

DEPARTMENT OF INSURANCE

Problem with claim payment or handling								
Benefits limited or excluded								
Timeliness of decision making								
Other (attach additional sheets if necessary)								

Block 4 DESCRIPTION OF GRIEVANCE PROCEDURES

Please describe your grievance procedures. Attach additional sheets as necessary:

Block 5 DESCRIPTION OF APPEALS PROCEDURES

Please describe your appeals procedures. Attach additional sheets as necessary:

(Department of Insurance; 760 IAC 1-59-14; filed Sep 30, 1998, 2:17 p.m.: 22 IR 451, eff Jan 1, 1999; filed Feb 17, 2003, 9:57 a.m.: 26 IR 2331; readopted filed Nov 24, 2009, 9:35 a.m.: 20091223-IR-760090791RFA; readopted filed Nov 20, 2015, 9:25 a.m.: 20151216-IR-760150341RFA)

760 IAC 1-59-15 Effective date (Expired)

Sec. 15. *(Expired under IC 13-14-9.5, effective January 1, 2006.)*

Rule 60. Physician Specialty Classes

760 IAC 1-60-1 Authority

Authority: IC 34-18-5-2
 Affected: IC 34-18-5-2

Sec. 1. This rule is adopted and promulgated pursuant to the authority granted by IC 34-18-5-2. *(Department of Insurance; 760 IAC 1-60-1; filed Oct 23, 1998, 2:45 p.m.: 22 IR 754; readopted filed Oct 14, 2004, 10:15 a.m.: 28 IR 1072; readopted filed Nov 24, 2010, 9:17 a.m.: 20101222-IR-760100633RFA; readopted filed Nov 23, 2016, 9:47 a.m.: 20161221-IR-760160436RFA)*

760 IAC 1-60-1.1 Definitions

Authority: IC 34-18-5-2
 Affected: IC 34-18-5-2

Sec. 1.1. (a) The following definitions apply throughout this rule:

- (1) "Advanced trauma procedures" include the following:
 - (A) Tracheostomy.
 - (B) Cranial burr holes.
 - (C) Resuscitative thoracotomy.
 - (D) Resuscitative endovascular balloon occlusion of the aorta.
 - (E) Extracorporeal membrane oxygenation.
 - (F) Lateral canthotomy.
- (2) "Locum tenens" means a health care provider who:
 - (A) is an independent contractor; and
 - (B) provides services on a temporary assignment with an unrelated entity when:
 - (i) the unrelated entity's employed health care provider or providers are away or unavailable; or
 - (ii) additional staffing is required by the unrelated entity.

(3) "Major surgery" means a physician who performs or assists in the performance of any medical procedures requiring the use of:

- (A) moderate sedation/analgesia;
- (B) deep sedation/analgesia;
- (C) regional anesthesia; or
- (D) general anesthesia.

For the purposes of emergency medicine, the term means a physician who performs advanced trauma procedures.

(4) "Minor surgery" means a physician who performs or assists in the performance of any medical procedures requiring the use of:

- (A) local anesthesia;
- (B) superficial nerve blocks; or
- (C) minimal sedation/anxiolysis.

For the purposes of emergency medicine, the term means a physician who performs stabilizing procedures.

(5) "No surgery" means a physician who neither performs nor assists in the performance of major surgery or minor surgery.

(6) "PCF" means the Indiana patient's compensation fund.

(7) "Retired physician" means a physician who has ceased practicing for compensation, but retains an active Indiana license. For purposes of this rule, a physician who volunteers for any amount of time without prescriptive authority is considered a retired physician.

(8) "Stabilizing procedures" include the following:

- (A) Tube thoracostomy.
- (B) Laceration repair.
- (C) Arthrocentesis.
- (D) Joint reduction.
- (E) Cricothyroidotomy.

(9) "Surgery (not otherwise classified)" means a physician who:

- (A) performs; or
- (B) assists in the performance of;

major surgery or minor surgery.

(b) Any term not defined in this rule has the meaning set forth in 844 IAC 5-5. (*Department of Insurance; 760 IAC 1-60-1.1; filed May 18, 2018, 2:26 p.m.: 20180613-IR-760180070FRA*)

760 IAC 1-60-2 Purpose and scope (Repealed)

Sec. 2. (Repealed by Department of Insurance; filed May 18, 2018, 2:26 p.m.: 20180613-IR-760180070FRA)

760 IAC 1-60-3 List of physician specialty classes

Authority: IC 34-18-5-2

Affected: IC 34-18-5-2

Sec. 3. The list of physician specialty classes required by IC 34-18-5-2 is as follows:

Indiana Department of Insurance
Patient's Compensation Fund
Physician Class Plan

Class 0

ISO Code	Specialty
80001	Resident Nonmoonlighting
80221	Resident Moonlighting (No ER)

DEPARTMENT OF INSURANCE

80230	Aerospace Medicine
80231	General Preventive Medicine – No Surgery
80233	Occupational Medicine
80234	Pharmacology – Clinical
80236	Public Health
80240	Legal Medicine and Forensic Medicine
80248	Nutrition
80249	Psychiatry (Including Child)
80250	Psychoanalysis
80251	Psychosomatic Medicine
80254	Allergy
80256	Dermatology – No Surgery
80263	Ophthalmology – No Surgery

Class 1

ISO Code	Specialty
80235	Physical Medicine and Rehabilitation
80237	Diabetes – No Surgery
80238	Endocrinology – No Surgery
80239	Family Practice – No Surgery
80241	Gastroenterology – No Surgery
80242	General Practice – No Surgery
80243	Geriatrics – No Surgery
80244	Gynecology – No Surgery
80245	Hematology – No Surgery
80246	Infectious Disease – No Surgery
80247	Rhinology – No Surgery
80252	Rheumatology – No Surgery
80255	Cardiovascular Disease – No Surgery
80257	Internal Medicine – No Surgery
80258	Laryngology – No Surgery
80259	Neoplastic Disease – No Surgery
80260	Nephrology – No Surgery
80262	Nuclear Medicine
80264	Otology – No Surgery
80265	Otorhinolaryngology – No Surgery
80266	Pathology – No Surgery
80267	Pediatrics – No Surgery
80268	Physicians (Not Otherwise Classified) – No Surgery
80269	Pulmonary Disease – No Surgery
80420	Family Physicians – No Surgery
80473	Oncology (Not Otherwise Classified)

Class 2

ISO Code	Specialty
80223	Resident Moonlighting (with ER)

DEPARTMENT OF INSURANCE

80253	Radiology – Therapeutic
80261	Neurology – (Including Child) – No Surgery
80280	Radiology – Diagnostic
80282	Dermatology – Minor Surgery (including but not limited to liposuction – tumescent technique, deep chemical peels, skin flaps – cosmetic, grafts – cosmetic)
80289	Ophthalmology – Minor Surgery (including but not limited to ectropion repair, entropion repair and excision of growths in area of eye and lids)
80292	Pathology – Minor Surgery
80425	Radiation Therapy – Not Otherwise Classified
80426	Radiation Oncology
80431	Shock Therapy

Class 3

ISO Code	Specialty
80109	Physicians – No Major Surgery
80114	Surgery – Ophthalmology (including but not limited to cataract surgery, blepharoplasty, and LASIK/refractive surgery)
80132	Physicians (Not Otherwise Classified) – Minor Surgery
80151	Surgery – Anesthesiology
80163	Radiation Therapy – Employed Physicians or Surgeons with Major Surgery
80172	Physicians (Not Otherwise Classified) – No Major Surgery
80270	Rhinology – Minor Surgery
80271	Diabetes – Minor Surgery
80272	Endocrinology – Minor Surgery
80273	Family Practice – Minor Surgery (including but not limited to vasectomy, lumbar epidural steroid nerve block, and circumcision)
80274	Gastroenterology – Minor Surgery (including but not limited to colonoscopy, endoscopic biopsy, upper GI endoscopy – ERCP, gastrotomy, and duodenoscopy)
80275	General Practice – Minor Surgery
80276	Geriatrics – Minor Surgery
80278	Hematology – Minor Surgery
80279	Infectious Diseases – Minor Surgery
80281	Cardiovascular Disease – Minor Surgery (including but not limited to catheterization – left heart, angioplasty, electrophysiological studies – left heart)
80283	Intensive Care Medicine – Minor Surgery
80284	Internal Medicine – Minor Surgery (including but not limited to gastrointestinal endoscopy and biopsy – endoscopic)
80285	Laryngology – Minor Surgery (including but not limited to endoscopic biopsy and lymph node excision)
80286	Neoplastic Diseases – Minor Surgery
80287	Nephrology – Minor Surgery
80288	Neurology (Including Child) – Minor Surgery (including but not limited to lumbar epidural steroid – nerve block, myelography, angiography, and arteriography)
80290	Otology – Minor Surgery (including but not limited to endoscopic biopsy and lymph node excision)
80291	Otorhinolaryngology – Minor Surgery
80293	Pediatrics – Minor Surgery (including but not limited to colonoscopy, ERCP, esophagoscopy, and pulmonary artery catheterization)

DEPARTMENT OF INSURANCE

80294	Physicians (Not Otherwise Classified) – Minor Surgery
80421	Family Physicians (GP) – Minor Surgery – No OB
80422	Catheterization (Not Otherwise Classified)
80424	Emergency Medicine – No Surgery
80474	Oncology – Minor Surgery

Class 4

ISO Code	Specialty
80000	Family Practice – with OB (including but not limited to prenatal practice to delivery, with or without delivery and tubal ligations)
80101	Broncho-Esophagology
80108	Physicians – Surgery – Nephrology
80115	Surgery (Not Otherwise Classified) – Colon and Rectal (including family practice with colonoscopy and internal medicine with colonoscopy)
80117	Surgery (Not Otherwise Classified) – GP (Not Primarily Engaged in Surgery)
80145	Surgery (Not Otherwise Classified) – Urological
80277	Gynecology – Minor Surgery

Class 5

ISO Code	Specialty
80102	Emergency Medicine – No Major Surgery
80103	Physicians – Surgery (Not Otherwise Classified) – Endocrinology
80104	Physicians – Surgery (Not Otherwise Classified) – Gastroenterology
80105	Physicians – Surgery (Not Otherwise Classified) – Geriatrics
80106	Surgery (Not Otherwise Classified) – Laryngology (including but not limited to rhinoplasty, reconstructive blepharoplasty, tonsillectomy, adenoidectomy, reconstructive cleft palate surgery, and mastoidectomy)
80107	Physicians – Surgery (Not Otherwise Classified) – Neoplastic
80155	Surgery – Plastic – Otorhinolaryngology
80158	Surgery (Not Otherwise Classified) – Otology (including but not limited to rhinoplasty, reconstructive blepharoplasty, tonsillectomy, adenoidectomy, reconstructive cleft palate surgery, and mastoidectomy)
80159	Surgery (Not Otherwise Classified) – Otorhinolaryngology (including but not limited to rhinoplasty, reconstructive blepharoplasty, tonsillectomy, adenoidectomy, reconstructive cleft palate surgery, and mastoidectomy)
80160	Physicians – Surgery (Not Otherwise Classified) – Rhinology (including but not limited to rhinoplasty, reconstructive blepharoplasty, tonsillectomy, adenoidectomy, reconstructive cleft palate surgery, and mastoidectomy)
80419	Family or General Practice – Major Surgery
80475	Pain Medicine and Pain Management

Class 6

ISO Code	Specialty
80143	Surgery (Not Otherwise Classified) – General
80156	Surgery (Not Otherwise Classified) – Plastic
80157	Surgery (Not Otherwise Classified) – Emergency Medicine
80166	Surgery (Not Otherwise Classified) – Abdominal
80169	Surgery (Not Otherwise Classified) – Hand
80170	Surgery (Not Otherwise Classified) – Head and Neck

Class 7

DEPARTMENT OF INSURANCE

ISO Code	Specialty
80141	Surgery (Not Otherwise Classified) – Cardiac
80144	Surgery (Not Otherwise Classified) – Thoracic
80146	Surgery (Not Otherwise Classified) – Vascular
80150	Surgery (Not Otherwise Classified) – Cardiovascular Disease (including cardiovascular surgeons)
80154	Surgery (Not Otherwise Classified) – Orthopedic
80167	Surgery (Not Otherwise Classified) – Gynecology
80171	Surgery (Not Otherwise Classified) – Traumatic
80476	Surgery (Not Otherwise Classified) – Bariatric
Class 8	

ISO Code	Specialty
80153	Surgery (Not Otherwise Classified) – Obstetrics/Gynecology
80168	Surgery (Not Otherwise Classified) – Obstetrics
Class 9	

ISO Code	Specialty
80152	Surgery (Not Otherwise Classified) – Neurology (Including Child)
<i>(Department of Insurance; 760 IAC 1-60-3; filed Oct 23, 1998, 2:45 p.m.: 22 IR 754; filed Aug 6, 1999, 2:35 p.m.: 22 IR 3934; filed Apr 26, 2004, 2:00 p.m.: 27 IR 2729, eff. Jul 1, 2004; readopted filed Nov 24, 2010, 9:17 a.m.: 20101222-IR-760100633RFA; readopted filed Nov 23, 2016, 9:47 a.m.: 20161221-IR-760160436RFA; filed May 18, 2018, 2:26 p.m.: 20180613-IR-760180070FRA)</i>	

760 IAC 1-60-4 Doctors of osteopathy

Authority: IC 34-18-5-2
 Affected: IC 34-18-5-2

Sec. 4. Doctors of osteopathy classified by ISO Codes 84*** shall be included in the same rating class as the corresponding doctor of medicine specialty identified by ISO Codes 80***. *(Department of Insurance; 760 IAC 1-60-4; filed Oct 23, 1998, 2:45 p.m.: 22 IR 756; readopted filed Oct 14, 2004, 10:15 a.m.: 28 IR 1072; readopted filed Nov 24, 2010, 9:17 a.m.: 20101222-IR-760100633RFA; readopted filed Nov 23, 2016, 9:47 a.m.: 20161221-IR-760160436RFA)*

760 IAC 1-60-5 Part-time and retired physicians

Authority: IC 34-18-5-2
 Affected: IC 25-22.5-1-1.1

Sec. 5. (a) A physician who practices medicine on a part-time basis shall pay a reduced surcharge as follows:

- (1) A physician who practices medicine twelve (12) hours per week or less shall receive a credit equal to seventy-five percent (75%) of the surcharge amount.
- (2) A physician who practices medicine more than twelve (12) hours but less than twenty-five (25) hours per week shall receive a credit equal to fifty percent (50%) of the surcharge amount.
- (3) A physician who practices medicine twenty-five (25) to thirty-one (31) hours per week shall receive a credit equal to twenty-five percent (25%) of the surcharge amount.

(b) Medical school faculty shall receive a credit equal to sixty-seven percent (67%) of the surcharge amount. As used in this subsection, "medical school faculty" means a physician engaged in research or teaching at a medical school as defined in IC 25-22.5-1-1.1(h). To be eligible for the credit, not more than thirty percent (30%) of the physician's time may be spent treating patients whose treatment is unrelated to the physician's duties at the medical school.

(c) Newly licensed physicians shall receive a credit equal to fifty percent (50%) of the surcharge amount during their first year of practice and twenty-five percent (25%) during their second year. For purposes of this subsection, a physician is considered

newly licensed for two (2) years after:

- (1) completion of a residency program or a fellowship program in their medical specialty; or
- (2) the fulfillment of a military obligation in remuneration for medical school tuition.
- (d) A physician participating in a fellowship program shall pay the following:
 - (1) If the fellowship is full time and the physician is engaging in no other medical practice, the physician shall pay an annual surcharge equal to fifty percent (50%) of the surcharge due for the specialty class of the fellowship.
 - (2) If the physician is engaging in a medical practice outside of the fellowship, the physician shall pay the greater of the following:
 - (A) The full-time surcharge due for the medical practice outside of the fellowship.
 - (B) Fifty percent (50%) of the surcharge due for the specialty class of the fellowship.

For purposes of this subsection, "part-time" has the meaning described in subsection (a)(2).

(e) A retired physician shall pay an annual surcharge in the amount of five hundred dollars (\$500).

(f) Not more than one (1) credit may be applied to a physician in any policy year. (*Department of Insurance; 760 IAC 1-60-5; filed Oct 23, 1998, 2:45 p.m.: 22 IR 756; filed Aug 6, 1999, 2:35 p.m.: 22 IR 3936; filed Apr 26, 2004, 2:00 p.m.: 27 IR 2730, eff Jul 1, 2004; filed Aug 23, 2006, 3:58 p.m.: 20060906-IR-760050266FRA; readopted filed Nov 24, 2010, 9:17 a.m.: 20101222-IR-760100633RFA; readopted filed Nov 23, 2016, 9:47 a.m.: 20161221-IR-760160436RFA; filed May 18, 2018, 2:26 p.m.: 20180613-IR-760180070FRA*)

760 IAC 1-60-6 Multiple policies

Authority: IC 34-18-5-2

Affected: IC 34-18-5-2

Sec. 6. (a) A physician who purchases more than one (1) professional liability insurance policy may pay only one (1) full-time surcharge.

(b) A physician shall remit the following surcharge to the PCF for the second policy:

(1) If the second policy that is being reported for proof of financial responsibility is at a lower classification than the first policy, the physician shall remit the minimum surcharge set forth in 760 IAC 1-21 to the PCF for the second policy.

(2) If the second policy that is being reported for proof of financial responsibility is at a higher classification than the first policy, the physician shall remit the difference between the higher classification surcharge and the lower classification surcharge to the PCF for the second policy.

(c) This section does not apply to physicians holding part-time policies or locum tenens policies as the first policy being reported for proof of financial responsibility. A physician shall remit one (1) full-time surcharge on the first policy before calculating the surcharge to be remitted on the second policy. (*Department of Insurance; 760 IAC 1-60-6; filed May 18, 2018, 2:26 p.m.: 20180613-IR-760180070FRA*)

Rule 61. Viatical Settlements

760 IAC 1-61-1 Purpose and scope

Authority: IC 27-8-19.8-25; IC 27-8-19.8-26

Affected: IC 27-8-19.8-17

Sec. 1. (a) The purpose of this rule is to effectuate IC 27-8-19.8 by establishing minimum standards and disclosure requirements to be met by viatical settlement providers with respect to:

- (1) viatical settlement contracts advertised, solicited, negotiated, or executed in Indiana; and
- (2) licensing requirements for viatical settlement providers, brokers, and agents.

(b) Except as otherwise specifically provided, this rule applies to the following:

- (1) Every person acting as a viatical settlement agent, broker, and provider as defined in IC 27-8-19.8-4.3, IC 27-8-19.8-4.5, and IC 27-8-19.8-5, respectively, on or after January 1, 1999.
- (2) Every viatical settlement contract advertised, solicited, negotiated, or executed in Indiana on or after January 1, 1999.