

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. _____ Department or Agency: Department of Labor
Rule No. 480-5-5-.04
Rule Title: Statement of Services
New X Amend _____ Repeal _____ Adopt by Reference _____

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer /s/ Stephen McCormick

Date 12-14-15

(DATE FILED)
(STAMP)

Department of
Labor

NOTICE OF INTENDED ACTION

AGENCY NAME: DEPARTMENT OF LABOR

RULE NO. & TITLE: 480-5-5-.04 Statement of Services

INTENDED ACTION: Amended rule

SUBSTANCE OF PROPOSED ACTION: The adoption is necessary to update the worker's compensation administrative code section to be consistent with the diagnostic code change from ICD-9 to ICD-10.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Stephen McCormick, Department of Labor, 649 Monroe Street, Montgomery, Alabama 36131 by mail or in person between the hours of 8:00 am and 4:30 pm, Monday through Friday until and including February 08, 2016. Persons wishing to submit data, views or arguments orally should contact Stephen McCormick by telephone at (334) 242-8274 during this period to arrange an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE February 08, 2016

CONTACT PERSON AT AGENCY:

Stephen McCormick
Department of Labor
649 Monroe Street
Montgomery, AL 36131
Telephone: (334) 242-8274

Stephen McCormick
Director, Governmental Affairs

**ALABAMA DEPARTMENT OF LABOR
WORKERS' COMPENSATION
ADMINISTRATIVE CODE**

CHAPTER 480-5-5

480-5-5-.04 Statement Of Services.

(1) A statement of medical services shall be made in accordance with standard coding methodology as established by the ICD-~~9~~10-CM, HCPCS, and CPT-4 coding manuals and prevailing adjudication rules in Code of Ala. 1975, §25-5-1(15). Unbundling, fragmenting charges, duplicating, over-itemizing coding, upcoding, unrelated charges, or engaging in any other practice for the purpose of inflating bills for reimbursement shall be prohibited.

(2) Any reference in these Rules to any specific CPT-4 code, HCPCS code, or ICD-9-CM code is not intended to restrict or limit any provider's scope of practice, but is used for clarification only within the context of the specific section in which it appears. When specific codes are used in these Rules, the code reference shall refer to the most current description of the specific code or successor to such code as referenced in the most current edition of the coding manuals described in Rule 480-5-5-04(i).

(3) Medical services shall be billed by the provider using the provider's usual, customary and reasonable charges, although appropriate reimbursement shall be limited to the prevailing reimbursement as ascertained by the Department and published in the most current appropriate provider Maximum Fee Schedule; or as established through negotiated agreements between the Department and participating hospitals; or as established by statutory committee for nonparticipating hospitals; or according to any mutually agreed upon reimbursement in accordance with Code of Ala. 1975, §25-5-314.

(4) All bills may be subject to audit for verifying services rendered.

(5) Billing for subsequent medical services shall not include repeat billing for medical services previously performed and billed.

Author: Workers' Compensation Medical Services Board

Statutory Authority: Code of Ala. 1975, §25-5-293.

History: New Rule: Filed August 9, 1996; effective September 13, 1996. **Amended:** Filed