

SUMMARY OF 2010 AMENDMENTS TO THE RULES OF THE STATE BOARD OF WORKERS' COMPENSATION

The 2010 Rules, effective July 1, 2010, contain organizational, editorial, and substantive changes. This summary of the 2010 amendments to the Rules is intended as a convenient reference and does not represent an exhaustive description of all rules changes. For detailed information regarding changes to a particular rule, please refer to the published version of the rule.

1. **Rule 12. Publication of Board Decisions.** This rule corresponds to 2010 legislative change to O.C.G.A. 34-9-12 which allows the board to publish decisions of the appellate division and the administrative law judges as long as the identity and privacy of the parties are protected. The rule specifically states information that will be excluded from published awards to protect the identity and privacy of the parties.

2. **Rule 15. Stipulated Settlements.** Amendments to this rule include several housekeeping changes to reflect some changes in the settlement processes. The substantive changes include allowing the projected cost of an MSA to be in the settlement as an alternative to the actual cost; and a clarification of the requirement that if the employer/insurer are funding settlement with an annuity from a third party, the employer/insurer remain liable to pay if third party defaults on payment. Also, addition of new section (j) recognizes the Board's on-going jurisdiction over medical treatment included in the MSA when a settlement contains an MSA that has not yet been approved by CMS. The rule provides that the parties shall acknowledge and agree that the State Board of Workers' Compensation shall retain jurisdiction of those medical issues covered by the MSA until such time as the medical portion of the claim is resolved in accordance with the Workers' Compensation Act. Also, addition of new section (k) that prohibits assignments of the proceeds of a workers' compensation claim. Finally, addition of new section (l) that requires employee to stipulate that there are no outstanding child support liens that prohibit full disbursement of the settlement proceeds.

3. **Rule 40. State Board offices.** Deletes the State Board offices that have closed in Rome, Gainesville and Augusta.

4. **Rule 60(f); Rule 61(b)61); Rule 82(c); Rule 103(b) (10); Rule 105(g); Rule 102.1(i)—Removal of requirement of prior approval of Board before faxing documents; Filing in paper and faxes of documents permitted when there is ICMS outage.** Purpose of proposed rule changes is to allow for the filing of a document in paper or by fax in the event of an outage that prevents electronic submission and time for filing is at issue. Also eliminates requirement that prior approval of the Board must be obtained before faxing documents to the

board. However, documents filed by facsimile transmission must be clearly labeled with the name of the claimant, claim number, and Board division or employee to whom the facsimile transmission is directed.

5. **Rule 61(b)(5)(A). Filing of Form WC-4.** Form changes time that WC-4 must be filed from 180 days to one year of first date of disability.

6. **Rule 61(b)(10). Form WC-14 Notice of Claim/Request for Hearing or Mediation.** Requires an employee to provide a social security number on the WC-14 if available. If the social security number is not available, the Board will assign a tracking number.

7. **Rule 61(b)(13). Filing of WC-20 and alternative forms.** Updating number of UB form to UB04; and deleting form number HCFA 1450.—Makes form numbers in this rule consistent with form numbers in Rule 205(a).

8. **Rule 61(b)(40), Rule 262(c). Filing of Form WC-262.** Form WC-262 has to be filed only if there is an actual return to work.

9. **Rules 84, 108(a)—Prohibition against assignment of workers compensation benefits.** These rules are being amended to reiterate in the rules the provisions of O.C.G.A §34-9-84 that prohibit assignment of claims and provide that workers' compensation benefits shall be exempt from all claims of creditors. The workers' compensation code specifically prohibits workers compensation claims from being assigned, and the rules are being amended to clarify that no party or party's attorney shall execute any loan or assignment that requires repayment from any workers' compensation benefits.

10. **Rule 103(b)(6). Practice before the Appellate Division.** Requires 48 hour notice to Appellate Division of non-appearance at oral argument.

11. **Changes to Rehab rules. Rule 200.1 (a)(3)(iv) and(a)(5)(vii)** —The proposed rules increase time to file objections to the appointment of a rehabilitation supplier or a proposed rehabilitation plan from 15 days to 20 days. Also addition of new Rule **200.1(a)(8)** relating to requests to reopen rehabilitation. Change to Rule **200.1(a)(7)(iii)** specifying form to be used for request for closure of rehabilitation services.

12. **Changes to Rule 203--** Correction of typo in Rule 203(a). Change to Rule 203(c) deleting statement that could be interpreted to permit peer review procedure to be utilized when future medical treatment is in dispute.

13. **Rule 205(a)—Electronic Billing.** This rule addresses the supporting reports and information medical providers are required to submit with their bills to insurers or self-insurers in order to obtain timely payment of bills for medical services provided to injured workers. The rule is being amended to provide for

electronic billing and payment of medical bills pursuant to procedures outlined in the Georgia Fee Schedule.

Note: An electronic billing **Pilot Project** is currently operating in which medical providers and payers are participating in electronic billing on a voluntary basis to test the process.

14. **Rules 381 et. seq. Rules regarding Self-Insured Guaranty Trust fund and insolvency of self-insured employer.** Changes to correspond to legislative changes to O.C.G.A. 34-9-381. et seq.