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TITLE 8. Industrial Relations

Division 1. Department of Industrial Relations

Chapter 4.5. Division of Workers' Compensation

Subchapter 1.9 Rules of the Court Administrator

Section 10250 - Payment of Medical Provider and Medical-Legal Lien Claimant Initial Lien Filing Fees

(a) At the time of filing of the initial lien in each case, every medical provider or medical-legal lien claimant, except the Veterans Administration, the Medi-Cal program, or a public hospital, shall be responsible for payment of the initial lien filing fee required of providers by Labor Code Section 4903.05. For purposes of this section, the term "initial lien" means any lien filed in a case on or after ~~the effective date of these regulations~~ January 1, 2004 by a lien claimant who has not previously filed a lien in the same or in any related case. When the medical provider or medical-legal lien claimant files a single initial lien in more than one related case involving the same employee or dependent, only a single filing fee shall be required. For purposes of this section, a case shall be deemed related if the case alleges injury to the same or substantially same body parts. For purposes of this section, the term "lien claimant" does not include an interpreter or a copy service.

(b) When filing the initial lien in writing, the medical provider or medical-legal lien claimant shall submit a check or money order in the amount of one hundred dollars (\$100), made payable to "DWC Revolving Fund." The check or money order for the filing fee shall be attached to the front of the lien form and shall contain the words "lien filing fee" and the Workers' Compensation Appeals Board case number, if available, in the memo section of the check or money order.

(c) If no application exists for the employee at the time of the initial lien filing, the lien claimant must file any necessary application(s) together with the lien. When the medical provider or medical-legal lien claimant files the application, the filing fee required by Labor Code Section 4903.05 shall be submitted together with the application. In such cases, the WCAB case number shall be filled in by the WCAB on the check or money order at such time as the case number is assigned. If the lien claimant wishes to receive a conformed copy of the application, the lien claimant shall submit a postage paid, pre-addressed return envelope together with the application(s).

(d) When the medical provider or medical-legal lien claimant files liens in written form in more than one case at the same time, the filing fees for each lien may be paid with a single check or money order by attaching a list of the available WCAB case numbers for the cases in which the filing fees are paid to the check covering those cases. If the list includes cases in which the lien claimant is filing an application together with the lien, the lien claimant shall provide the name of the employee, the employee's social security number, and the date(s) of injury on the list instead of a WCAB case number. A single list may include existing cases and cases where the lien claimant is filing the application.

(e) No initial lien, filed in writing, shall be accepted for filing on or after ~~the effective date of these regulations~~ January 1, 2004 unless accompanied by full payment for the filing fee required by Labor Code Section 4903.05. Any initial lien delivered for filing on or after ~~the effective date of these regulations~~ January 1, 2004 without payment of the initial lien filing fee shall be discarded without notice to the party submitting it, unless a postage paid, pre-addressed return envelope is submitted with the lien. Until receipt of proper payment, the lien shall not be deemed to have been received or filed for any purpose.

(f) A medical provider or medical-legal lien claimant shall be billed on a monthly basis for all liens filed electronically through the EDEX system, or as otherwise designated by DWC, in the preceding month. Within 15 calendar days of receipt of the billing, the medical provider or medical-legal lien claimant shall submit a check or money order for the total filing fee billed. The check or money order, made payable to "DWC Revolving Fund," shall be submitted to:

Lien Filing Fee Payment Unit
Division of Workers' Compensation
P.O. Box 420603
San Francisco, CA ~~941222~~ 94142-0603

(g) The WCAB will not order or enforce payment of any medical treatment or medical-legal lien filed on or after ~~the effective date of these regulations~~ January 1, 2004 without prior payment of the filing fee required by Labor Code Section 4903.05.

(h) When the attorney for the employee or dependent or any assignee of the lien claimant files the initial medical or medical-legal lien, that filing shall be deemed to have been made by an agent for the medical provider or medical-legal lien claimant and payment of the filing fee required by Labor Code Section 4903.05 shall be required of the filing party as if the lien had been filed directly by the medical provider or medical-legal lien claimant.

Note:

Authority cited: Section 4903.05, Labor Code.
Reference: Sections 4903.05, 5307, Labor Code.