



LAWS OF ALASKA

2014

Source
CSHB 316(FIN)

Chapter No.

AN ACT

Relating to workers' compensation fees for medical treatment and services; relating to workers' compensation regulations; and providing for an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1

AN ACT

1 Relating to workers' compensation fees for medical treatment and services; relating to
2 workers' compensation regulations; and providing for an effective date.

3

4 * **Section 1.** AS 23.30.097(a) is amended to read:

5 (a) All fees and other charges for medical treatment or service are subject to
6 regulation by the board consistent with this section. A fee or other charge for medical
7 treatment or service **rendered in the state** may not exceed the lowest of

8 (1) the usual, customary, and reasonable fees for the treatment or
9 service in the community in which it is rendered, for treatment or service provided on
10 or after December 31, 2010, not to exceed the fees or other charges as specified in **the**
11 **[A] fee schedules [SCHEDULE]** established by the **medical services review**
12 **committee [BOARD]** and adopted by **the board** [REFERENCE] in regulation; the fee
13 **schedules [SCHEDULE]** must **include** [BE BASED ON STATISTICALLY
14 CREDIBLE DATA, INCLUDING CHARGES FOR THE MOST RECENT

1 CATEGORY I, II, AND III MEDICAL SERVICES MAINTAINED BY THE
2 AMERICAN MEDICAL ASSOCIATION AND THE HEALTH CARE
3 PROCEDURE CODING SYSTEM FOR MEDICAL SUPPLIES, INJECTIONS,
4 EMERGENCY TRANSPORTATION, AND OTHER MEDICALLY RELATED
5 SERVICES, AND MUST RESULT IN A SCHEDULE THAT]

6 (A) a physician fee schedule based on the federal Centers
7 for Medicare and Medicaid Services' resource-based relative value scale;
8 [REFLECTS THE COST IN THE GEOGRAPHICAL AREA WHERE
9 SERVICES ARE PROVIDED; AND]

10 (B) an outpatient and ambulatory surgical center fee
11 schedule based on the federal Centers for Medicare and Medicaid
12 Services' ambulatory payment classification; and

13 (C) an inpatient hospital fee schedule based on the federal
14 Centers for Medicare and Medicaid Services' Medicare severity diagnosis
15 related group [IS AT THE 90TH PERCENTILE];

16 (2) the fee or charge for the treatment or service when provided to the
17 general public; or

18 (3) the fee or charge for the treatment or service negotiated by the
19 provider and the employer under (c) of this section.

20 * Sec. 2. AS 23.30.097 is amended by adding new subsections to read:

21 (h) The board shall annually renew and adjust fees on the fee schedules
22 established by the medical services review committee under (a)(1) of this section by a
23 conversion factor established by the medical services review committee and adopted
24 by the board in regulation.

25 (i) A fee or other charge for medical treatment or service rendered in another
26 state may not exceed the lowest of

27 (1) the fee or charge for a treatment or service set by the workers'
28 compensation statutes of the state where the service is rendered; or

29 (2) the fees specified in a fee schedule under (a)(1) of this section.

30 (j) A fee or other charge for air ambulance services rendered under this
31 chapter shall be reimbursed at a rate established by the board and adopted in

1 regulation.

2 (k) A fee or other charge for durable medical equipment not otherwise
3 included in a covered medical procedure under this section may not exceed the amount
4 of the manufacturer's invoice, plus a markup specified by the board and adopted in
5 regulation.

6 (l) Reimbursement for prescription drugs under this chapter may not exceed
7 the amount of the original manufacturer's invoice, plus a dispensing fee and markup
8 specified by the board and adopted in regulation.

9 (m) A prescription drug dispensed by a physician under this chapter shall
10 include in a bill or invoice the original manufacturer's code for the drug from the
11 national drug code directory published by the United States Food and Drug
12 Administration.

13 (n) A fee or other charge for medical treatment or service provided by a
14 hospital licensed by the Department of Health and Social Services to operate as a
15 critical access hospital is exempt from the fee schedules established under (a)(1) of
16 this section.

17 (o) The board may adjust the fee schedules established under (a)(1) of this
18 section to reflect the cost in the geographical area where the services are provided.

19 (p) The medical services review committee shall formulate a conversion factor
20 and submit the conversion factor to the commissioner of labor and workforce
21 development. If the commissioner does not approve the conversion factor, the medical
22 services review committee shall revise the conversion factor and submit the revised
23 conversion factor to the commissioner for approval.

24 * **Sec. 3.** AS 23.30 is amended by adding a new section to article 2 to read:

25 **Sec. 23.30.098. Regulations.** Under AS 44.62.245(a)(2), in adopting or
26 amending regulations under this chapter, the department may incorporate future
27 amended versions of a document or reference material incorporated by reference if the
28 document or reference material is one of the following:

29 (1) Current Procedural Terminology Codes, produced by the American
30 Medical Association;

31 (2) Healthcare Common Procedure Coding System, produced by the

1 American Medical Association;
2 (3) International Classification of Diseases, published by the American
3 Medical Association;
4 (4) Relative Value Guide, produced by the American Society of
5 Anesthesiologists;
6 (5) Diagnostic and Statistical Manual of Mental Disorders, produced
7 by the American Psychiatric Association;
8 (6) Current Dental Terminology, published by the American Dental
9 Association;
10 (7) Resource-Based Relative Value Scale, produced by the federal
11 Centers for Medicare and Medicaid Services;
12 (8) Ambulatory Payment Classifications, produced by the federal
13 Centers for Medicare and Medicaid Services; or
14 (9) Medicare Severity Diagnosis Related Groups, produced by the
15 federal Centers for Medicare and Medicaid Services.
16 * **Sec. 4.** AS 23.30.395 is amended by adding a new paragraph to read:
17 (42) "medical services review committee" means the committee
18 established under AS 23.30.095(j).
19 * **Sec. 5.** Section 1 of this Act and AS 23.30.097(j) - (p), added by sec. 2 of this Act, take
20 effect July 1, 2015.
21 * **Sec. 6.** Except as provided in sec. 5 of this Act, this Act takes effect July 1, 2014.