

ASSEMBLY, No. 4444

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED JANUARY 10, 2017

Sponsored by:

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

SYNOPSIS

Concerns disputed medical fees in workers' compensation claims.

CURRENT VERSION OF TEXT

As introduced.



A4444 QUIJANO

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1 AN ACT concerning disputed medical fees in workers'
2 compensation claims and amending R.S.34:15-15.

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4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

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7 1. R.S.34:15-15 is amended to read as follows:

8 34:15-15. The employer shall furnish to the injured worker such
9 medical, surgical and other treatment, and hospital service as shall
10 be necessary to cure and relieve the worker of the effects of the
11 injury and to restore the functions of the injured member or organ
12 where such restoration is possible; provided, however, that the
13 employer shall not be liable to furnish or pay for physicians' or
14 surgeons' services in excess of \$50.00 and in addition to furnish
15 hospital service in excess of \$50.00, unless the injured worker or
16 the worker's physician who provides treatment, or any other person
17 on the worker's behalf, shall file a petition with the Division of
18 Workers' Compensation stating the need for physicians' or surgeons'
19 services in excess of \$50.00, as aforesaid, and such hospital service
20 or appliances in excess of \$50.00, as aforesaid, and the Division of
21 Workers' Compensation after investigating the need of the same and
22 giving the employer an opportunity to be heard, shall determine that
23 such physicians' and surgeons' treatment and hospital services are or
24 were necessary, and that the fees for the same are reasonable and
25 shall make an order requiring the employer to pay for or furnish the
26 same. The mere furnishing of medical treatment or the payment
27 thereof by the employer shall not be construed to be an admission
28 of liability.

29 If the employer shall refuse or neglect to comply with the
30 foregoing provisions of this section, the employee may secure such
31 treatment and services as may be necessary and as may come within
32 the terms of this section, and the employer shall be liable to pay
33 therefor; provided, however, that the employer shall not be liable
34 for any amount expended by the employee or by any third person on
35 the employee's behalf for any such physicians' treatment and
36 hospital services, unless such employee or any person on the
37 employee's behalf shall have requested the employer to furnish the
38 same and the employer shall have refused or neglected so to do, or
39 unless the nature of the injury required such services, and the
40 employer or the superintendent or foreman of the employer, having
41 knowledge of such injury shall have neglected to provide the same,
42 or unless the injury occurred under such conditions as make
43 impossible the notification of the employer, or unless the
44 circumstances are so peculiar as shall justify, in the opinion of the
45 Division of Workers' Compensation, the expenditures assumed by

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 the employee for such physicians' treatment and hospital services,
2 apparatus and appliances.

3 All fees and other charges for such physicians' and surgeons'
4 treatment and hospital treatment shall be reasonable and based upon
5 the usual fees and charges which prevail in the same community for
6 similar physicians', surgeons' and hospital services. When an
7 injured employee may be partially or wholly relieved of the effects
8 of a permanent injury, by use of an artificial limb or other
9 appliance, which phrase shall also include artificial teeth or glass
10 eye, the Division of Workers' Compensation, acting under
11 competent medical advice, is empowered to determine the character
12 and nature of such limb or appliance, and to require the employer or
13 the employer's insurance carrier to furnish the same.

14 Fees for treatments or medical services that have been authorized
15 by the employer or its carrier or its third party administrator or
16 determined by the Division of Workers' Compensation to be the
17 responsibility of the employer, its carrier or third party
18 administrator, or have been paid by the employer, its carrier or third
19 party administrator pursuant to the workers' compensation law,
20 R.S.34:15-1 et seq., shall not be charged against or collectible from
21 the injured worker. Exclusive jurisdiction for any disputed medical
22 charge arising from any claim for compensation for a work-related
23 injury or illness shall be vested in the division. For services
24 rendered on or before June 30, 2017, a medical fee dispute shall be
25 filed with the Division of Workers' Compensation not later than 18
26 months after the date payment was received, and for services
27 rendered after June 30, 2017, a medical fee dispute shall be filed
28 with the Division of Workers' Compensation not later than 12
29 months after the date payment was received. The treatment of an
30 injured worker or the payment of workers' compensation to an
31 injured worker or dependent of an injured or deceased worker shall
32 not be delayed because of a claim by a medical provider.
33 (cf: P.L.2012, c.67, s.1)

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35 2. This act shall take effect immediately.

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STATEMENT

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40 This bill requires that a medical fee dispute shall be filed with
41 the Division of Workers' Compensation not later than 18 months
42 after the date payment was received if the services were rendered on
43 or before June 30, 2016, and not later than 12 months after the date
44 payment was received if the services were rendered after that date.
45 The bill does not change the requirements of the law that the fees
46 not be charged against, or collectible from, the injured worker and
47 that there be no delay in treatment because of a claim by a medical
48 provider.