

Chapter 568

(Senate Bill 194)

AN ACT concerning

Workers' Compensation – Medical Benefits – Payment of Medical Services and Treatment

FOR the purpose of requiring a provider to submit to an employer or an employer's insurer, within a certain period of time, a certain bill ~~and documentation~~ for certain medical services or treatment provided to a covered employee under a certain provision of law; prohibiting the employer or the employer's insurer from being required to pay a certain bill except under certain circumstances; and generally relating to the payment for medical services and treatment provided under the workers' compensation law.

BY repealing and reenacting, with amendments,
Article – Labor and Employment
Section 9–660
Annotated Code of Maryland
(2016 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Labor and Employment

9–660.

(a) In addition to the compensation provided under this subtitle, if a covered employee has suffered an accidental personal injury, compensable hernia, or occupational disease the employer or its insurer promptly shall provide to the covered employee, as the Commission may require:

- (1) medical, surgical, or other attendance or treatment;
- (2) hospital and nursing services;
- (3) medicine;
- (4) crutches and other apparatus; and
- (5) artificial arms, feet, hands, and legs and other prosthetic appliances.

(b) The employer or its insurer shall provide the medical services and treatment required under subsection (a) of this section for the period required by the nature of the accidental personal injury, compensable hernia, or occupational disease.

(c) Except as provided in § 9-736(b) and (c) of this title, any award or order of the Commission under this section may not be construed to:

- (1) reopen any case; or
- (2) allow any previous award to be changed.

~~(D) (1) WITHIN 45 DAYS AFTER THE DATE MEDICAL SERVICE OR TREATMENT IS PROVIDED TO A COVERED EMPLOYEE UNDER SUBSECTION (A) OF THIS SECTION, A PROVIDER SHALL SUBMIT TO THE EMPLOYER OR THE EMPLOYER'S INSURER A BILL FOR AND DOCUMENTATION SUMMARIZING THE SERVICES OR TREATMENT PROVIDED.~~

(D) (1) A PROVIDER WHO PROVIDES MEDICAL SERVICE OR TREATMENT TO A COVERED EMPLOYEE UNDER SUBSECTION (A) OF THIS SECTION SHALL SUBMIT TO THE EMPLOYER OR THE EMPLOYER'S INSURER A BILL FOR PROVIDING MEDICAL SERVICE OR TREATMENT WITHIN 12 MONTHS FROM THE LATER OF THE DATE:

(I) MEDICAL SERVICE OR TREATMENT WAS PROVIDED TO A COVERED EMPLOYEE;

(II) THE CLAIM FOR COMPENSATION WAS ACCEPTED BY THE EMPLOYER OR THE EMPLOYER'S INSURER; OR

(III) THE CLAIM FOR COMPENSATION WAS DETERMINED BY THE COMMISSION TO BE COMPENSABLE.

(2) THE EMPLOYER OR THE EMPLOYER'S INSURER MAY NOT BE REQUIRED TO PAY A BILL SUBMITTED AFTER ~~THE 45-DAY~~ THE TIME PERIOD REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION UNLESS:

(I) THE PROVIDER FILES AN APPLICATION FOR PAYMENT WITH THE COMMISSION WITHIN 3 YEARS FROM THE LATER OF THE DATE;

1. THE MEDICAL SERVICE OR TREATMENT IS WAS PROVIDED TO THE COVERED EMPLOYEE;

2. THE CLAIM FOR COMPENSATION WAS ACCEPTED BY THE EMPLOYER OR THE EMPLOYER'S INSURER; OR

**3. THE CLAIM FOR COMPENSATION WAS DETERMINED
BY THE COMMISSION TO BE COMPENSABLE; AND**

**(II) THE COMMISSION EXCUSES THE UNTIMELY SUBMISSION
FOR GOOD CAUSE.**

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
October 1, 2017.

Approved by the Governor, May 4, 2017.