

Regular Session, 2012

HOUSE BILL NO. 495

BY REPRESENTATIVE BROADWATER

WORKERS COMPENSATION: Provides for appeals to the medical director

1 AN ACT

2 To amend and reenact R.S. 23:1203.1(J), relative to workers' compensation; to provide for
3 appeals to the medical director; to change the time period for filing appeals; and to
4 provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 23:1203.1(J) is hereby amended and reenacted to read as follows:

7 §1203.1. Medical treatment schedule

8 * * *

9 J. After a medical provider has submitted to the payor the request for
10 authorization and the information required by the Louisiana Administrative Code,
11 Title 40, Chapter 27, the payor shall notify the medical provider of their action on
12 the request within five business days of receipt of the request. If any dispute arises
13 after January 1, 2011, as to whether the recommended care, services, or treatment is
14 in accordance with the medical treatment schedule, or whether a variance from the
15 medical treatment schedule is reasonably required as contemplated in Subsection I
16 of this Section, any aggrieved party shall file, within ~~fifteen~~ thirty calendar days, an
17 appeal with the office of workers' compensation administration medical director on
18 a form promulgated by the director. The medical director shall render a decision as
19 soon as is practicable, but in no event, not more than thirty calendar days from the
20 date of filing.

21 * * *

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Broadwater

HB No. 495

Abstract: Changes the time period for filing appeals to the office of workers' compensation administration medical director.

Present law provides for criteria for the medical treatment schedule.

Present law provides that when a medical provider has submitted to the payor the request for authorization and the information required by the administrative code, the payor shall notify the medical provider of their action within five business days.

Present law provides that if any dispute arises as to whether the care is in accordance with the medical treatment schedule, or whether variance from the medical treatment schedule is required, any aggrieved party may file an appeal within 15 days.

Proposed law extends the time period during which an appeal may be filed from 15 days to 30 days.

(Amends R.S. 23:1203.1(J))