Section 92-01-02-11 is amended as follows:

92-01-02-11. Attorneys.

Any party has a right to be represented by an attorney at any stage in the proceedings regarding a claim. An attorney who represents an injured worker in a proceeding regarding a claim shall file a notice of legal representation prior to or together with the attorney's first communication with the organization. The notice of legal representation remains in effect for five years from the date it is signed by the injured worker or until revoked by the injured worker, whichever occurs first.

History: Amended effective June 1, 1990; April 1, 1997; April 1, 2008.

General Authority: NDCC 65-02-08, 65-10-03 **Law Implemented:** NDCC 65-02-08, 65-10-03

Section: 92-01-02-11.

Title of Section: Attorneys.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-11.

Title of Section: Attorneys.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- **A.** Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There are no entities impacted by the change.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-11.

ADMINISTRATIVE RULE TITLE: Attorneys.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No impact is anticipated.

Section 92-01-02-12 is amended as follows:

92-01-02-12. Mileage and per diem for travel to and from medical treatment.

Workforce safety and insurance recognizes payment for travel <u>and lodging</u> to and from medical treatment as a reasonable and necessary medical expense. Lodging expenses will be reimbursed if they are necessary and reasonable. These expenses will be paid according to North Dakota Century Code section 65-05-28, except that reimbursement for out-of-state lodging may not exceed one hundred twenty-five percent of the allowance for in-state lodging. The number of miles actually traveled is rebuttably presumed to be the least number of miles listed by MapQuest at www.mapquest.com between the start and end points of travel.

History: Effective August 1, 1988; amended effective April 1, 1997; July 1, 2010; April 1, 2012;

April 1, 2014.

General Authority: NDCC 65-02-08

Law Implemented: NDCC 65-02-08, 65-05-28

Section: 92-01-02-12.

Title of Section: Mileage and per diem for travel to and from medical treatment.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-12.

Title of Section: Mileage and per diem for travel to and from medical treatment.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There are no entities impacted by the change.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-12.

ADMINISTRATIVE RULE TITLE: Mileage and per diem for travel to and from medical treatment.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No impact is anticipated.

Subsection 2 of section 92-01-02-24 is amended as follows:

92-01-02-24. Rehabilitation services.

2. The organization may award services to move an employee's household where the employee has actually located work under subdivision e \underline{f} of subsection 2 of North Dakota Century Code section 65-05.1-06.1 or under subsection 3 of North Dakota Century Code section 65-05.1-06.1 only when the employee identifies the job the employee will perform, the employee's employer, and the employee's destination. A relocation award must be the actual cost of moving the household to the location where work has been obtained. A minimum of two bids detailing the costs of relocation must be submitted to the organization for approval prior to incurring the cost. The organization shall pay per diem expenses, as set forth under subsection 2 of North Dakota Century Code section 65-05-28, for the employee only. Reimbursement for mileage expenses may not be paid for more than one motor vehicle.

History: Effective November 1, 1991; amended effective January 1, 1996; April 1, 1997; February 1, 1998; May 1, 2002; July 1, 2006; July 1, 2010; April 1, 2012; April 1, 2016.

General Authority: NDCC 65-02-08 Law Implemented: NDCC 65-05.1

Section: 92-01-02-24.

Title of Section: Rehabilitation services.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-24.

Title of Section: Rehabilitation services.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- **A.** Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There are no entities impacted by the change.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-24.

ADMINISTRATIVE RULE TITLE: Rehabilitation services.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No impact is anticipated.

Subdivision c of subsection 1 of section 92-01-02-25 is amended as follows:

92-01-02-25. Permanent impairment evaluations and disputes.

1. Definitions:

c. "Medical dispute" means an employee has reached maximum medical improvement in connection with a work injury and has been evaluated for permanent impairment, and there is a disagreement between doctors arising from the physical evaluation that affects the amount of the award. The dispute to be reviewed must clearly summarize the underlying medical condition. It does not include disputes regarding proper interpretation or application of the American medical association guides to the evaluation of permanent impairment, sixth edition. It does not include disputes arising from an impairment percentage rating or an impairment opinion given by a doctor when the doctor is not trained in the American medical association guides to the evaluation of permanent impairment, sixth edition, and when the doctor's impairment percentage rating or impairment opinion do not meet the requirements of subsection 5 of section 65-05-12.2 of the North Dakota Century Code.

History: Effective November 1, 1991; amended effective January 1, 1996; April 1, 1997; May 1, 1998; May 1, 2000; May 1, 2002; July 1, 2004; July 1, 2006; April 1, 2009; July 1, 2010; April 1, 2012

General Authority: NDCC 65-02-08 Law Implemented: NDCC 65-05-12.2

Section: 92-01-02-25.

Title of Section: Permanent impairment evaluations and disputes.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-25.

Title of Section: Permanent impairment evaluations and disputes.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- **A.** Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There are no entities impacted by the change.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-25.

ADMINISTRATIVE RULE TITLE: Permanent impairment evaluations and disputes.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated. May serve to reduce costs by a nominal amount.

Subdivisions a and j of subsection 3 of section 92-01-02-29.1 are amended as follows, and subdivision k of subsection 3 of section 92-01-02-29.1 is created as follows:

92-01-02-29.1. Medical necessity.

- 3. The organization will not authorize or pay for the following treatment:
 - a. Massage therapy or acupuncture unless specifically preapproved or otherwise authorized by the organization. Massage therapy must be provided by a licensed physical therapist, licensed occupational therapist, or licensed chiropractor, or licensed massage therapist.
 - j. Spine strengthening program (<u>e.g.</u> MedX <u>or SpineX or other substantially equivalent program</u>).
 - k. Electrodiagnostic studies performed by electromyographers who are not certified or eligible for certification by the American board of electrodiagnostic medicine, American board of physical medicine and rehabilitation, or the American board of neurology and psychiatry's certification in the specialty of clinical neurophysiology. Nerve conduction study reports must include either laboratory reference values or literature-documented normal values in addition to the test values to be eligible for payment.

History: Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; May 1, 2002; July 1, 2004; July 1, 2006; April 1, 2008; April 1, 2009; July 1, 2010; April 1, 2012; April 1, 2014; April 1,2016.

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07

Section: 92-01-02-29.1.

Title of Section: Medical necessity.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-29.1.

Title of Section: Medical necessity.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- **D.** Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-29.1.

ADMINISTRATIVE RULE TITLE: Medical necessity.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

Subsection 1 of section 92-01-02-29.3 is amended as follows:

92-01-02-29.3. Motor vehicle purchase or and modification.

- 1. An injured worker must obtain a <u>an attending</u> doctor's order of medical necessity <u>supported</u> <u>by objective medical findings</u> before the purchase of a specially equipped motor vehicle or modification of a vehicle may be approved. <u>The attending doctor's order must contain the following:</u>
- a. Patient's name,
- b. Date of patient's face to face examination,
- c. Pertinent diagnosis or conditions that relate to the need for device or modification,
- d. Description of what is ordered,
- e. Length of need,
- f. Attending doctor's signature, and
- g. Date of attending doctor's signature.

History: Effective April 1, 2009; amended effective April 1, 2012; April 1, 2014.

General Authority: NDCC 65-02-08 Law Implemented: NDCC 65-05-07(5)(b)

Section: 92-01-02-29.3.

Title of Section: Motor vehicle purchase and modification.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50.000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-29.3.

Title of Section: Motor vehicle purchase and modification.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no significant reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- **D.** Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-29.3.

ADMINISTRATIVE RULE TITLE: Motor vehicle purchase and modification.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

Subsection 1 of section 92-01-02-29.4 is amended as follows:

92-01-02-29.4. Home modifications.

- 1. An injured worker must obtain a <u>an attending</u> doctor's order of medical necessity <u>supported</u> <u>by objective medical findings</u> before the payment for home modifications can be approved. <u>The attending doctor's order must contain the following:</u>
- a. Patient's name,
- b. Date of patient's face to face exam,
- c. Pertinent diagnosis or conditions that relate to the need for device or modification,
- d. Description of what is ordered,
- e. Length of need,
- <u>f.</u> Attending doctor's signature, and
- g. Date of attending doctor's signature.

History: Effective April 1, 2012; amended effective April 1, 2014; April 1, 2016.

General Authority: NDCC 65-02-08 Law Implemented: NDCC 65-05-07

Section: 92-01-02-29.4.

Title of Section: Home modifications.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-29.4.

Title of Section: Home modifications.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no significant reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-29.4.

ADMINISTRATIVE RULE TITLE: Home modifications.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

A new section to Chapter 92-01-02 is created as follows

92-01-02-29.5. Power mobility devices.

- 1. An injured employee must obtain an attending doctor's order of medical necessity supported by objective medical findings before the purchase of a power mobility device may be approved by the organization. The attending doctor's order must contain the following:
- a. Patient's name,
- b. Date of patient's face to face exam,
- c. Pertinent diagnosis or conditions that relate to the need for device or modification,
- d. Description of what is ordered,
- e. Length of need,
- f. Attending doctor's signature, and
- g. Date of attending doctor's signature.
- 2. There must be clear medical documentation of functional limits of standing and walking with an assistive device. Documentation must support reasons why a cane, walker, or manual wheelchair cannot be used to complete activities of daily living.
- 3. An attending doctor must make a referral for a mobility assessment and the assessment must be performed by a licensed or certified occupational therapist or physical therapist with specific training and experience in rehabilitation mobility or wheelchair evaluations. The assessment must be completed prior to the approval of a power mobility device.
- 4. When the power mobility device is primarily intended for outdoor use or recreational purposes, the device is not medically necessary.
- 5. Upgrades to a power mobility device are not considered medically necessary if the upgrade is primarily intended for luxury, outdoor, or recreational purposes. Specific items such as power tilt or recline seating will only be approved if the injured employee is at risk of additional medical complications, has issues with transfer, or an upgrade will help manage the injured employee's tone and spasticity.
- 6. An injured employee who has been approved for a power mobility device must independently qualify for a motor vehicle purchase or home modification as provided in NDCC 65-05-07(5), NDAC 92-01-02-29.3, and NDAC 92-01-02-29.4.
- 7. If an injured employee does not sustain a catastrophic injury or if exceptional circumstances do not exist as provided in NDCC 65-05-07(5), but the injured employee is approved for a power mobility device, the organization, in its sole discretion, may approve a vehicle modification or adaptation for the injured employee, but may not approve a vehicle purchase.

- 8. All initial and replacement requests for power mobility devices must meet the criteria in this section.
- 9. An appeal of a decision made by the organization under this section must be adjudicated pursuant to NDCC 65-02-20.

History:

General Authority: NDCC 65-02-08 Law Implemented: NDCC 65-05-07

Section: 92-01-02-29.5.

Title of Section: Power mobility devices.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-29.5.

Title of Section: Power mobility devices.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no significant reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- **D.** Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-29.5.

ADMINISTRATIVE RULE TITLE: Power mobility devices.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

Subsection 4 of section 92-01-02-31 is amended as follows:

92-01-02-31. Who may be reimbursed.

- 4. Reasons for holding a medical service provider ineligible for reimbursement include one or more of the following:
 - a. Failure, neglect, or refusal to submit complete, adequate, and detailed reports.
 - b. Failure, neglect, or refusal to respond to requests by the organization for additional reports.
 - c. Failure, neglect, or refusal to respond to requests by the organization for drug testing.
 - e <u>d</u>. Failure, neglect, or refusal to observe and comply with the organization's orders and medical service rules, including cooperation with the organization's managed care vendors.
 - d <u>e</u>. Failure to notify the organization immediately and prior to burial in any death if the cause of death is not definitely known or if there is question of whether death resulted from a compensable injury.
 - e f. Failure to recognize emotional and social factors impeding recovery of claimants.
 - f g. Unreasonable refusal to comply with the recommendations of board-certified or qualified specialists who have examined the claimant.
 - g h. Submission of false or misleading reports to the organization.
 - h <u>i</u>. Collusion with other persons in submission of false or misleading information to the organization.
 - i j. Pattern of submission of inaccurate or misleading bills.
 - i k. Pattern of submission of false or erroneous diagnosis.
 - k <u>I.</u> Billing the difference between the maximum allowable fee set forth in the organization's fee schedule and usual and customary charges, or billing the claimant any other fee in addition to the fee paid, or to be paid, by the organization for individual treatments, equipment, and products.
 - ‡ m. Failure to include physical conditioning in the treatment plan. The medical service provider should determine the claimant's activity level, ascertain barriers specific to the claimant, and provide information on the role of physical activity in injury management.
 - m \underline{n} . Failure to include the injured worker's functional abilities in addressing return-towork options during the recovery phase.
 - n o. Treatment that is controversial, experimental, or investigative; which is contraindicated or hazardous; which is unreasonable or inappropriate for the work injury; or which yields unsatisfactory results.

- e <u>р</u>. Certifying disability in excess of the actual medical limitations of the claimant.
- p g. Conviction in any court of any offense involving moral turpitude, in which case the record of the conviction is conclusive evidence.
- $\frac{1}{4}$ The excessive use, or excessive or inappropriate prescription for use, of narcotic, addictive, habituating, or dependency inducing drugs.
- r s. Declaration of mental incompetence by a court of competent jurisdiction.
- s t. Disciplinary action by a licensing board.

History: Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; July 1, 2010.

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07

Section: 92-01-02-31.

Title of Section: Who may be reimbursed.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-31.

Title of Section: Who may be reimbursed.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no significant reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the change will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-31.

ADMINISTRATIVE RULE TITLE: Who may be reimbursed.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

DATE:

A new section to Chapter 92-01-02 is created as follows:

<u>92-01-02-32.1.</u> Physical therapy assistants, certified occupational therapy assistants, and certified athletic trainers.

Physical therapist assistants, certified occupational therapist assistants, and certified athletic trainers may be reimbursed when providing treatment under the direction and general supervision of the physical therapist or occupational therapist. Physical and occupational therapists are responsible for the assistants under their direction and supervision. Examination, evaluation, diagnosis, prognosis, and outcomes are the sole responsibility of the physical therapist and occupational therapist. Physical therapist assistants, certified occupational therapist assistants, and certified athletic trainers are not allowed to perform functional capacity evaluations.

History:

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07

Section: 92-01-02-32.1.

Title of Section: Physical therapy assistants, certified occupational therapy assistants, and certified athletic trainers.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-32.1.

Title of Section: Physical therapy assistants, certified occupational therapy assistants, and certified athletic trainers.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of the NDCC.

- A. Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-32.1.

ADMINISTRATIVE RULE TITLE: Physical therapy assistants, certified occupational therapy assistants, and certified athletic trainers.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No significant impact is anticipated.

Subsection 1 of section 92-01-02-33 is amended as follows:

92-01-02-33. Utilization review and quality assurance.

The organization has instituted a program of utilization review and quality assurance to monitor and control the use of health care services.

1. Prior authorization for services must be obtained from the organization or its managed care vendor at least twenty-four seventy-two hours or the next three business days in advance of providing certain medical treatment, equipment, or supplies. Medical services requiring prior authorization or preservice review are outlined in section 92-01-02-34. Emergency medical services may be provided without prior authorization, but notification is required within twenty-four hours of, or by the end of the next business day following, initiation of emergency treatment. Reimbursement may be withheld, or recovery of prior payments made, if utilization review does not confirm the medical necessity of emergency medical services.

History: Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; July

1, 2006; April 1, 2012.

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07

Section: 92-01-02-33.

Title of Section: Utilization review and quality assurance.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-33.

Title of Section: Utilization review and quality assurance.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- **A.** Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- **D.** Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E.** Exempting small entities from all or part of the rule's requirements: There may be some entities impacted by the change, but the impact will be nominal.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-33.

ADMINISTRATIVE RULE TITLE: Utilization review and quality assurance.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: No impact is anticipated.

Subdivisions a and d of subsection 3 of section 92-01-02-34 are amended as follows, and subdivisions b, d, e, u, v, and w of subsection 5 are created and amended as follows:

92-01-02-34. Treatment requiring authorization, preservice review, and retrospective review.

- 3. Medical service providers shall request prior authorization directly from the claims analyst for the items listed in this subsection. The claims analyst shall respond to requests within fourteen days.
 - a. Durable medical equipment.
 - (1) The organization will pay rental fees for equipment if the need for the equipment is for a short period of treatment during the acute phase of a compensable work injury. The claims analyst shall grant or deny authorization for reimbursement of equipment based on whether the claimant is eligible for coverage and whether the equipment prescribed is appropriate and medically necessary for treatment of the compensable injury. Rental extending beyond thirty days requires prior authorization from the claims analyst. If the equipment is needed on a long-term basis, the organization may purchase the equipment. The claims analyst shall base its decision to purchase the equipment on a comparison of the projected rental costs of the equipment to its purchase price. The organization shall purchase the equipment from the most cost-efficient source.
 - (2) The claims analyst will authorize and pay for prosthetics and orthotics as needed by the claimant because of a compensable work injury when substantiated by the attending doctor. If those items are furnished by the attending doctor or another provider, the organization will reimburse the doctor or the provider pursuant to its fee schedule. Providers and doctors shall supply the organization with a copy of their original invoice showing actual cost of the item upon request of the organization. The organization will repair or replace originally provided damaged, broken, or worn-out prosthetics, orthotics, or special equipment devices upon documentation from the attending doctor that replacement or repair is needed. Prior authorization for replacements is required.
 - (3) If submitted charges for supplies and implants exceed the usual and customary rates, charges will be reimbursed at the provider's purchase invoice plus twenty percent.
 - (4) (3) Equipment costing less than five hundred dollars does not require prior authorization. This includes crutches, cervical collars, lumbar and rib belts, and other commonly used orthotics, but specifically excludes tens units. except for the following: adult undergarments, ambulatory aids (including roller aids and scooters, walkers and walker accessories and attachments, wheelchairs and wheelchair accessories), catheters, commodes and bath and toilet aids (including chairs and railings), continuous passive motion devices (CPM), CPAP units, electro medical devices (including combination units [All-Stim], neuromuscular stimulators, and TENS units), eyewear (including frames, lenses, contact lenses, anti-reflective coating, polarization, progressive lenses, and scratch resistant or tinting coating), hearing aids and hearing aid batteries and filters, home traction

units, nebulizers, orthotic footwear (including inserts [customized or molded], shoes or boots, and miscellaneous customized shoe additions), paraffin bath units, prosthetics, and wound VAC dressings.

- (5 <u>4</u>) An injured worker must obtain a doctor's order of medical necessity before the purchase of a mobility assistance device.
- (6 <u>5</u>) The organization may require assessments to determine the functional levels of an injured worker who is being considered for a mobility assistance device.
- d. Telemedicine. The organization may pay for audio and video telecommunications instead of a face-to-face "hands on" appointment for the following appointments: office or other outpatient visits that fall within CPT codes 99241 through 99275, inclusive; new and established evaluation and management visits that fall within CPT codes 99201 through 99215, inclusive; individual psychotherapy visits that fall within CPT codes 90804 through 90809, inclusive; and pharmacologic management visits that fall within CPT code 90862. As a condition of payment, the patient must be present and participating in the telemedicine appointment. The professional fee payable is equal to the fee schedule amount for the service provided. The organization may pay the originating site a facility fee, not to exceed twenty dollars.
- 5. Medical service providers shall request preservice review from the utilization review department for:
 - b. All nonemergent major surgery. When the attending doctor or consulting doctor believes elective surgery is needed to treat a compensable injury, the attending doctor or the consulting doctor with the approval of the attending doctor, shall give the utilization review department actual notice at least twenty-four seventy-two hours prior to the proposed surgery. When elective surgery is recommended, the utilization review department may require an independent consultation with a doctor of the organization's choice. The organization shall notify the doctor who requested approval of the elective surgery, whether or not a consultation is desired. When requested, the consultation must be completed within thirty days after notice to the attending doctor. Within seven days of the consultation, the organization shall notify the surgeon of the consultant's findings. If the attending doctor and consultant disagree about the need for surgery, the organization may request a third independent opinion pursuant to North Dakota Century Code section 65-05-28. If, after reviewing the third opinion, the organization believes the proposed surgery is excessive, inappropriate, or ineffective and the organization cannot resolve the dispute with the attending doctor, the requesting doctor may request binding dispute resolution in accordance with section 92-01-02-46.
 - d. Physical therapy and occupational therapy treatment beyond the first ten treatments or beyond sixty days after first prescribed, whichever occurs first, or physical therapy and occupational therapy treatment after an inpatient surgery, outpatient surgery, or ambulatory surgery beyond the first ten treatments or beyond sixty days after therapy services are originally prescribed, whichever occurs first. Postoperative physical therapy

and occupational therapy may not be started beyond ninety days after surgery date. The organization may waive this requirement in conjunction with programs designed to ensure the ongoing evolution of managed care to meet the needs of injured claimants or providers. Modalities for outpatient physical therapy services and outpatient occupational therapy services are limited to two per visit during the sixty-day or ten-treatment ranges set out in this subsection. The number of units performed and billed per visit may not exceed four unless otherwise approved.

- e. Electrodiagnostic studies may only be performed by electromyographers who are certified or eligible for certification by the American board of electrodiagnostic medicine, American board of physical medicine and rehabilitation, or the American board of neurology and psychiatry's certification in the specialty of clinical neurophysiology. Nerve conduction study reports must include either laboratory reference values or literaturedocumented normal values in addition to the test values. All nonemergent air ambulance services. When the attending doctor or consulting doctor believes transfer to another treatment facility is needed to treat a compensable injury, the attending doctor or the consulting doctor or the transferring treatment facility, with the approval of the attending doctor, shall give the utilization review department actual notice prior to the proposed transfer to the receiving treatment facility. Notice must give the medical information that substantiates the need for transfer via air ambulance service, the name of the treatment facility where transfer will occur, air service provider and estimated cost. The organization will review the cost effectiveness and alternatives and provide notice to the requesting doctor or treatment facility within twenty-four hours, or by the end of the next business day.
- u. Massage therapy. No more than eighteen treatments of thirty-minute duration may be paid for the life of the claim. The organization may waive this requirement in conjunction with programs designed to ensure the ongoing evolution of managed care, to meet the needs of injured workers and providers.
- y <u>u</u>. Acupuncture therapy. No more than twelve <u>eighteen</u> treatments may be paid for the life of the claim. The organization may waive this requirement in conjunction with programs designed to ensure the ongoing evolution of managed care to meet the needs of injured workers and providers.
- w v. Speech therapy if more than thirty visits per year are required.
- w. The organization will review all opioid therapies for medical necessity following the conclusion of a chronic opioid therapy. For injured employees whose chronic opioid therapies have been discontinued for noncompliance with NDCC section 65-05-39, any subsequent opioid therapies may not exceed 90 days.

History: Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; May 1, 2002; March 1, 2003; July 1, 2004; July 1, 2006; April 1, 2008; April 1, 2009; July 1, 2010;

April 1, 2012; April 1, 2014; April 1, 2016.

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07

Section: 92-01-02-34.

Title of Section: Treatment requiring authorization, preservice review, and

retrospective review.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

It is anticipated that the proposed rule change may impact the regulated community in excess of \$50,000. Of the changes proposed within the rule, the provision relating to non-emergent air ambulance services is, in large part, the one that necessitates the regulatory analysis. The other provisions may have some impact but they will be insignificant overall.

The proposed rule relating to non-emergent air ambulance services requires the attending or consulting doctor to give notice to and obtain prior authorization from WSI when it is determined a transfer by air to another facility is needed to treat a compensable injury.

WSI will review the cost effectiveness and medical necessity for non-emergent air ambulance services and provide notice to the requesting doctor or treatment facility within twenty-four hours, or by the next business day.

Those impacted will include air ambulance service providers. The amount of the billings for this type of service varies by provider and WSI experiences wide variances in billing amounts for the same type of service.

The proposed rule provides the organization a mechanism to review for cost effectiveness and necessity for non-emergent air ambulance facility to facility transfers.

Based on recent data, it is anticipated the proposed rule may serve to reduce costs associated with non-emergent air ambulance facility to facility transfers by up to \$95,000 per year.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-34.

Title of Section: Treatment requiring authorization, preservice review, and

retrospective review.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- A. Establishing less stringent compliance or reporting requirements: This rule contains numerous changes. Different provider communities will see requirements slightly increase in areas the agency believes require greater monitoring. Likewise others will experience reductions. On balance, it is expected no significant changes will be experienced by the entire provider community.
- B. Establishing less stringent schedules or deadlines for compliance or report: Consideration was given to alternate schedules and deadlines and after review the agency concludes they are as constrained as practical.
- C. Consolidating or simplifying compliance or reporting requirements:

 Consideration was given to further consolidating and simplifying compliance and reporting requirements, after review the agency concludes they are as constrained as practical.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: Not applicable.
- E. Exempting small entities from all or part of the rule's requirements:

 Because of the information required to accurately pay providers, exempting small entities is simply not feasible.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

On balance, we don't anticipate any significant adverse impacts.

WORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-34.

ADMINISTRATIVE RULE TITLE: Treatment requiring authorization, preservice review, and retrospective review.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: Based on recent data, it is anticipated the proposed rule may serve to reduce costs associated with non-emergent air ambulance facility to facility transfers by up to \$95,000 per year.

DATE: December 30, 2016

Subsection 18 of section 92-01-02-45.1 is amended as follows:

92-01-02-45.1. Provider responsibilities and billings.

18. The organization may not pay for the cost of duplicating records when covering the treatment received by the claimant. If the organization requests records in addition to those listed in subsection 5 or records prior to the date of injury, the organization shall pay a minimum charge of five dollars for five or fewer pages and the minimum charge of five dollars for the first five pages plus thirty-five cents per page for every page after the first five pages a charge of no more than twenty dollars for the first twenty-five pages and seventy-five cents per page after twenty-five pages. In an electronic, digital, or other computerized format, the organization shall pay a charge of thirty dollars for the first twenty-five pages and twenty-five cents per page after twenty-five pages. This charge includes any administration fee, retrieval fee, and postage expense.

History: Effective January 1, 1994; amended effective April 1, 1996; October 1, 1998; January 1, 2000; May 1, 2002; April 1, 2008; July 1, 2010; April 1, 2012; April 1, 2014; April 1, 2016.

General Authority: NDCC 65-02-08, 65-02-20, 65-05-07

Law Implemented: NDCC 65-02-20, 65-05-07, 65-05-28.2, 23-12-14

Section: 92-01-02-45.1.

Title of Section: Provider responsibilities and billings.

GENERAL: The following analysis is submitted in compliance with 28-32-08 of the

NDCC.

This rule is not expected to impact the regulated community in excess of \$50,000.

SMALL ENTITY REGULATORY ANALYSIS OF PROPOSED RULE

Section: 92-01-02-45.1.

Title of Section: Provider responsibilities and billings.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(2) of

the NDCC.

- **A.** Establishing less stringent compliance or reporting requirements: There are no reporting or compliance requirements impacted by the change.
- B. Establishing less stringent schedules or deadlines for compliance or report: There are no compliance issues impacted by the change.
- **C.** Consolidating or simplifying compliance or reporting requirements: There are no compliance or reporting issues impacted by the change.
- D. Establishing performance standards that replace design or operational standards required in the proposed rule: There are no performance standards impacted by the change.
- **E. Exempting small entities from all or part of the rule's requirements:** There are no entities adversely impacted by the change.

GENERAL: The following analysis is submitted in compliance with §28-32-08.1(3) of the NDCC.

Based on our analysis of this rule there is no need to complete a Small Entity Economic Impact Statement as there is not an adverse impact.

MORKFORCE SAFETY & INSURANCE ADMINISTRATIVE RULE FISCAL NOTE

ADMINISTRATIVE RULE NO: 92-01-02-45.1.

ADMINISTRATIVE RULE TITLE: Provider responsibilities and billings.

SUMMARY OF PROPOSED RULE: Workforce Safety & Insurance has reviewed the proposed administrative rule in conformance with Section 28-32-08.2 of the North Dakota Century Code.

FISCAL IMPACT: We anticipate an increase of WSI payments for copies of medical records of approximately \$20,000 per year.