

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

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PRINCIPAL CLERK

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SENATE BILL DRS55021-LR-44A (02/09)

Short Title: Workers' Comp./Clarify Medicare Methodology. (Public)

Sponsors: Senators Daniel and Newton (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT CLARIFYING THE MEDICARE METHODOLOGY FOR SCHEDULE OF
MAXIMUM FEES FOR MEDICAL COMPENSATION RELATED TO THE WORKERS'
COMPENSATION ACT.

The General Assembly of North Carolina enacts:

SECTION 1. Section 33(a) of S.L. 2013-410 reads as rewritten:

"SECTION 33.(a) Industrial Commission ~~Hospital Fee Schedule~~: Schedule of Maximum Fees
for Medical Compensation:

- (1) ~~Medicare methodology for physician and hospital fee schedules. Medicare methodology for schedule of maximum fees for medical compensation.~~ – With respect to the schedule of maximum fees for ~~physician and hospital medical~~ compensation adopted by the Industrial Commission pursuant to ~~G.S. 97-26, Chapter 97 of the General Statutes,~~ those ~~fee schedules~~ fees shall be based on the applicable Medicare payment methodologies, with such adjustments and exceptions as are necessary and appropriate to ensure that (i) injured workers are provided the standard of services and care intended by Chapter 97 of the General Statutes, (ii) providers are reimbursed reasonable fees for providing these services, and (iii) medical costs are adequately contained. Such ~~fee schedules~~ schedule shall also be periodically reviewed to ensure that ~~they continue~~ it continues to adhere to these standards and applicable fee schedule requirements of Chapter 97. In addition to ~~the~~ statewide fee averages, geographical and community variations in provider costs, and other factors affecting provider costs that the Commission may consider pursuant to G.S. 97-26, the Commission may also consider other payment systems in North Carolina, other states' cost and payment structures for workers' compensation, the impact of changes over time to Medicare fee schedules on payers and providers, and cost issues for providers and payers relating to frequency of service, case mix index, and related issues.
- (2) Transition to direct billing. – Pursuant to G.S. 97-26(g) through (g1) and applicable rules, the Commission shall provide for transition to direct claims submission and reimbursement for fees for medical and hospital fees, compensation, including an implementation timeline, notice to affected stakeholders, and related compliance issues.
- (3) Expedite rule-making process for fee schedule. – The Industrial Commission is exempt from the certification requirements of G.S. 150B-19.1(h) and the fiscal



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1 note requirement of G.S. 150B-21.4 in developing the fee ~~schedules~~-schedule
2 required pursuant to this section."
3 **SECTION 2.** This act is effective when it becomes law and applies to claims pending
4 on or after that date.