

AMENDMENTS TO HOUSE BILL NO. 1846

Sponsor: SENATOR TARTAGLIONE

Printer's No. 3904

1 Amend Bill, page 1, lines 11 through 14, by striking out all
2 of said lines and inserting

3 Section 1. Section 306(f.1)(3)(vi) and 5 of the act of June
4 2, 1915 (P.L.736, No.338), known as the Workers' Compensation
5 Act, reenacted and amended June 21, 1939 (P.L.520, No.281) and
6 amended June 24, 1996 (P.L.350, No.57), are amended to read:

7 Amend Bill, page 4, by inserting between lines 6 and 7

8 (5) The employer or insurer shall make payment and providers
9 shall submit bills and records in accordance with the provisions
10 of this section. All payments to providers for treatment
11 provided pursuant to this act shall be made within thirty (30)
12 days of receipt of such bills and records unless the employer or
13 insurer disputes the reasonableness or necessity of the
14 treatment provided pursuant to paragraph (6). The nonpayment to
15 providers within thirty (30) days for treatment for which a bill
16 and records have been submitted shall only apply to that
17 particular treatment or portion thereof in dispute; payment must
18 be made timely for any treatment or portion thereof not in
19 dispute. A provider who has submitted the reports and bills
20 required by this section and who disputes the amount or
21 timeliness of the payment from the employer or insurer shall
22 file an application for fee review with the department no more
23 than thirty (30) days following notification of a disputed
24 treatment or ninety (90) days following the original billing
25 date of treatment. If the insurer disputes the reasonableness
26 and necessity of the treatment pursuant to paragraph (6), the
27 period for filing an application for fee review shall be tolled
28 as long as the insurer has the right to suspend payment to the
29 provider pursuant to the provisions of this paragraph. Within
30 thirty (30) days of the filing of such an application, the
31 department shall render an administrative decision. If the
32 administrative decision of the department upholds, in whole or
33 in part, a provider's application for fee review which was filed
34 for untimeliness of proper payment due, the employer or insurer
35 shall be subject to the penalties in section 435(d) and, if the
36 insurer's or employer's position is determined to be
37 unreasonable, to reasonable costs and attorney's fees. The

1 department shall include the award of attorney's fees and
2 interest in the administrative decision and shall authorize a
3 provider to submit a petition for attorney's fees concurrent
4 with the filing of any document in support of the fee review
5 petition. An administrative decision rendered by the department
6 in favor of the provider's fee review petition, in whole or in
7 part, shall be paid in full by the employer or insurer within
8 thirty (30) days from the date of the department's
9 administrative decision. Failure of an insurer to comply with
10 this paragraph, absent the timely filing of an appeal under 2
11 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of
12 Commonwealth agencies) shall create a right inuring to the
13 benefit of the provider to obtain payment in full consistent
14 with the department's administrative decision through a petition
15 filed through penalty proceedings established by regulation of
16 the department.

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