Section IV: General Reimbursement Requirements

Explanation of Benefits/Reimbursement (EOB/EOR)

A payer's Explanation of Benefits (EOB) (or other similar document) shall contain sufficient information to allow the medical provider of goods and/or services to determine whether the amount of payment is correct and whom to contact regarding any related payment questions. Information in the EOB (or other similar document) shall include the following:

1. Name of the injured worker; and
2. Name of the payer and name of third party administrator (TPA), if applicable; and
3. Name, telephone number, email and/or physical address of all entities that reviewed the medical billing on behalf of the payer, if applicable; and
4. Name, telephone number, email and/or physical address of the party that has a written contract signed by the medical provider of goods and/or services that allows the contracting party, or other third party, to access and pay rates that are different from those listed under the fee schedule; and
5. Amount billed by the medical provider of goods and/or services; and
6. Payment information explaining why the charge has been reduced or disallowed, which shall include a narrative explanation of each EOB code used; and
7. Amount of any reduction due to a written contract with the medical provider of goods and/or services; and
8. Amount of payment.

Nothing in the fee schedule precludes a medical provider of goods and/or services from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charges. In the absence of a separate contract that governs a medical provider of goods and/or service's fees, reimbursement shall be made according to the fee schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute. If a payer fails to provide evidence that it is entitled to pay a contracted rate, the payer shall be required to make payment as listed in the fee schedule.

(April 1, 2017)