

67-1302. Maximum Allowable Payments to Medical Practitioners.

A. The Commission shall establish maximum allowable payments for medical services provided by medical practitioners based on a relative value scale and a conversion factor set by the Commission.

(1) The maximum allowable payments and any policies governing the billing and payment of services provided by medical practitioners shall be published in a medical services provider manual.

(2) The Commission may review and update the relative values and/or the conversion factor as needed.

B. Medical practitioners submit claims for payment to the employer or insurance carrier on the Form 14A.

(1) The Commission recognizes the Health Care Financing Administration Form 1500 (HCFA-1500) as its Form 14A for medical practitioners.

(2) Any narrative records or reports pertaining to the services rendered must be attached to the Form 14A and supplied at no charge to the employer or carrier.

C. An employer or insurance carrier may not pay, and a medical practitioner may not accept, more than the maximum allowable payment amounts listed in the provider manual.

D. Providers of general dental services, pharmaceuticals, durable medical equipment, and other medical products and services not covered by the medical services provider manual shall bill at the provider's usual and customary charge.

HISTORY: Added by State Register Volume 14, Issue No. 9, effective September 2, 1990. Amended by State Register Volume 17, Issue No. 4, eff April 23, 1993; State Register Volume 21, Issue No. 6, Part 2, eff June 27, 1997.