

12 NYCRR 325-1.3 is hereby amended to read as follows:

Section 325-1.3. Reports of [attending physicians] treating providers

In order to expedite the processing of claims and to avoid, so far as possible, the appearance of [physicians] providers in contested bill proceedings, the rules with respect to filing of medical reports by [attending physicians] treating providers are here stated:

(a) All medical reports filed by [attending physicians] treating providers and specialists must be [on the most recent version, or such other version mandated by the Chair, of the forms] submitted to the insurance carrier, self-insured employer, or third-party administrator and the Board in the format prescribed by the Chair, which may be electronic [must be fully completed and must contain the provider's authorization certificate number and code letters].

(b) Every [physician] provider shall file all medical reports [directly] with the Chair, and also with the employer or the employer's carrier, if known, in the format prescribed by the Chair, which may be electronic, in the following intervals:

- (1) within 48 hours following first treatment;
- (2) within 15 days after filing the medical report filed within 48 hours after the first treatment;
- (3) thereafter during continuing treatment and without further request, a progress report for each follow-up visit to be scheduled when medically necessary except the intervals between follow-up visits shall be no more than 90 days;
- (4) when a claimant reaches the maximum medical improvement, which must include an opinion whether there is any permanent impairment, if any;
- [(5) immediately upon termination of treatment, a final report regardless of the date the last previous report was filed, except that where treatment is terminated within 48 hours following first treatment, the medical report filed within 48 hours of the initial treatment shall constitute the final report if so noted thereon. In case of a herniotomy, a final report by the operating surgeon must be filed immediately following final examination of the injured person made not less than eight weeks after operation in case of a single hernia and not less than 12 weeks in case of a double hernia;
- (6) additional or more frequent reports when requested by the Chair and within three workdays after such request is made.

(c) Whenever a report is filed with the Chair by an attending physician after the time period for filing, as provided herein and in subdivision (4) of section 13-a of the Workers' Compensation Law, has elapsed, the physician shall attach thereto a signed and verified statement giving the true reason for which he requests excuse for late filing.

(d) ~~(c)~~ [All medical reports of attending physicians must be filed on the form or forms prescribed by the Chair for such purpose. A prescribed form is identified by the assigned alphanumeric combination and a date. Further, all forms must be submitted only in the manner authorized by the Chair. Failure to use the correct prescribed form or to submit the form in the proper manner may result in disciplinary action by the Chair.] Carriers, self-insured employers and third-party administrators may designate a single mailing address for mailing of paper

medical reports and bills when such address has been published in the manner prescribed by the Chair and the provider is provided with actual notice of the mailing address.