings is amended by changing the title of the rule to "Committee Review of Fee Schedule Disputes/Hearings" and is further amended deleting subsection (1) in its entirety and replacing it with the following:

- (1) Committee Review Procedure
 - (a) When a valid request for Committee Review is received by the Division's Medical Director, the parties will be notified when the Committee will consider the dispute. The Committee may consider the dispute at any meeting during which it has a quorum of the voting members.
 - (b) The parties will have the opportunity to submit documentary evidence and present arguments to the Committee prior to and during the Committee meeting in which the dispute will be heard.
 - (c) The Committee shall consider the dispute and issue its decision as to the proper resolution of the dispute. If the dispute is not ripe for a decision, then the Committee may continue it to the next meeting.
 - (d) If the parties to the dispute do not follow the decision of the Committee, then either party may proceed in any court of law with proper jurisdiction to decide the dispute.

Authority: T.C.A. §§ 50-6-204, 50-6-205, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-17-23 Rule Review is amended by deleting the reference to the Medical Care and Cost Containment Committee" and replacing it with "Medical Payment Committee."

Authority: T.C.A. §§ 50-6-204 and Public Chapter 289 (2013).

Chapter 0800-02-18 Medical Fee Schedule

Amendments

Chapter 0800-02-18 Medical Fee Schedule is amended by deleting all references to "Commissioner" that refer to the commissioner of the department of labor and workforce development and replacing such with "Administrator."

Authority: T.C.A. §§ 50-6-102, 50-6-6-204, 50-6-205, 50-6-226, 50-6-233, and Public Chapter 289 (2013).

Chapter 0800-02-19 In-Patient Hospital Fee Schedule

Amendments

Chapter 0800-02-19 In-Patient Hospital Fee Schedule is amended by deleting all references to "Commissioner" that refer to the commissioner of the department of labor and workforce development and replacing such with "Administrator."

Authority: T.C.A. §§ 50-6-102, 50-6-125, 50-6-128, 50-6-6-204, 50-6-205, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-19-.02 Definitions is amended by deleting subsection (3) and renumbering the remaining subsections accordingly.

Authority: T.C.A. §§ 50-6-102, 50-6-125, 50-6-128, 50-6-6-204, 50-6-205, 50-6-233, and Public Chapter 289 (2013).

Chapter 0800-02-20
Medical Impairment Rating Registry Program

Amendments

Chapter 0800-02-20 Medical Impairment Rating Registry Program is amended by deleting all references to "Commissioner" that refer to the commissioner of the department of labor and workforce development and replacing such with "Administrator."

Authority: T.C.A. §§ 50-6-102, 50-6-6-204, 50-6-205, 50-6-233, and Public Chapter 289 (2013).

Rule 0800-02-20-.01 Definitions is amended by deleting subsection (3) and renumbering the remaining subsections accordingly.

Authority: T.C.A. §§ 50-6-102, 50-6-6-204, 50-6-205, 50-6-233, and Public Chapter 289 (2013).

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: May 17, 2013

Signature: Abbie Hudgens

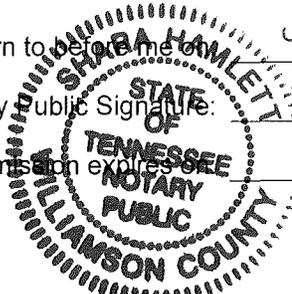
Name of Officer: Abbie Hudgens

Title of Officer: Administrator of the Division of Workers' Compensation

Subscribed and sworn to before me on May 17, 2013

Notary Public Signature: Shirley Hamlet

My commission expires on 1/24/14



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Filed with the Department of State on: 5/21/13

Tre Hargett
Tre Hargett
Secretary of State

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