

## **E-Billing Regulations – Adopted Changes:**

### **16VAC30-16-10 Effective date –**

1. Added clause “to injured workers in accordance with § 65.2-603 of the Code of Virginia” to clarify applicability of the regulation.
2. Changed date from December 31, 2018 to July 1, 2019.
3. Added provision making the regulation voluntary beginning December 31, 2018.

### **16VAC30-16-50 Electronic medical billing, reimbursement, and documentation.**

1. Subsection A 1 – added clause “provided to injured workers in accordance with § 65.2-603 of the Code of Virginia” to clarify applicability of the regulation.
2. Subsection A 2 – added clause “Unless exempted from this process in accordance with subsection B 2 of this section” to recognize new exemption for small payers.
3. Subsection A 3 – added “1” following B to capture section renumbering.
4. Subsection A 4 – changed date from December 31, 2018 to July 1, 2019.
5. Subsection A 4 – added clause “unless exempted from this process in accordance with subsection B 2 of this section” to recognize new exemption for small payers.
6. Subsection A 5 – changed date from December 31, 2018 to July 1, 2019.
7. Subsection A 5 -- added “1” following B to capture section renumbering.
8. Subsection B 1 – changed the small provider exemption to exempt providers with 10 or fewer full time employees **or** that have submitted fewer than 250 workers’ comp bills in the past calendar year. The latter is a new exemption qualification that replaces the previous criteria of workers’ comp constituting less than 10% of the provider’s practice.
9. Subsection B 2 – new subsection exempts payers who processed fewer than 250 workers comp bills in the past calendar year.
10. Subsection D 7 – added “a complete or” to clarify that acceptance of a bill, whether complete or incomplete does not satisfy the notification requirements in the Act.
11. Subsection D 8 – deleted previous provision that stated, “Acceptance of a complete or incomplete medical bill by a payer does begin the time period by which a payer shall accept or deny liability for any alleged claim related to such medical treatment pursuant to § 65.2-605.1 of the Code of Virginia”. This provision in the model regulations was intended to speak to statutory time limits for accepting or contesting an injured workers’ claim, which we do not have. Also, as drafted the provision was inconsistent with the prompt-pay statute. Former subsection D 9 was renumbered as D 8.
12. Subsection F 4 – added clause “that have been billed electronically in accordance with this chapter” to clarify that electronic payment is only required for bills submitted electronically, which is consistent with the portion of 65. 2-605.1 requiring these e-billing regulations.

13. Subsection F 4 – deleted “electronic” from “alternate method” to allow providers and payers to agree to any form of alternate payment, not just alternate electronic forms of payment.
14. Subsection I -- added “1” following B to capture section renumbering.

**16VAC30-16-60 Employer, insurance carrier, managed care organization or agent’s receipt of medical bills from health care providers.**

1. Subsection A 1 – added “A payer may subsequently reject a complete medical bill or any portion thereof that is contested or denied in accordance with the requirements of subsection B of § 65.2-605.1 of the Code of Virginia.” to clarify the payer’s ability to subsequently contest or deny a bill that is initially accepted as complete.
2. Subsection A 2 – changed 21 calendar days to 45 calendar days to make it consistent with the prompt-pay statute.
3. Subsection A 2 b – added “and the requirements of subsection B of § 65.2-605.1 of the Code of Virginia.” to clarify that requirements of the prompt-pay statute apply to rejections of electronic medical bills.
4. Subsection D – added “and shall comply with all requirements of subsection B of § 65.2-605.1 of the Code of Virginia.” to clarify that requirements of the prompt-pay statute apply to rejections of electronic medical bills.
5. Subsection F 1 – changed “two business days” to 45 calendar days” to make it consistent with the prompt-pay statute.
6. Subsection I – deleted this section which read, “A payer shall not reject or deny a medical bill except as provided in subsection A of this section. When rejecting or denying a medical bill, the payer shall also communicate to the health care provider the reasons for the medical bill’s rejection or denial.” This provision is duplicative of subsection D.

**Companion Guide – Adopted Changes:**

1. Updated Commission address and fax number.
2. Section 2.1 – replaced previous provision stating, “Nothing in this document prevents the parties from utilizing Electronic Funds Transfer (EFT) to facilitate payment of electronically submitted bills. Use of EFT is optional, and is not a pre-condition for electronic billing.” with “If a billing entity submits bills electronically, payment of those bills must be made electronically via Electronic Funds Transfer (EFT) unless the provider and payer agree to an alternate method of payment”