

WORKERS' COMPENSATION DIVISION[876]

[Prior to 9/24/86, see Industrial Commissioner[500]. Renamed Division of Industrial Services under the “umbrella” of Employment Services Department by 1986 Iowa Acts, Senate File 2175]

[Prior to 1/29/97 see Industrial Services Division[343]. Reorganized under “umbrella” of the Department of Workforce Development[871] by 1996 Iowa Acts, chapter 1186]
[Prior to 7/29/98 see Industrial Services Division[873]]

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CHAPTER 1
PURPOSE AND FUNCTION

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—1.1(86,17A) Purpose and function. The function of the division of workers' compensation of the department of workforce development is to adjudicate the rights and duties of persons provided for in Iowa Code chapters 85, 85A, 85B, 86, and 87 and these rules, and to administer and enforce the provisions of chapters 85, 85A, 85B, 86, and 87 and these rules. The indicated chapters provide for the rights and duties of persons injured in employment and the responsible employers and insurance carriers. The chapters are commonly referred to as the workers' compensation chapters of the Iowa Code. The Iowa workers' compensation commissioner is the executive head of the division of workers' compensation who serves a six-year term, appointed by the governor and confirmed by the senate. Two major sections within the division, compliance and adjudication, carry out the purpose of the division as set out by the laws of this state.

The compliance section prepares and distributes literature concerning the workers' compensation law, rates, judicial decisions, and statistics; responds to written and oral inquiries regarding the law; conducts conferences and training sessions; provides appropriate forms for use in matters under the jurisdiction of the division; establishes and monitors files arising from claims of work-related injuries and illness; and informs parties to a claim of their rights and responsibilities.

The adjudication section determines, by adjudicative means, the rights and liabilities of parties in a disputed claim by conducting hearings and rendering decisions; approving settlements in accordance with the statutes; and conducting appeals within the division.

876—1.2(86,17A) Location. Interested persons may contact the Iowa Workers' Compensation Commissioner, 150 Des Moines Street, Des Moines, Iowa 50309; telephone (515)725-4120 or 1-800-645-4583. The fax number is (515)281-6501. The website address is www.iowaworkcomp.gov.

[ARC 3528C, IAB 12/20/17, effective 1/24/18; ARC 5042C, IAB 5/20/20, effective 6/24/20; ARC 6841C, IAB 2/8/23, effective 3/15/23]

These rules are intended to implement Iowa Code sections 17A.3(1)“a” and “b” and 84A.5.

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¹ See IAB Industrial Services, Division of [343]

CHAPTER 2
GENERAL PROVISIONS

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—2.1(86) Extending time and continuances. The workers' compensation commissioner or a deputy workers' compensation commissioner may modify the time to comply with any rule for good cause.

This rule is intended to implement Iowa Code chapter 86.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.2(85,85A,85B,86,87) Applicability. When appropriate, all rules shall apply to Iowa Code chapters 85, 85A, 85B, 86 and 87.

This rule is intended to implement Iowa Code chapters 85, 85A, 85B, 86 and 87.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.3(86,87) Representative within the state. All licensed insurers, foreign and domestic, insuring workers' compensation and all employers relieved from insurance pursuant to Iowa Code section 87.11 shall designate one or more persons geographically located within the borders of this state, which person or persons shall be knowledgeable of the Iowa workers' compensation law and rules and shall be given the authority and have the responsibility to expedite the handling of all matters within the scope of Iowa Code chapters 85, 85A, 85B, 86, and 87.

The Iowa workers' compensation commissioner shall be advised by letter of the name, address, and telephone number of each of the persons so designated. Any change in the identity, address or telephone number of the persons so designated shall be reported to the Iowa workers' compensation commissioner within ten days after such change occurs.

This rule is intended to implement Iowa Code chapters 86 and 87.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.4(85,86) Guides to evaluation of permanent impairment. The Guides to the Evaluation of Permanent Impairment, Fifth Edition, published by the American Medical Association are adopted for determining the extent of loss or percentage of impairment for permanent partial disabilities and payment of weekly compensation for permanent partial scheduled injuries under Iowa Code section 85.34(2) not involving a determination of reduction in an employee's earning capacity. Payment so made shall be recognized by the workers' compensation commissioner as a prima facie showing of compliance by the employer or insurance carrier with the foregoing sections of the Iowa workers' compensation Act. Nothing in this rule shall be construed to prevent the presentations of other medical opinions or other material evidence for the purpose of establishing that the degree of permanent disability to which the claimant would be entitled would be more or less than the entitlement indicated in the Guides to the Evaluation of Permanent Impairment, Fifth Edition, when the reduction in earning capacity for all other permanent partial and permanent total disabilities is determined.

This rule is intended to implement Iowa Code sections 85.34(2) and 86.8.

[ARC 3528C, IAB 12/20/17, effective 1/24/18]

876—2.5(85,85A,85B,86) Use of workers' compensation electronic system (WCES) for submission of filings. Electronic data interchange (EDI) information, forms, pleadings, responses, motions, briefs, and any other submissions shall be filed through the workers' compensation electronic system (WCES). The website address for WCES is www.iowaworkcomp.gov/efile. Any electronic filing that is quarantined due to a virus will not be considered received.

2.5(1) The division of workers' compensation may grant a request for waiver of the mandatory use of WCES in contested cases, pursuant to rule 876—12.4(17A).

2.5(2) Only a deputy workers' compensation commissioner or the workers' compensation commissioner can grant a request for waiver of the mandatory use of WCES in a contested case.

2.5(3) If the division of workers' compensation grants a waiver of the mandatory use of WCES in a contested case, the division of workers' compensation shall file paper documents received from the filer in WCES.

This rule is intended to implement Iowa Code chapters 85, 85A, 85B and 86.

[ARC 4568C, IAB 7/31/19, effective 7/10/19; ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.6(85,85A,85B,86) Information to employees. An employer or its insurance carrier filing a final subsequent report of injury (SROI) with the workers' compensation commissioner (see 876—subrule 3.1(2)) shall also mail a copy of the information contained on the final subsequent report of injury to the employee at the employee's last-known address.

This rule is intended to implement Iowa Code sections 85.26, 86.8, 86.11 and 86.13.

876—2.7(86) Official record. The electronic record made and maintained by the division of workers' compensation is the official record of a contested case.

This rule is intended to implement Iowa Code chapters 85, 85A, 85B and 86.

[ARC 4568C, IAB 7/31/19, effective 7/10/19; ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.8(86) Document requirements. Pleadings, responses to pleadings, exhibits, and transcripts submitted to the division of workers' compensation shall be scanned, attached, and filed in portable document format (pdf) or as image-on-text documents (searchable pdf). A hearing report or proposed order or proposed ruling shall be submitted as a pdf or searchable pdf. Transcripts submitted shall include an index. Filings shall not exceed 20 megabytes (MB). Documents exceeding 20 MB shall be divided and submitted as separate attachments to comply with this size limit. All filings pursuant to this rule shall be submitted via WCES unless otherwise ordered by the workers' compensation commissioner or a deputy workers' compensation commissioner. Audio or video files shall use MP3 or MP4 format and should be submitted with a virus-scanned USB drive and shall not exceed 500 MB for each filing.

This rule is intended to implement Iowa Code chapters 85, 85A, 85B and 86.

[ARC 4568C, IAB 7/31/19, effective 7/10/19; ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—2.9(86) Effective date of WCES rules. Rescinded ARC 6841C, IAB 2/8/23, effective 3/15/23.

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CHAPTER 3
FORMS

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 3]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—3.1(17A) Forms. The following forms are available from the division of workers' compensation for use in matters under the jurisdiction of the workers' compensation commissioner. Insurance carriers, self-insured employers, or their adjusting agents may reproduce the forms in which event the name, address, telephone number, and identification number may be imprinted. The current revision of the form must be used. Each form is identified by a form number. This form number follows each form name listed below and is used when requesting that specific form.

3.1(1) *First report of injury (FROI).* The FROI contains general information concerning the employee, the employer and the claimed injury. A FROI is to be filed whether or not an adjudication or admission of liability for the injury exists and is to be filed as provided in Iowa Code section 86.11 and 876—Chapter 11. The FROI is to be filed when demanded by the commissioner pursuant to Iowa Code section 86.12 and when an employer is served with an original notice and petition that alleges an injury for which a FROI has not been filed. If an original notice and petition alleges multiple injury dates, only one FROI should be filed, and the date of injury reported should be the date the reporter uses when adjusting the claim.

3.1(2) *Subsequent report of injury (SROI).*

a. The SROI provides for filing of notice of commencement of payments, correcting erroneous claim information, supplying additional information, denying compensability, agreeing to the weekly benefit rate and agreeing to make payments under the Workers' Compensation Act, reporting the status of a claim, or recording benefits paid. Notice of commencement of payments shall be filed within 30 days of the first payment. When liability on a claim is denied, a letter shall be sent to claimant stating reasons for denial. The SROI shall also be filed when compensation is terminated or interrupted. Medical data supporting the action taken shall be filed when temporary total disability or temporary partial disability exceeds 13 weeks or when the employee sustains a permanent disability.

b. The employer and insurance carrier who are required to file medical data shall file the medical data in WCES. The employer or insurance carrier or the employer's or insurance carrier's agent shall register in WCES to file the medical data. The filer will receive a status update for the information the filer submits based upon the status the filer selects and for which the filer is approved in WCES.

3.1(3) to 3.1(6) Reserved.

3.1(7) *Form—original notice and petition.* The following forms are types of original notice and petition: original notice and petition—Form 100 (Form No. 14-0005); original notice and petition concerning application for independent medical examination—Form 100A (Form No. 14-0007); answer and order concerning application for independent medical examination—Form 100A (Form No. 14-0007A); original notice and petition concerning vocational rehabilitation program benefit—Form 100B (Form No. 14-0009); answer concerning vocational rehabilitation program benefit—Form 100B (Form No. 14-0009A); original notice, petition concerning application for alternate medical care—Form 100C (Form No. 14-0011); answer concerning application for alternate medical care—Form 100C (Form No. 14-0011A); original notice and petition concerning application for vocational training and education—Form 100D (Form No. 14-0012); answer concerning application for vocational training and education—Form 100D (Form No. 14-0012A); original notice and petition for full commutation of all remaining benefits of ten weeks or more 876 IAC 6.2(6)—Form 9 (Form No. 14-0013); and original notice and petition and order for partial commutation—Form 9A (Form No. 14-0017). See rule 876—4.6(85,86,17A) for further descriptions.

3.1(8) *Form—subpoena. (Form No. 14-0035)* This form is the witness subpoena, which is used to require a witness to appear and testify, and the Subpoena Duces Tecum, which is used to require a witness to appear and to bring specified books and records.

3.1(9) *Form—corporate officer exclusion. (Form No. 14-0061)* This form is the corporate officer exclusion which is used for corporate officers to reject workers' compensation or employers' liability.

3.1(10) *Form—attorney lien. (Form No. 14-0039)* Reserved.

3.1(11) *Form—application and consent order for payment of benefits. (Form No. 14-0037)* This form is the application and consent order for payment of benefits under Iowa Code section 85.21 which is used by an employer or an insurance carrier to pay weekly and medical benefits without admitting liability and to be able to seek reimbursement from another carrier or employer.

3.1(12) Reserved.

3.1(13) *Form—dispute resolution conference report. (Form No. 14-0041)* This form is the dispute resolution conference report which is used to provide information for a dispute resolution pursuant to rule 876—4.40(73GA, ch1261).

3.1(14) to 3.1(16) Reserved.

3.1(17) *Form—authorization for release of information regarding claimants seeking workers' compensation benefits. (Form No. 14-0043)* This form is used for the release of information concerning an employee's physical or mental condition relative to a workers' compensation claim.

3.1(18) *Form No. 9—original notice and petition for commutation of all remaining benefits of ten weeks or more 876 IAC 6.2(6). (Form No. 14-0013)* This form contains data relevant to benefits paid and those to be paid by commutation when all unaccrued benefits are due. Signatures of the parties are necessary. Approval by the workers' compensation commissioner or a deputy workers' compensation commissioner is necessary. The form contains language of release.

3.1(19) *Form No. 9A—original notice and petition for partial commutation. (Form No. 14-0017)* This form contains the same data and requirements as Form No. 9. However, all remaining benefits are not commuted. No language of release is contained.

3.1(20) *Form—prehearing conference report. (Form No. 14-0049)* Reserved.

3.1(21) *Form—agreement for settlement. (Form No. 14-0021)* This form is used to file an agreement for settlement pursuant to Iowa Code section 85.35(2).

3.1(22) *Form—compromise settlement. (Form No. 14-0025)* This form is used to file a compromise settlement pursuant to Iowa Code section 85.35(3).

3.1(23) *Form—combination settlement. (Form No. 14-0159)* This form is used to file a combination settlement pursuant to Iowa Code section 85.35(4).

3.1(24) *Form—contingent settlement. (Form No. 14-0161)* This form is used to file a contingent settlement pursuant to Iowa Code section 85.35(5).

3.1(25) *Form—claimant's statement. (Form No. 14-0163)* This form is used for any type of settlement when the claimant is not represented by an attorney.

3.1(26) *Form—application to defer payment of filing fees, financial affidavit and order. (Form No. 14-0075)* This form is used to request a deferral of payment of filing fees. This form is not initially filed through WCES.

3.1(27) *Form—nonelection of workers' compensation or employers' liability coverage. (Form No. 14-0175)* This form is used for exclusion from liability coverage pursuant to Iowa Code section 87.22.

3.1(28) *Form—shorthand reporter identification form. (Form No. 14-0178)* This form is used to identify the official shorthand reporter and custodian of the notes for a hearing.

3.1(29) *Form—request for waiver of the mandatory use of WCES. (Form No. 14-0176)* This form is used by a self-represented party to request a waiver from those rules requiring filing in WCES and allows a party to file and serve documents in paper form.

[ARC 3528C, IAB 12/20/17, effective 1/24/18; ARC 4568C, IAB 7/31/19, effective 7/10/19; ARC 6841C, IAB 2/8/23, effective 3/15/23]

These rules are intended to implement Iowa Code section 17A.3(1)“b.”

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[◇] Two or more ARCs

¹ See IAB Industrial Services, Division of [343]

CHAPTER 4
CONTESTED CASES

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 4]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 5
DECLARATORY ORDERS

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 5]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 6
SETTLEMENTS AND COMMUTATIONS

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 6]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—6.1(85,86) Settlements under Iowa Code section 85.35. All proposed settlements shall be submitted to the workers' compensation commissioner for approval. An agreement for settlement pursuant to Iowa Code section 85.35(2) shall be on Form 14-0021. A compromise settlement pursuant to Iowa Code section 85.35(3) shall be on Form 14-0025. A combination settlement pursuant to Iowa Code section 85.35(4) shall be on Form 14-0159. A contingent settlement pursuant to Iowa Code section 85.35(5) shall be on Form 14-0161.

6.1(1) Evidence that a settlement should be approved as required by Iowa Code section 85.35(7) shall accompany the settlement or be incorporated into the settlement forms. It is presumed that the showing required by Iowa Code section 85.35(7) has been made if the claimant is represented by an attorney licensed to practice law in this state.

6.1(2) The documents for a compromise settlement shall identify either the specific date or dates of injury or the specific injurious condition or conditions, or both. The documents for a compromise settlement, including any addendum to the documents, shall not contain any language that either expressly states or implies that the proposed compromise settlement is a final settlement of any and all injuries, known or unknown, that an employee may have sustained while employed by the employer. If a compromise settlement is submitted that does not comply with this subrule, the workers' compensation commissioner shall return the proposed compromise settlement to the party that submitted it.

6.1(3) Approval of a compromise settlement pursuant to Iowa Code section 85.35(3) is a final bar to rights under the Iowa workers' compensation law, and the approved compromise settlement is not subject to review under Iowa Code section 85.26(2).

6.1(4) Nothing in this rule shall prohibit the approval of settlements in other appropriate cases when allowed by Iowa Code section 85.35(7).

This rule is intended to implement Iowa Code section 85.35.

[ARC 3528C, IAB 12/20/17, effective 1/24/18]

876—6.2(85,86) Commutation. The following requirements must be met before a commutation will be considered or granted:

6.2(1) A first report of injury, an acknowledgment of compensability and an updated supplemental claim activity report must be filed.

6.2(2) The commutation forms provided for in 876—6.4(85,86) must be filed.

6.2(3) All doctors' and practitioners' reports relevant to the disability of the claimant involved in the commutation must be attached to the commutation forms.

6.2(4) Claimant's condition as a result of the injury as shown by the medical reports cannot be one which will be expected to deteriorate. When a partial commutation is sought, this subrule shall diminish in importance.

6.2(5) Claimant's condition as a result of the injury shown by the doctors' and practitioners' reports cannot be one which will be expected to require future treatment unless the future treatment is adequately provided for. When a partial commutation is sought, this subrule shall diminish in importance.

6.2(6) A detailed statement of claimant's need or other reason for a lump sum of money must be attached to the application. The analysis shall include disclosure of any attorney fee and case expense amount to be paid from the full commutation. If all parties are represented by an attorney, the parties may waive the statement of need, unless the case involves a dependent who is a minor.

6.2(7) When multiple dependents are involved, a signed stipulation or order of apportionment identifying the proportion of benefits to be received by each dependent shall be attached to the commutation form.

6.2(8) A signed stipulation as to the degree of permanent disability shall be attached to the commutation form.

6.2(9) If all parties are represented by an attorney, a commutation of benefits is presumed to be in the best interests of the claimant.

6.2(10) If all parties are represented by an attorney, the parties may stipulate to the definitely determined period of compensation.

This rule is intended to implement Iowa Code sections 85.45 and 85.47.

[ARC 3528C, IAB 12/20/17, effective 1/24/18; ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—6.3(85,86) Commutation tables. The following tables are to be used in determining the sum to be paid in appropriate commutation proceedings. Nothing in this rule is to prevent waiver of the discount in subrule 6.3(2) by the employer or insurance carrier.

6.3(1) Life expectancy table. The life expectancy is determined by taking the age of the person, set forth in the “age” column and comparing it to the “weeks” column, which indicates the weeks an individual at the age indicated will be expected to continue to live.

LIFE EXPECTANCY TABLE

AGE	WEEKS	AGE	WEEKS	AGE	WEEKS
0-1	4020	34-35	2335	68-69	832
1-2	3994	35-36	2288	69-70	801
2-3	3942	36-37	2236	70-71	764
3-4	3895	37-38	2189	71-72	728
4-5	3843	38-39	2142	72-73	697
5-6	3791	39-40	2090	73-74	666
6-7	3739	40-41	2044	74-75	629
7-8	3687	41-42	1997	75-76	598
8-9	3635	42-43	1950	76-77	572
9-10	3583	43-44	1903	77-78	541
10-11	3531	44-45	1856	78-79	510
11-12	3484	45-46	1810	79-80	484
12-13	3432	46-47	1763	80-81	458
13-14	3380	47-48	1716	81-82	432
14-15	3328	48-49	1669	82-83	406
15-16	3276	49-50	1622	83-84	385
16-17	3224	50-51	1576	84-85	359
17-18	3177	51-52	1534	85-86	338
18-19	3125	52-53	1487	86-87	317
19-20	3078	53-54	1446	87-88	302
20-21	3026	54-55	1399	88-89	281
21-22	2980	55-56	1357	89-90	265
22-23	2928	56-57	1310	90-91	250
23-24	2881	57-58	1269	91-92	234
24-25	2829	58-59	1227	92-93	224
25-26	2782	59-60	1186	93-94	208
26-27	2730	60-61	1144	94-95	198
27-28	2683	61-62	1102	95-96	187
28-29	2631	62-63	1061	96-97	177
29-30	2584	63-64	1024	97-98	166
30-31	2532	64-65	983	98-99	156
31-32	2486	65-66	946	99-100	151
32-33	2434	66-67	910	100+	140
33-34	2387	67-68	868		

6.3(2) Discount. When an original notice and petition for commutation of remaining future weekly benefits, either full or partial, is filed, the remaining future weekly benefits may be commuted to present

dollar value. If the remaining future weekly benefits are converted to a present dollar value, the present dollar value shall be determined as provided in this subrule. A discount will be used to convert the value of remaining future weekly benefits to present dollar value. The discount will be based on a compound interest rate calculated pursuant to Iowa Code section 668.13(3) and in effect on the date informal agreement between the parties is reached for commutation and the number of weeks of remaining future benefits. The interest rate used to determine the discount shall be specified on the original notice and petition for commutation filed for approval by the workers' compensation commissioner.

6.3(3) *Life expectancy and remarriage probability table.* This table expresses in weeks the combined probability of life expectancy and remarriage. The column on the left indicates the age of the surviving spouse at the time of the work-related death. Columns A through E indicate, respectively, the first through fifth years following the date of death that the surviving spouse remains unmarried. For example, if the date of death was July 1, 2005, and the surviving spouse was age 20 at the time of the decedent's death, a commutation sought on the second anniversary of the death, July 2, 2007, would result in an expected duration of 550.02 weeks, the amount found in Column B which indicates the second year of unmarried status following age 20. Following the second anniversary of the date of death and including the third anniversary, Table C would be applicable. Begin in the left-hand column in the line indicating the age at *date of death*—not the age at which a commutation is sought. Then move to the column which is indicative of the number of years the surviving spouse has remained unmarried.

A surviving spouse, 20 years old on the date of the decedent's death who seeks a commutation after the fifth anniversary of the date of death, would use Table F. The fact that the surviving spouse has remained unmarried for over five years negates use of Columns A through E. A commutation sought during the fifth year of remaining unmarried would result in an expected duration of 1031.64 weeks. For example, if the surviving spouse, who was 20 years old on the date of the decedent's death, is 30 years old at the time a commutation is sought and seeks a commutation *after* the tenth anniversary of the date of death, start in Column F in line 20 at the age column. For each year beyond the sixth anniversary of the death, move *down* Column F one line for each year. [Note the left-hand age column plays no part at this point.] In this example, the 30-year-old surviving spouse who seeks a commutation after the tenth anniversary of the date of death would have an expected duration of 1247.07 weeks.

EXPECTED DURATION OF LIFE AND REMARRIAGE IN WEEKS

AGE	A	B	C	D	E	F
19	452.18	505.55	640.75	788.27	905.44	993.12
20	495.82	550.02	683.69	828.42	943.01	1031.64
21	541.23	596.18	729.80	868.87	982.17	1071.64
22	589.23	646.05	776.66	911.67	1023.48	1115.36
23	640.88	696.92	825.34	956.43	1068.72	1157.99
24	693.76	749.90	875.77	1005.20	1113.34	1200.77
25	748.61	804.49	929.45	1053.51	1158.36	1247.07
26	804.72	861.90	982.20	1102.07	1206.94	1290.45
27	863.24	917.91	1034.48	1153.43	1252.42	1332.79
28	919.92	972.96	1089.02	1201.54	1296.56	1376.65
29	975.76	1029.70	1140.04	1248.06	1342.09	1415.27
30	1034.13	1083.96	1190.18	1296.47	1382.06	1450.83
31	1087.87	1135.18	1239.43	1337.76	1419.17	1482.26
32	1140.84	1187.76	1283.95	1376.65	1452.19	1514.63
33	1195.00	1235.69	1325.54	1411.36	1486.03	1539.38
34	1244.19	1281.06	1363.39	1447.25	1512.62	1560.28
35	1290.62	1322.51	1402.06	1475.89	1535.47	1577.36
36	1333.45	1365.12	1433.98	1501.08	1554.46	1590.73
37	1377.93	1401.32	1462.76	1522.96	1570.28	1595.37
38	1414.42	1432.95	1486.92	1540.28	1575.74	1600.95
39	1447.51	1460.93	1507.65	1548.65	1583.08	1603.12
40	1476.55	1484.88	1519.19	1558.50	1586.74	1601.68
41	1501.23	1499.62	1531.97	1564.58	1586.80	1590.32

AGE	A	B	C	D	E	F
42	1517.04	1515.76	1541.35	1567.27	1577.19	1581.72
43	1533.81	1528.55	1547.54	1560.49	1570.28	1564.36
44	1546.84	1537.33	1543.96	1556.10	1554.65	1543.01
45	1556.54	1537.28	1543.60	1543.67	1534.98	1519.60
46	1555.21	1538.43	1533.33	1526.06	1512.93	1499.07
47	1556.30	1530.44	1518.64	1506.46	1493.84	1463.67
48	1547.08	1517.04	1500.92	1489.22	1459.61	1432.74
49	1532.42	1499.98	1484.71	1456.21	1429.75	1399.10
50	1514.59	1485.36	1453.56	1427.91	1396.88	1364.95
51	1496.96	1453.45	1424.86	1395.28	1363.33	1322.96
52	1464.50	1426.08	1393.79	1362.79	1321.79	1286.44
53	1433.32	1393.23	1359.71	1320.40	1285.68	1242.63
54	1401.59	1361.60	1319.99	1285.81	1242.14	1199.73
55	1367.01	1320.16	1283.74	1241.95	1199.37	1155.90
56	1324.97	1284.38	1240.69	1199.62	1155.55	1111.53
57	1286.93	1239.69	1196.89	1154.69	1110.98	1070.85
58	1243.31	1197.46	1153.84	1111.07	1070.21	1025.48
59	1200.31	1153.99	1109.49	1069.88	1024.57	986.90
60	1156.15	1109.74	1069.03	1024.18	985.85	944.55
61	1111.72	1069.39	1023.90	985.32	943.26	902.07
62	1052.14	1009.56	976.00	938.77	899.17	866.59
63	1010.13	974.17	936.60	898.84	866.01	822.92
64	975.20	935.34	897.28	866.19	822.35	786.37
65	935.81	895.62	864.23	822.48	785.91	752.62
66	896.90	863.56	821.55	786.69	752.25	713.35
67	864.14	820.43	785.30	752.93	712.94	681.47
68	821.01	784.34	751.79	713.70	681.08	645.13
69	784.83	750.98	712.72	681.88	644.76	610.80
70	751.92	712.57	681.58	646.12	610.45	578.30
71	712.75	680.79	645.24	611.61	577.91	547.80
72	681.26	644.91	611.27	579.40	547.43	513.50
73	645.03	610.64	578.74	548.89	513.25	486.97
74	610.85	578.30	548.43	514.74	486.74	455.68
75	578.57	548.13	514.38	488.35	455.51	428.23
76	548.68	514.51	488.51	457.72	428.11	397.70
77	514.31	487.93	457.11	430.12	397.62	374.66
78	487.92	456.77	429.75	411.41	374.60	348.88
79	457.82	430.58	400.47	377.94	348.85	324.95
80	428.23	397.79	375.01	349.47	324.92	298.01
81	400.21	377.46	352.11	328.63	298.01	286.57
82	376.27	350.69	327.08	300.46	286.57	271.47
83	350.54	326.80	300.18	289.12	271.47	259.15
84	326.67	299.90	288.84	274.06	259.15	249.81
85	299.74	288.56	273.74	261.78	249.81	249.60

This rule is intended to implement Iowa Code sections 85.45 and 85.47.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—6.4(85,86) Forms for commutation. Form No. 9 (14-0013) shall be used for a full commutation. Form No. 9A (14-0017) shall be used for a partial commutation. See rule 876—3.1(17A) for description of these forms.

This rule is intended to implement Iowa Code sections 85.45 and 85.47.

876—6.5(85) Statement of awareness. When a petition for settlement under Iowa Code section 85.35(3) or commutation is submitted, it shall contain or be accompanied by a verified statement from the injured employee indicating awareness that, upon approval by the workers' compensation commissioner of the settlement or commutation, a final bar to future claims or benefits under the Iowa workers' compensation law for such injury shall exist except as specifically reserved in any agreement.

This rule is intended to implement Iowa Code sections 85.35, 85.45, and 85.47.

[ARC 3528C, IAB 12/20/17, effective 1/24/18]

876—6.6(86) Twenty-page limitation. Unless otherwise ordered by the workers' compensation commissioner or deputy workers' compensation commissioner, an application for approval of a settlement or an original notice and petition for approval of a commutation or partial commutation shall not be accepted for filing if accompanied by documentation in excess of 20 pages. An order approving a settlement or an original notice and petition for commutation or partial commutation accompanied by documentary evidence in excess of 20 pages is nevertheless valid, and is neither void nor voidable.

This rule is intended to implement Iowa Code sections 85.35, 85.47, 86.13 and 86.27.

876—6.7(85,86) Claimant statement. When the claimant is not represented by counsel, a claimant's statement on Form 14-0163, which the claimant has personally completed, certified and signed, must be submitted with all settlement and commutation forms and documents.

This rule is intended to implement Iowa Code sections 85.35 and 86.8.

[ARC 3528C, IAB 12/20/17, effective 1/24/18]

876—6.8(85,86) Failure to timely file settlement. If a party notifies the workers' compensation commissioner that a matter scheduled for a hearing has been settled and the matter is removed from the hearing schedule, the proposed settlement shall be filed with the workers' compensation commissioner within 60 days of the notification. A party may, within 60 days of the notification, request an extension of time to file the settlement documents. If the settlement documents are not timely filed, the matter will be reassigned for hearing in Des Moines at a date determined by the workers' compensation commissioner and the parties cannot request that the matter be rescheduled. Any matter rescheduled because settlement documents were not timely filed shall not again be removed from the hearing schedule because a party notifies the workers' compensation commissioner of a settlement.

This rule is intended to implement Iowa Code sections 85.35, 85.47, 85.48, 86.8, 86.13 and 86.27.

[ARC 3528C, IAB 12/20/17, effective 1/24/18]

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[Filed ARC 6841C (Notice ARC 6701C, IAB 11/30/22), IAB 2/8/23, effective 3/15/23]

CHAPTER 7
PETITION FOR RULE MAKING

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 7]

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTER 8
SUBSTANTIVE AND INTERPRETIVE RULES
[Prior to 9/24/86 see Industrial Commissioner[500]]
[Prior to 1/29/97 see Industrial Services Division[343]]
[Prior to 7/29/98 see Industrial Services Division[873]Ch 8]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—8.1(85) Transportation expense. Transportation expense as provided in Iowa Code sections 85.27 and 85.39 shall include but not be limited to the following:

1. The cost of public transportation if tendered by the employer or insurance carrier.
2. All mileage incident to the use of a private auto. The per-mile rate shall be the rate allowed by the Internal Revenue Service for the business standard mileage rate in effect on July 1 of each year.
3. Meals and lodging if reasonably incident to the examination.
4. Taxi fares or other forms of local transportation if incident to the use of public transportation.
5. Ambulance service or other special means of transportation if deemed necessary by competent medical evidence or by agreement of the parties.

Transportation expenses in the form of reimbursement for mileage which is incurred in the course of treatment or an examination, except under Iowa Code section 85.39, shall be payable at such time as 50 miles or more have accumulated or upon completion of medical care, whichever occurs first. Reimbursement for mileage incurred under Iowa Code section 85.39 shall be paid within a reasonable time after the examination.

The workers' compensation commissioner or a deputy workers' compensation commissioner may order transportation expenses to be paid in advance of an examination or treatment. The parties may agree to the advance payment of transportation expenses.

This rule is intended to implement Iowa Code sections 85.27 and 85.39.
[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—8.2(85) Overtime. The word "overtime" as used in Iowa Code section 85.61 means amounts due in excess of the straight time rate for overtime hours worked. Such excess amounts shall not be considered in determining gross weekly wages within Iowa Code section 85.36. Overtime hours at the straight time rate are included in determining gross weekly earnings.

This rule is intended to implement Iowa Code sections 85.36 and 85.61.

876—8.3 Reserved.

876—8.4(85) Salary in lieu of compensation. The excess payment made by an employer in lieu of compensation which exceeds the applicable weekly compensation rate shall not be construed as advance payment with respect to either future temporary disability, healing period, permanent partial disability, permanent total disability or death.

This rule is intended to implement Iowa Code sections 85.31, 85.34, 85.36, 85.37 and 85.61.

876—8.5(85) Appliances. Appliances are defined as hearing aids, corrective lenses, orthodontic devices, dentures, orthopedic braces, or any other artificial device used to provide function or for therapeutic purposes.

Appliances which are for the correction of a condition resulting from an injury or appliances which are damaged or made unusable as a result of an injury or avoidance of an injury are compensable under Iowa Code section 85.27.

876—8.6(85,85A) Calendar days—decimal equivalent. Weekly compensation benefits payable under Iowa Code chapters 85 and 85A are based upon a seven-day calendar week. Each day of weekly compensation benefits due may be paid by multiplying the employee's weekly compensation benefit rate by the decimal equivalents of the number of days as follows:

1 day	=	.143	×	weekly rate
2 days	=	.286	×	weekly rate
3 days	=	.429	×	weekly rate
4 days	=	.571	×	weekly rate
5 days	=	.714	×	weekly rate
6 days	=	.857	×	weekly rate

This rule is intended to implement Iowa Code sections 85.31, 85.33 and 85.34.

876—8.7(86) Short paper. All paper filings before the workers' compensation commissioner shall be on white paper measuring 8½ inches by 11 inches.

This rule is intended to implement Iowa Code section 86.18.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—8.8(85,17A) Payroll tax tables. Tables for determining payroll taxes to be used for the period July 1, 2022, through June 30, 2023, are the tables in effect on July 1, 2022, for computation of:

1. Federal income tax withholding according to the percentage method of withholding for weekly payroll period. (Federal Income Tax Withholding Methods, Publication 15-T [2021].)
2. Iowa individual income tax withholding formula. (Iowa Department of Revenue [Effective January 1, 2022].)
3. Social Security and Medicare withholding (FICA) at the rate of 7.65 percent. (Internal Revenue Service, Circular E, Employer's Tax Guide, Publication 15 [2021].)

This rule is intended to implement Iowa Code section 85.61(6).

[ARC 7947B, IAB 7/15/09, effective 7/1/09; ARC 8943B, IAB 7/28/10, effective 7/1/10; ARC 9586B, IAB 6/29/11, effective 7/1/11; ARC 0222C, IAB 7/25/12, effective 7/1/12; ARC 0835C, IAB 7/10/13, effective 6/30/13; ARC 1517C, IAB 7/9/14, effective 7/1/14; ARC 2611C, IAB 7/6/16, effective 7/1/16; ARC 3044C, IAB 4/26/17, effective 5/31/17; ARC 3884C, IAB 7/4/18, effective 8/8/18; ARC 4415C, IAB 4/24/19, effective 5/29/19; ARC 5042C, IAB 5/20/20, effective 6/24/20; ARC 5630C, IAB 5/19/21, effective 6/23/21; ARC 6318C, IAB 5/18/22, effective 6/22/22]

876—8.9(85) Rate determination. When determining the rate of weekly compensation benefits for a contested case proceeding, the parties to the case shall use the ratebook in effect on the date of the claimant's injury published by the division of workers' compensation at dial.iowa.gov/hearings/workers-comp/rates.

This rule is intended to implement Iowa Code chapter 85.

[ARC 6841C, IAB 2/8/23, effective 3/15/23; Editorial change: IAC Supplement 6/10/26]

876—8.10(85,86) Exchange of records. Whether or not a contested case has been commenced, upon the written request of an employee or the representative of an employee who has alleged an injury arising out of and in the course of employment, an employer or insurance carrier shall provide the claimant a copy of all records and reports in its possession generated by a medical provider.

Whether or not a contested case has been commenced, upon the written request of the employer or insurance carrier against which an employee has alleged an injury arising out of and in the course of employment, the employee shall provide the employer or insurance carrier with a patient's waiver. See rules 876—3.1(17A) and 876—4.6(85,86,17A) for the waiver form used in contested cases. Claimant shall cooperate with the employer and insurance carrier to provide patients' waivers in other forms and to update patients' waivers where requested by a medical practitioner or institution.

A medical provider or its agent shall furnish an employer or insurance carrier copies of the initial as well as final clinical assessment without cost when the assessments are requested as supporting documentation to determine liability or for payment of a medical provider's bill for medical services. When requested, a medical provider or its agent shall furnish a legible duplicate of additional records or reports. Except as otherwise provided in this rule, the amount to be paid for furnishing duplicates of records or reports shall be the actual expense to prepare duplicates not to exceed: \$20 for 1 to 20 pages; \$20 plus \$1 per page for 21 to 30 pages; \$30 plus \$.50 per page for 31 to 100 pages; \$65 plus \$.25 per page for 101 to 200 pages; \$90 plus \$.10 per page for more than 200 pages, and the actual expense of postage. No other expenses shall be allowed.

EXAMPLE 1. For 7 pages of records the amount to be paid for furnishing duplicates shall not exceed \$20.

EXAMPLE 2. For 28 pages of records the amount to be paid for furnishing duplicates shall not exceed \$28 (\$20 plus (8 times \$1)).

EXAMPLE 3. For 41 pages of records the amount to be paid for furnishing duplicates shall not exceed \$35.50 (\$30 plus (11 times \$.50)).

EXAMPLE 4. For 127 pages of records the amount to be paid for furnishing duplicates shall not exceed \$71.75 (\$65 plus (27 times \$.25)).

EXAMPLE 5. For 210 pages of records the amount to be paid for furnishing duplicates shall not exceed \$91 (\$90 plus (10 times \$.10)).

This rule is intended to implement Iowa Code sections 85.27, 85.31, 85.33 to 85.37, 85.39, 85.61, 86.8, 86.10, 86.18 and 86.39.

[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—8.11(85B) Apportionment of age-related loss for occupational hearing loss claims.

8.11(1) *Effective date.* This rule is effective for claims for occupational hearing loss filed on or after July 1, 1998.

8.11(2) *Purpose.* The purposes of this rule are to adopt tables and the method for calculating age-related hearing loss and to adopt a worksheet for apportionment of age-related hearing loss for occupational hearing loss claims.

8.11(3) *Table.* In 1972 the National Institute for Occupational Safety and Health (NIOSH) published the Criteria for a Recommended Standard: Occupational Exposure to Noise (NIOSH Publication No.73-11001). Table B-1, page I-16, provides the Age Corrections Values to be Used for Age Correction of Initial Baseline Audiograms for Males and Table B-2, page I-17, provides the Age Corrections Values to be Used for Age Correction of Initial Baseline Audiograms for Females. These NIOSH tables are used to calculate the correction value for age for males and females for 500, 1000, 2000 and 3000 hertz.

For example, the age correction for a male 21 years of age is 10 decibels at 500 hertz, 5 decibels at 1000 hertz, 3 decibels at 2000 hertz and 4 decibels at 3000 hertz. The correction for age is 5.50 decibels (the sum of 10+5+3+4 divided by 4).

The following table is to be used to determine an employee's age-related change in hearing level during the period of employment. To determine the age-related change in hearing level in decibels during the period of employment, subtract the value shown in the table for the employee's age at the beginning of employment from the value shown in the table for the employee's age on the date of injury.

NOTE: This table should not be used to compute standard threshold shift as required by rules of the Occupational Safety and Health Administration or Iowa occupational safety and health administration.

Age in Years	Correction in dB	
	Males	Females
20 or younger	5.50	7.25
21	5.50	7.75
22	5.50	7.75
23	5.50	8.00
24	5.75	8.00
25	6.00	8.25
26	6.25	8.50
27	6.50	8.75
28	6.75	8.75
29	6.75	8.75
30	6.75	9.00
31	7.25	9.25
32	7.50	9.50
33	7.50	9.75
34	7.75	9.75
35	8.00	10.00
36	8.25	10.25

<u>Age in Years</u>	<u>Correction in dB</u>	
	<u>Males</u>	<u>Females</u>
37	8.75	10.25
38	8.75	10.50
39	9.00	11.00
40	9.00	11.00
41	9.25	11.25
42	10.00	11.50
43	10.25	11.75
44	10.25	12.00
45	10.50	12.25
46	10.75	12.50
47	11.00	12.50
48	11.50	13.00
49	12.00	13.25
50	12.25	13.50
51	12.25	13.75
52	12.75	13.75
53	13.25	14.25
54	13.50	14.50
55	14.00	15.00
56	14.25	15.00
57	14.50	15.25
58	15.25	15.75
59	15.50	16.00
60 or older	16.00	16.25

8.11(4) Apportionment. The apportionment of age-related hearing loss shall be made by reducing the total binaural percentage hearing loss as calculated pursuant to Iowa Code section 85B.9(3) by the same percentage as the decibels of age-related change in hearing level occurring during the period of employment bears to the total decibel hearing level in each ear.

Age-related hearing loss is apportioned using the results of the audiogram determined to be the proper audiogram for measurement of the employee's hearing loss on the date of injury by using the following steps:

1. Separately for each ear, compute the average of the employee's decibel hearing levels at 500, 1000, 2000, and 3000 hertz for that ear.
2. Separately for each ear, compute the percentage loss for each ear.
3. Compute the employee's age-related change in hearing level in decibels during the period of employment using the table in subrule 8.10(3).
4. Separately for each ear, divide the result of step 3 by the result of step 1 to compute the age-correction factor for that ear.
5. Separately for each ear, multiply the total percentage hearing loss in that ear calculated pursuant to Iowa Code section 85B.9 by the age-correction factor for that ear.
6. Separately for each ear, subtract the result obtained in step 5 from the total percentage hearing loss in that ear to obtain the age-corrected hearing loss for that ear.
7. Multiply the age-corrected hearing loss in the better ear as calculated in step 6 by 5 and add the percentage hearing loss in the worse ear.
8. Divide the result obtained in step 7 by 6 to obtain the age-corrected binaural percentage hearing loss.

8.11(5) Worksheet. The following worksheet is used to calculate the percentage of age-corrected binaural hearing loss.

APPORTIONMENT OF PERCENT HEARING LOSS FOR AGE		
Left Ear <u>Hearing Level</u>	Frequency <u>in Hertz</u>	Right Ear <u>Hearing Level</u>
1. _____	500	_____
2. _____	1000	_____
3. _____	2000	_____
4. _____	3000	_____
5. _____	total of lines 1 through 4	_____
divide by 4	(divide the "total" by 4)	divide by 4
6. _____	equals average equals	_____
minus 25	subtract "low fence"	minus 25
7. _____	equals "Excess"	_____
multiply by 1.5	multiply % factor	multiply by 1.5
8. _____	equals % loss each ear	_____
(% loss left ear)		(% loss right ear)
9. Age on date of injury	_____	
10. Age at beginning of employment	_____	
11. _____	correction for age on date of injury in dB from table minus	
12. _____	correction for age at beginning of employment in dB from table equals	
13. _____	age-related change in hearing level during employment in dB	
	<u>LEFT EAR</u>	<u>RIGHT EAR</u>
	Divide age-related change in hearing level from line 13 by average hearing level from line 6	
	To obtain	
14. _____	age correction factor multiply % loss from line 8 by age-correction factor from line 14	_____
	To obtain	
15. _____	deduction for age-correction subtract line 15 from line 8	_____
	To obtain	
16. _____	age-corrected percent hearing loss	_____
	<u>BINAURAL PERCENTAGE LOSS</u>	
17. _____	% loss better ear (smaller amount) from line 16, multiplied by 5 plus	
18. _____	% loss worse ear (larger amount) from line 16	
19. _____	equals divided by 6	
	equals	
20. _____	% age-corrected binaural hearing loss	

This rule is intended to implement Iowa Code sections 85B.9A and 86.8.
[ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—8.12(85) Offer of suitable work. The employer shall communicate an offer of temporary work to the employee in writing, including the details of lodging, meals, and transportation. With each offer of temporary work, the employer shall notify the employee in writing that:

1. If the employee refuses the offer of temporary work, the employee shall communicate the refusal and the reason for the refusal to the employer in writing;
2. During the period of refusal, the employee will not be compensated with temporary partial, temporary total, or healing period benefits unless the work refused is not suitable; and
3. Failure to communicate the reason for the refusal to the employer in writing precludes the employee from raising suitability of the work as the reason for the refusal until such time as the reason for the refusal is communicated in writing to the employer.

This rule is intended to implement Iowa Code section 85.33.

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◇ Two or more ARCs

¹ Effective date of 343—8.9(85,86), second unnumbered paragraph, delayed 70 days by the Administrative Rules Review Committee at its meeting held February 13, 1995; delay lifted by this Committee May 9, 1995.

CHAPTER 9
PUBLIC RECORDS AND FAIR INFORMATION PRACTICES
[Prior to 1/29/97 see Industrial Services Division[343]]
[Prior to 7/29/98 see Industrial Services Division[873]Ch 9]
Rescinded **ARC 0408D**, IAB 7/8/26, effective 6/30/26

CHAPTER 10
INFORMAL DISPUTE RESOLUTION PROCEDURES
[Prior to 1/29/97 see Industrial Services Division[343]]
[Prior to 7/29/98 see Industrial Services Division[873]Ch 10]

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—10.1(17A,85,86) Informal dispute resolution procedures. The workers' compensation commissioner or the workers' compensation commissioner's designee (hereinafter collectively referred to as the workers' compensation commissioner) shall be available to resolve disputes relating to the Iowa workers' compensation law (Iowa Code chapters 85, 85A, 85B, 86, and 87) prior to the initiation of a contested case proceeding. Persons are encouraged to utilize the informal procedure provided herein so that a settlement may be reached between the parties without the necessity of a contested case proceeding. Informal procedures may be initiated as requested by any party either before or after a first report of injury has been filed. After a first report of injury is filed with the workers' compensation commissioner, a letter is provided to the injured employee. That letter includes an explanation of the function of the office of the workers' compensation commissioner, an explanation of informal dispute resolution procedures and information contained on the first report of injury. Additionally, even where a first report of injury is not on file, any party who elects to engage in informal dispute resolution may contact the workers' compensation commissioner by telephone or mail for information regarding the claim. Documentation regarding the claim may be submitted to or requested by the workers' compensation commissioner. The workers' compensation commissioner may respond to the parties either by telephone or, when appropriate, in writing regarding the information sought by the parties.

The informal procedures described in these rules are designed to be flexible enough to resolve any issue that any party believes is amenable to informal dispute resolution or that with the consent of the workers' compensation commissioner should be made the subject of informal dispute resolution procedures.

10.1(1) Nondisputed matters. If the parties agree that the claimant is correctly compensated and all benefits due and owing have been or will be paid, the parties need not file any other pleading or document with the workers' compensation commissioner except that claims activity reports must be filed in accordance with rule 876—3.1(17A).

10.1(2) Disputed matters. In the event the parties dispute whether the claimant is entitled to compensation or whether the claimant has received all benefits to which the claimant was entitled, then the parties to the dispute may elect to engage in the informal dispute resolution procedures described herein.

10.1(3) Notification of election, statute of limitations. Within the time a claimant may file an original proceeding with the workers' compensation commissioner, either party to a disputed claim may notify the workers' compensation commissioner of the desire to engage in an informal proceeding to resolve the dispute. If the dispute cannot be resolved informally, claimant will have the right to file an original notice and petition to commence a contested case proceeding as provided by 876—Chapter 4. An election to engage in informal dispute resolution procedures will not toll the statute of limitations for filing an original notice and petition.

10.1(4) Good faith effort to resolve disputes. Before the parties will be allowed to elect any alternative dispute resolution procedures including those identified in rules 876—4.40(73GA,ch1261) and 876—4.46(17A,85,86), they must make a good faith effort to resolve their dispute. The parties may file a professional statement signed by all parties and their representatives or an affidavit by an unrepresented party filed with the workers' compensation commissioner attesting to the good faith attempts to settle the dispute prior to utilizing the procedures described in these rules. The professional statement will be deemed sufficient to meet the requirements of this rule. Notwithstanding the foregoing, a claimant who files a contested case proceeding in order to toll the statute of limitations included in Iowa Code chapters 85, 85A, 85B, and 86 may elect alternative dispute resolution procedures including the informal procedures described in this chapter even though claimant or claimant's representative did not engage in settlement negotiations prior to the time the contested case proceeding was filed.

10.1(5) Informal dispute resolution procedures include the dispute resolution procedures described in rule 876—4.40(73GA,ch1261). The workers' compensation commissioner has the power to impose sanctions in informal dispute resolution procedures.

10.1(6) Rescinded IAB 6/22/94, effective 7/1/94.

10.1(7) An employee of the division of workers' compensation who has been involved in informal dispute resolution pursuant to subrules 10.1(5) and 10.1(6) shall not be a witness in any contested case proceeding under 876—Chapter 4.

10.1(8) Nothing in this rule is intended to prevent settlement prior to using the dispute resolution procedures.

This rule is intended to implement Iowa Code section 86.8, and 1990 Iowa Acts, chapter 1261, section 3.

876—10.2(17A,85,86) Advisory opinion. Rescinded IAB 1/29/97, effective 3/5/97.

876—10.3(17A,85,86) Health service dispute resolution.

10.3(1) The purpose of this rule and rule 876—4.46(17A,85,86) is to establish the procedures for resolving a dispute under Iowa Code section 85.27 between a provider and a responsible party over the treatment rendered by a provider to an injured worker. Utilization of these procedures by a responsible party is not an admission of liability for any other proceeding. This rule is effective October 7, 1992.

10.3(2) Definitions. The following definitions apply to this rule and rule 876—4.46(17A,85,86).

"Dispute" means a disagreement between a provider and responsible party over the necessity of service or reasonableness of charges or both; a disagreement between a provider and a responsible party over the necessity for or the reasonableness of charges for crutches, artificial members and appliances; and includes only those situations where liability or extent of liability is not an issue.

"Workers' compensation commissioner" means the workers' compensation commissioner or the workers' compensation commissioner's designee.

"Person" means individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.

"Provider" means any person furnishing surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, hospital services and supplies, crutches, artificial members and appliances.

"Responsible party" means the person who is liable for payment of medical services provided pursuant to the Iowa workers' compensation laws and includes an employer, an employer who has been relieved from insurance pursuant to Iowa Code section 87.11, and an insurance carrier which provides an employer workers' compensation insurance.

10.3(3) Informal resolution of disputes.

a. The charges not in controversy shall be paid to the provider prior to utilization of the procedures outlined in this rule.

b. A responsible party who refuses to pay the amount in controversy of a dispute shall give the provider written notice of the dispute within 60 days of receiving a bill with proper supporting documentation. The written notice shall specify:

- (1) The name of the patient-employee;
- (2) The name of the employer on the date of injury;
- (3) The date of the treatment in dispute;
- (4) The amount charged for the treatment, the amount of the charge the responsible party agrees to pay, and the amount in dispute;
- (5) The reason for belief that the bill is excessive or unnecessary and documentation relied upon to formulate the belief;
- (6) The address to use in directing correspondence to the responsible party regarding the dispute;
- (7) The provider's right to utilize the procedures specified in this rule and rule 876—4.46(17A,85,86);
- (8) The provisions of 10.3(3)"c," 10.3(3)"d," and 876—subrule 4.46(2);

(9) The provider or the responsible party is prohibited by Iowa Code section 85.27 from seeking payment from the injured worker when there is a dispute regarding reasonableness of a fee.

c. If the provider agrees to accept the amount of the charge the responsible party has paid, the provider shall notify the responsible party.

d. If the provider does not agree to accept the amount of the charge the responsible party agrees to pay, the provider shall notify the responsible party in writing. The provider and the responsible party shall submit the dispute to a mutually agreed upon person for review. The person reviewing the dispute under this rule will not be the workers' compensation commissioner. If the provider and the responsible party cannot agree upon the person to make the review, they shall, within 90 days of time the provider notified the responsible party of the disagreement, each recommend to the workers' compensation commissioner one person to do the review. The workers' compensation commissioner may choose the person or persons recommended to make the review. A person other than the persons recommended may be chosen at the discretion of the workers' compensation commissioner. The selected person or persons shall review information submitted by the provider and the responsible party and make a determination.

e. The person making the review shall make a determination of the amount that is reasonable and necessary. The determination shall be made as soon as practicable and shall be dated. It shall be in writing and specify the facts relied upon. The person making the review may choose any amount to set the reasonableness of a charge. If the person chosen to make the review does not make a determination within a reasonable time, that person may be discharged without being paid.

f. Costs. The costs of the person making the review shall be paid as mutually agreed by the provider and the responsible party. In the event of no agreement the costs shall be paid by whomever chose an amount further from the determination of the person reviewing the matter. If the amount is equally close to both parties, the costs shall be shared equally. However, if the workers' compensation commissioner selects the person or persons to do the review, the costs shall be shared equally.

g. Nothing in this rule is intended to prevent providers and responsible parties from developing other procedures to informally resolve their disputes.

10.3(4) See rule 876—4.46(17A,85,86) for contested case procedures.

10.3(5) WCES shall not be used for health service dispute matters.

This rule is intended to implement Iowa Code sections 17A.10, 17A.12, 85.27 and 86.8.

[ARC 4568C, IAB 7/31/19, effective 7/10/19]

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CHAPTER 11
ELECTRONIC DATA INTERCHANGE (EDI)

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

876—11.1(85,86) Purpose. The purpose of this chapter is to establish the procedure for fulfilling reporting requirements of the division of workers' compensation.

876—11.2(85,86) Definitions. The following definitions apply to 876—Chapter 3 and this chapter.

“EDI” or “electronic data interchange” means electronic transmission or reception, or both, of data through a telecommunications process utilizing a value-added network or the Internet as set forth in the EDI partnering agreement.

“EDI partnering agreement” means the written agreement between an entity and the division of workers' compensation specifying the terms and manner of reporting by EDI.

“Filed” means receipt and acceptance of a report by the division of workers' compensation. A report is considered to be “filed” on the date it is accepted (TA) by the division of workers' compensation. A report that is submitted but rejected (TR) is not considered “filed.”

“Report” means a first report of injury (FROI) or a subsequent report of injury (SROI), or both.

“Reporter” means the person who is responsible for reporting to the division of workers' compensation pursuant to the Iowa workers' compensation laws and includes an employer, an employer who has been relieved from insurance pursuant to Iowa Code section 87.11, and an insurance carrier which provides an employer workers' compensation insurance.

“Reporting” means submission of claims data and data fields of information of a report.

[ARC 4568C, IAB 7/31/19, effective 7/10/19]

876—11.3(85,86) Form of reporting. The format of EDI reporting must be the current version of the International Association of Industrial Accident Boards and Commissions (IAIABC) Release 3.1 FROI/SROI.

[ARC 4568C, IAB 7/31/19, effective 7/10/19]

876—11.4(85,86) Manner of reporting. The manner of EDI reporting is electronic.

876—11.5(85,86) Voluntary reporting deadline. Rescinded ARC 4568C, IAB 7/31/19, effective 7/10/19.

876—11.6(85,86) Mandatory reporting. All reporters are responsible for reporting by EDI 3.1. A reporter may contract with another entity for reporting, but the reporter is ultimately responsible for reporting. Each reporter or entity reporting on behalf of a reporter must sign an EDI partnering agreement.

[ARC 4568C, IAB 7/31/19, effective 7/10/19; ARC 6841C, IAB 2/8/23, effective 3/15/23]

876—11.7(85,86) Required reports.

11.7(1) A reporter shall file reports as required by Iowa Code sections 86.11, 86.12, and 86.13, 876—subrules 3.1(1) and 3.1(2), this chapter and the partnering agreement. Reports required to be filed include, but are not limited to, the following:

- a. First report of injury (FROI). See 876—subrule 3.1(1);
- b. Subsequent report of injury (SROI). See 876—subrule 3.1(2);
- c. Annual report on every claim that is open on June 30 each year. The annual report shall show all benefits paid since the claim was initiated through June 30 of the current year. A final report shall be filed in lieu of the annual report if the claim is closed and the final report is filed before the date when the annual report is scheduled to be filed; and
- d. Final report filed at the time the claim is closed. The final report indicates that no further benefit payments are contemplated.

11.7(2) A reporter shall file a change to FROI and SROI reports whenever a reporter is made aware that information previously submitted is incorrect. The reporter shall file a change within 45 days after being made aware that previously submitted information is incorrect. Information for which a change

shall be filed includes, but is not limited to, the injured employee's social security number, date of injury, employer's name, and injured employee's name. A reporter shall also correct information used in calculation of the compensation rate including, but not limited to, marital status and number of exemptions, average weekly wage, and compensation rate at the time of the employee's injury. If a final decision by the division of workers' compensation or a court of law changes any of the previously submitted information, the attorney for the employer and insurance carrier shall notify the reporter. The reporter shall file a change within 45 days of the final decision.

[ARC 4568C, IAB 7/31/19, effective 7/10/19]

These rules are intended to implement Iowa Code sections 85.26, 86.8, 86.11, 86.12 and 86.13.

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CHAPTER 12

FORMAL REVIEW AND WAIVER OF RULES

Rescinded by 2026 Iowa Acts, Senate File 2463, section 4, effective July 1, 2026. See Uniform Rules on Agency Procedure at 7—Chapters 2500 through 2506 and any corresponding rules adopted by this agency.

CHAPTERS 13 to 2505

Reserved

CHAPTER 2506
CONTESTED CASES

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/30/31

The Uniform Rules on Agency Procedure, 7—Chapters 2500 through 2506, are rules generally applicable to agencies pursuant to Iowa Code section 17A.24. Additions, exceptions, or amendments to the corresponding chapter are below.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.4(17A) Electronic requests for contested case proceeding. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.5(17A) Notice of hearing. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.6(17A) Presiding officer.

2506.6(1) This subrule is not adopted.

2506.6(2) This subrule is not adopted.

2506.6(3) This subrule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.8(17A) Telephone proceeding. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.11(17A) Pleadings. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.12(17A) Electronic service and filing of pleadings and other papers.

2506.12(1) This subrule is not adopted.

2506.12(2) This subrule is not adopted.

2506.12(3) This subrule is not adopted.

2506.12(4) This subrule is not adopted.

2506.12(6) This subrule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.13(17A) Discovery. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.15(17A) Motions. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.16(17A) Prehearing conference. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.17(17A) Continuances. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.22(17A) Default. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.23(17A) Ex parte communication.

2506.23(3) This subrule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.24(17A) Recording costs. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.25(17A) Interlocutory appeals. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.27(17A) Appeals and review. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.28(17A) Applications for rehearing. This rule is not adopted.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.32(10A,17A,85) Contested cases. Contested case proceedings before the workers' compensation commissioner are:

2506.32(1) Arbitration as described in Iowa Code section 10A.317.

2506.32(2) Review-reopening of an award or a settlement as described in Iowa Code section 10A.317.

2506.32(3) Benefits as described in Iowa Code section 85.27.

2506.32(4) Death and burial benefits as described in Iowa Code sections 85.28, 85.29, and 85.31.

2506.32(5) Determination of dependency as described in Iowa Code sections 85.42 through 85.44.

2506.32(6) Equitable apportionment as described in Iowa Code section 85.43.

2506.32(7) Second injury fund as described in Iowa Code section 85.63 et seq.

2506.32(8) Vocational rehabilitation benefits as described in Iowa Code section 85.70(1).

2506.32(9) Vocational training and education as described in Iowa Code section 85.70(2).

2506.32(10) Approval of fees as described in Iowa Code section 10A.327.

2506.32(11) Commutation as described in Iowa Code section 85.45 et seq.

2506.32(12) Employee's examination as described in Iowa Code section 85.39.

2506.32(13) Determination of compliance with Iowa Code chapters 10A, 85, 85A, 85B, and 87.

2506.32(14) Applications for alternate medical care as described in Iowa Code section 85.27.

2506.32(15) Determination of liability, reimbursement for benefits paid and recovery of interest as described in Iowa Code section 85.21.

2506.32(16) Interest as described in Iowa Code section 85.30.

2506.32(17) Penalty as described in Iowa Code section 10A.315.

2506.32(18) Application for approval of third-party settlement as described in Iowa Code section 85.22.

2506.32(19) Matters that would be a contested case if there were a dispute over the existence of material facts.

2506.32(20) Any other issue determinable upon evidential hearing that is under the jurisdiction of the workers' compensation commissioner.

There shall be no hearing in contested cases pursuant to subrules 2506.32(8) through 2506.32(12) unless otherwise ordered or requested in writing by the petition in the original notice or petition or by the respondent within ten days following the time allowed by these rules for appearance.

This rule is intended to implement Iowa Code sections 10A.310 and 17A.2(2) and chapter 85.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.33(10A) Separate evidentiary hearing—denial or delay of benefits. Entitlement to penalty benefits for unreasonable delay, denial, or termination of benefits, as provided in Iowa Code section 10A.315, shall be pled. Discovery shall be limited to matters discoverable in the absence of such pleading unless it is bifurcated. The claimant may bifurcate the denial or delay issue by filing and serving a notice of bifurcation at any time before a case is assigned for hearing, in which case discovery on that issue may proceed only after the final decision of the agency on all other issues.

This rule is intended to implement Iowa Code sections 10A.315, 10A.319, and 10A.321.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.34(10A,85,85A,85B,87) Compliance proceedings. If the workers' compensation commissioner shall have reason to believe that there has not been compliance with the workers' compensation law by any person or entity, the workers' compensation commissioner may on the workers' compensation commissioner's own motion give notice to the person or entity and schedule a hearing for the purpose of determining whether there has been compliance by the person or entity. The notice shall state the time and place of the hearing and a brief statement of the matters to be considered. The notice of hearing may be given by ordinary mail or by Workers' Compensation Electronic System (WCES) if the alleged noncompliant person or entity is registered in WCES and is currently participating in a contested case using WCES and may be given to the insurer for the employer in lieu of the employer as permitted by Iowa Code section 87.10 if the insurer has filed a report, pleading or motion that acknowledges that it is the insurer for the claim at issue. Following the hearing, the workers' compensation commissioner or a deputy workers' compensation commissioner may issue a finding regarding compliance. In the event a failure to comply is found, the workers' compensation commissioner may impose sanctions in accordance with Iowa Code section 10A.314, 10A.315 or 10A.316 or order compliance within a specified time and under specified circumstances. The workers' compensation commissioner may file a certified copy of the order in an appropriate district court and may file a certified copy of the order with the Iowa insurance division of the department of insurance and financial services with a request for action by the insurance division upon failure to comply with the order. Nothing in this rule shall prevent the workers' compensation commissioner from conducting an informal conference with any person or entity concerning problems of compliance prior to the initiation of a compliance proceeding.

This rule is intended to implement Iowa Code chapters 10A, 85 through 85B, and 87.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.35(10A,85,85A,85B,87) Commencement by the workers' compensation commissioner. In addition to an aggrieved party, the workers' compensation commissioner may initiate proceedings under subrule 2506.32(10). The proceeding may be held before a deputy workers' compensation commissioner or the workers' compensation commissioner. The workers' compensation commissioner shall be the only person to commence a proceeding under subrule 2506.32(14) unless such authority is specifically delegated by the workers' compensation commissioner to a deputy workers' compensation commissioner concerning a specific matter.

This rule is intended to implement Iowa Code chapters 10A, 85 through 85B, and 87.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.36(10A,17A,85) Original notice and petition. A petition or application must be delivered or filed with the original notice unless original notice Form 100, Form 100A, Form 100B, or Form 100D of the workers' compensation division is used.

2506.36(1) The original notice Form 100, Form 100A, Form 100B, Form 100C, Form 100D, or a determination of liability reimbursement for benefits paid and recovery of interest form shall provide for the data required in Iowa Code section 17A.12(2) and shall contain factors relevant to the contested case proceedings listed in rule 876—2506.32(10A,17A,85).

- a. Form 100 is to be used for all contested case proceedings except as indicated in this rule.
- b. Form 100A is to be used for the contested case proceedings provided for in subrule 2506.32(12).
- c. Form 100B is to be used for the contested case proceeding provided for in subrule 2506.32(8).
- d. Form 100C is to be used for the contested case proceeding provided for in rules 876—2506.62(10A) and 876—2506.65(10A,17A,85).
- e. Form 100D is to be used for the contested case proceeding provided for in rule 876—2506.67(10A,17A,85).
- f. The application and consent order for payment of benefits under Iowa Code section 85.21 is to be used for contested case proceedings brought under Iowa Code section 85.21.
- g. When a commutation is sought, Form No. 14-0013 or Form No. 14-0017 must be filed in addition to any other document.
- h. The petition for declaratory order, approval of attorney fees, determination of compliance and other proceedings not covered in the original notice forms must accompany the original notice.

2506.36(2) At the same time and in the same manner as service of the original notice and petition, the claimant shall serve a patient's waiver using Form 14-0043 (authorization for release of information regarding claimants seeking workers' compensation benefits), or a substantially equivalent form, which shall not be revoked until conclusion of the contested case. The claimant shall provide the patient's waivers in other forms and update the patient's waivers as necessary to permit full disclosure of discoverable information whenever requested by a medical practitioner or institution.

2506.36(3) A separate original notice and petition shall be filed for each claim that seeks benefits due to the occurrence of an injury, occupational disease or occupational hearing loss.

a. The original notice and petition shall allege a specific date of occurrence consisting of a day, month and year.

b. Alternate or multiple dates of occurrence may be alleged in the same original notice and petition if the claim or claims arose from the same occurrence or series of occurrences and uncertainty exists concerning the correct date of occurrence or the number of occurrences.

c. An employee may join any number of employers or insurance carriers in the same original notice and petition if the claim is made against them jointly, severally or in the alternative. The remedy for misjoinder must be requested by motion within a reasonable time after the grounds become known, but in no event later than the claimant's case preparation completion date.

d. All remedies will be applied without prejudice to any claim or defense.

e. In addition to the remedies contained in Iowa Rule of Civil Procedure 1.236, the workers' compensation commissioner may order that parts of a claim be severed and proceeded with separately or that separate related claims be joined or consolidated for administrative convenience or for any good cause. If a correction is ordered but not made by a date specified in the order, the original notice and petition may be dismissed without further notice. If the correction is made within the specified time, the correction relates back to the date of the initial filing for purposes of the statute of limitations.

This rule is intended to implement Iowa Code chapter 10A and sections 17A.12, 85.27, 85.45, and 85.48.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.37(17A,85) Delivery of notice, orders, rulings and decisions. Delivery of the original notice shall be made by the petitioning party as provided in Iowa Code section 17A.12(1), except that a party may deliver the original notice on a nonresident employer as provided in Iowa Code section 85.3. A proposed or final decision, order or ruling may be delivered by the workers' compensation division to any party by regular mail, by email or by WCES. Filing of a notice, ruling and decision in WCES is the official filing and start of any appeal or motion deadline.

This rule is intended to implement Iowa Code sections 17A.12 and 85.3.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.38(17A) Filing of notice.

2506.38(1) A contested case is commenced by filing the original notice and petition with the workers' compensation commissioner. No action shall be taken by the workers' compensation commissioner on any contested case against an adverse party unless the adverse party has answered or unless it can be shown by proper proof that the adverse party has been properly served. The original notice and petition if required by rule 876—2506.36(10A,17A,85) shall be accompanied by proof that the petitioner has deposited copies of such documents with the U.S. post office for delivery by certified mail, return receipt requested, upon the respondent or has submitted such copies to a proper person for delivery of personal service as in civil actions.

2506.38(2) Filing fee.

a. For all original notices and petitions for arbitration or review-reopening relating to weekly benefits filed on account of each injury, occupational disease or occupational hearing loss alleged, a filing fee shall be paid at the time of filing. The filing fee for petitions is \$125. No filing fee is due for the filing of other actions where the sole relief sought is one of the following or a combination of any of them:

- (1) Medical and other benefits under Iowa Code section 85.27;
- (2) Burial benefits under Iowa Code section 85.28;

- (3) Determination of dependency under Iowa Code sections 85.42 through 85.44;
- (4) Equitable apportionment under Iowa Code section 85.43;
- (5) Second injury fund under Iowa Code sections 85.63 through 85.69;
- (6) Vocational rehabilitation benefits under Iowa Code section 85.70(1);
- (7) Vocational training and education benefits under Iowa Code section 85.70(2);
- (8) Approval of legal, medical and other fees under Iowa Code section 10A.327;
- (9) Commutation under Iowa Code sections 85.45, 85.47 and 85.48;
- (10) Employee's examination under Iowa Code section 85.39;
- (11) Employee's examination or sanctions under Iowa Code section 85.39;
- (12) Application for alternate care under Iowa Code section 85.27;
- (13) Determination of liability, reimbursement for benefits paid and recovery of interest under Iowa Code section 85.21;
- (14) Interest under Iowa Code section 85.30;
- (15) Penalty under Iowa Code section 10A.315(4);
- (16) Application for approval of third-party settlement under Iowa Code section 85.22; and
- (17) Petitions for declaratory orders or petitions for interventions. An amendment to a petition that alleges an additional or alternate date of occurrence does not require payment of an additional filing fee if a filing fee was paid when the petition was filed.

b. A filing fee shall be required for each original notice and petition filed as required in paragraph 2506.38(2) "a." If a party overpays a filing fee, the party may receive a refund. The party who made the overpayment must request a refund before June 1 of the fiscal year in which the overpayment occurred.

c. If no filing fee is paid at the time of filing of the original notice and petition, the workers' compensation commissioner shall return the original notice and petition to the party filing it. Filing an original notice and petition without paying the fee shall not toll the statute of limitations. Tendering an amount less than required will be considered failure to pay a filing fee.

d. The filing fee may be taxed as a cost to the losing party in the case. If the filing fee would impose an undue hardship or be unjust in the circumstances for the losing party, the filing fee may be taxed as costs to the winning party in the case. More information can be found in rule 876—2506.59(10A).

e. The filing fee shall be paid at the same time the petition is filed. The filing fee shall be paid electronically with a credit card, via automated clearing house (ACH), or by other electronic means as allowed by WCES unless an order granting permission for nonelectronic payment has been issued. If an order granting permission for nonelectronic payment has been issued, the party filing the petition shall issue a check payable to the "Iowa Workers' Compensation Division." If the payment of the filing fee is made by an account with insufficient funds or the payment is stopped or the payment is otherwise not honored, it will be treated as a failure to pay the correct filing fee. More information can be found in paragraph 2506.38(2) "c." Nonelectronic payment will not be accepted without an order granting permission for nonelectronic payment. The statute of limitations is not tolled if a party has requested nonelectronic payment and is awaiting an order.

f. The workers' compensation commissioner may accept for filing an original notice and petition without prepayment of the filing fee if in the discretion of the workers' compensation commissioner the petitioner is unable to pay the fee at the time of filing. A deferral of payment of the filing fee shall only be granted upon written application by the petitioner. The application shall be filed at the same time the original notice and petition is filed. The application shall be in the form required by the workers' compensation commissioner and shall include an affidavit signed by the petitioner. When payment of the filing fee is deferred, provisions for payment of the filing fee must be included in any settlement submitted to the workers' compensation commissioner for approval or taxed as costs. When the application for deferral of payment of the filing fee is denied, the filing fee shall be paid as ordered. More information can be found in paragraph 2506.38(2) "c." The form for the application deferral of prepayment of fees (Form No. 14-0075) shall not be filed using WCES. The document shall be filed in paper form. If the request for deferral of fees is granted, a claim will be established in WCES. Parties to the claim shall use WCES for future filings unless a party has been granted a waiver of the mandatory use of WCES.

g. Parties shall use the payment gateway in WCES to pay filing fees unless an order has been issued allowing deferral of the payment of the filing fee or payment outside of WCES. In addition to the filing fee, the parties shall pay the convenience fee charged by the financial institution that is processing payment for WCES. This cost may be recoverable under rule 876—2506.59(10A).

This rule is intended to implement Iowa Code section 17A.12.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.39(17A) Appearance and responses, pleadings, motions and settlements. Appearances and responses to pleadings and motions shall be made in WCES. Registration with the division of workers' compensation's WCES is required. Registration is accepted at efile.iowaworkcomp.gov. After a matter has been commenced and the respondent has been served with an original notice and filed an answer or appearance, subsequent filings or submissions in WCES do not require proof of service to parties of record who are registered with WCES. If a party has been granted a waiver of the mandatory use of WCES, the party shall include a proof of service for all parties of record. Attorneys will need to use the AT pin or pro hac vice pin assigned by the Iowa Supreme Court to be associated with a case in WCES. When an attorney is not representing a party, the employer or insurance carrier or the employer's or insurance carrier's agent or claimant shall register in WCES to file the settlement or medical data pursuant to 876—subrule 3.1(2). The filer will receive a status update for the information the filer submits based upon the status the filer selects when registering in WCES.

2506.39(1) Motions. Motions attacking a pleading must be served before responding to a pleading or, if no responsive pleading is required, upon motion made by a party within 20 days after the service of the pleading on such party.

2506.39(2) Time after motions attacking pleadings and special appearances. If a motion attacking a pleading is so disposed of as to require further pleading, such further pleading shall be served within ten days after notice of the action of the workers' compensation commissioner or deputy workers' compensation commissioner. If the further pleading requires a response, the response shall be filed within ten days after service of the further pleading.

2506.39(3) Form, submission and ruling on motions.

a. All motions, including pre-answer motions and motions for summary judgment, shall have appended to them a concise memorandum brief and argument. All motions except motions for summary judgment shall be deemed submitted without hearing on the record presented on the tenth day following filing. Motions for summary judgment shall be deemed submitted as provided in Iowa Rule of Civil Procedure 1.981. Resistances to motions shall have appended to them a concise memorandum brief and argument and shall be filed on or before the date of submission. Briefs and arguments are waived unless appended to the motion or resistance.

b. An order may be entered consolidating any motion for ruling with the hearing of the contested case. Any party desiring a ruling on a motion prior to the hearing may concisely set forth the necessity of prior ruling in the motion, application or resistance. If a pre-answer motion alleging lack of jurisdiction is overruled or consolidated with hearing of the contested case, the party shall plead to the merits and proceed to hearing of the contested case without submitting to the jurisdiction of the workers' compensation commissioner. If a motion attacking a pleading is consolidated with hearing of the contested case, the party shall respond to the pleading in the same manner as if the motion had been overruled.

2506.39(4) Withdrawal of counsel.

a. Counsel may withdraw if another counsel has appeared or if the client's written consent accompanies the withdrawal.

b. Under all other circumstances, counsel may withdraw only upon the order of the workers' compensation commissioner after making written application. Counsel shall give the client written notice that the client has the right to object to the withdrawal by filing written objections and a request for a hearing to the Workers' Compensation Division, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321, within ten days following the date the notice was mailed or personally delivered to the client. The client's response does not need to be filed in WCES but may be mailed or delivered to the division. Counsel's application shall be accompanied by proof that a copy of the application and notice was sent by certified mail addressed to the client's last-known address or was delivered to the client personally. If no objections

are timely filed, the withdrawal will become effective when approved by the workers' compensation commissioner. If objections are timely filed, a hearing on the application will be held. No withdrawal under this subrule will be effective without the approval of the workers' compensation commissioner. The filing of an application to withdraw stays all pending matters until a ruling is made on the application.

2506.39(5) *Pro hac vice.* An out-of-state attorney desiring to appear pro hac vice in an Iowa workers' compensation division case is required to access the office of professional regulation (OPR)/supreme court commissions (SCC) website, submit certain personal information to complete pertinent fields in the lawyer database, and pay a fee that will be deposited in the client security trust fund. The registration and fee payment allow the attorney to apply to appear pro hac vice in Iowa division of workers' compensation cases, subject to the limits and requirements of Iowa Court Rule 31.14, for a period of up to five years from the date of registration. Attorneys who register and pay the fee appear in the OPR/SCC database with the status of "pro hac vice." The Iowa division of workers' compensation will request from the Iowa courts that a pro hac vice number be issued and will provide that number to the out-of-state attorney for registration with WCES. The affiliated in-state attorney shall file in WCES the application to appear pro hac vice completed by the out-of-state attorney using a pleading that is substantially similar to Iowa Court Rule 31.25—Form 1.

This rule is intended to implement Iowa Code section 17A.12.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.40(10A,87) Insurance carrier as a party. Whenever any insurance carrier shall issue a policy with a clause in substance providing that jurisdiction of the employer is jurisdiction of the insurance carrier, the insurance carrier shall be deemed a party in any action against the insured.

This rule is intended to implement Iowa Code chapter 10A and section 87.10.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.41(17A) Signatures on documents and papers. All documents and papers required by these rules, the Iowa Rules of Civil Procedure as applicable, or a statutory provision shall be signed by the party if unrepresented or the party's attorney if represented. The party's signature in addition to the attorney's signature shall be necessary only when otherwise required by these rules, the Iowa Rules of Civil Procedure as applicable, and any statutory provision. Iowa R. Elec. P. 16.305 concerning signatures is applicable to WCES.

This rule is intended to implement Iowa Code section 17A.12.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.42(10A,17A) Service on parties. Any document or paper not delivered under rules 876—2506.36(10A,17A,85) and 876—2506.37(17A,85) which is to be filed and seeks relief from or action against another party, or which has any significant effect on any contested case, shall be served on each party of record under rule 876—2506.43(10A,17A).

This rule is intended to implement Iowa Code sections 10A.319 and 17A.12.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.43(10A,17A) Method of service.

2506.43(1) Except as provided in rules 876—2506.36(10A,17A,85) and 876—2506.37(17A,85), service of all documents and papers to be served according to this chapter or otherwise upon a party represented by an attorney shall be made upon the attorney unless service upon the party is ordered by the workers' compensation commissioner or deputy workers' compensation commissioner.

2506.43(2) Service upon the attorney or party shall be made using WCES once a party or party's attorney has registered in WCES for the claim being contested. If a party has been granted a waiver of the mandatory use of WCES or if a party or attorney has not appeared in WCES, service upon the attorney or party shall be made by delivery of a copy or mailing a copy to the last-known address of the attorney or party or, if no address is known, by filing a copy with the division of workers' compensation.

2506.43(3) Delivery of a copy within this rule means:

- a. Handing it to the attorney or party;

b. Leaving it at the office of the attorney or party's office or with the person in charge of the office, or if there is no one in charge of the office, leaving it in a conspicuous place in the office, or if the office is closed or the person to be served has no office, leaving it at the person's dwelling house, or usual place of abode with some person of suitable age and discretion who is residing at the dwelling or abode;

2506.43(4) Service by mail under this rule is complete upon mailing.

2506.43(5) Documents that are served on a party for discovery and medical evidence under rules 876—2506.44(10A) and 876—2506.47(10A) shall not be filed with the division of workers' compensation.

2506.43(6) No documents or papers referred to in this rule shall be served by the workers' compensation commissioner.

This rule is intended to implement Iowa Code sections 10A.319 and 17A.12.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.44(10A) Filing of documents and papers. All documents and papers required to be served on a party under rule 876—2506.42(10A,17A) shall be filed with the workers' compensation commissioner either before service or within a reasonable time thereafter. No deposition, notice of deposition, notice of requests for discovery, notice of responses to requests for discovery, and notice of medical records and reports required to be served by rule 876—2506.46(10A) shall be filed with or accepted for filing in WCES unless ordered by the workers' compensation commissioner or a deputy workers' compensation commissioner, or its use becomes otherwise necessary in the action, in which case it shall be attached to the relevant motion or response to the motion requiring its use, or unless offered as evidence at hearing of the contested case.

This rule is intended to implement Iowa Code section 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.45(10A) Proof of service. Proof of service of all documents and papers to be served on another party under rule 876—2506.42(10A,17A) shall be filed with the division of workers' compensation promptly and, in any event, before action is to be taken thereon by the workers' compensation commissioner or a deputy workers' compensation commissioner or any party unless a responsive pleading has been filed. Proof shall be made by filing the document in WCES when another party is registered in WCES for that claim. If a party or a party's attorney or representative is not in WCES for the claim being contested, the proof shall show the date and manner of service and may be by written acknowledgment of service, by certification of a member of the bar of this state, by affidavit of the person who served the papers, or by any other proof satisfactory to the workers' compensation commissioner.

This rule is intended to implement Iowa Code section 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.46(10A) Service of records and reports.

2506.46(1) Each party to a contested case shall serve all records received pursuant to a patient's waiver (Form 14-0043—authorization for release of information regarding claimants seeking workers' compensation benefits) and medical records and reports concerning the injured worker in the possession of the party upon each opposing party not later than 20 days following filing of an answer or, if not then in possession of a party, within 10 days of receipt.

a. Medical records and reports are records of medical practitioners and institutions concerning the injured worker.

b. Medical practitioners and institutions include physicians, physician associates, surgeons, osteopathic physicians and surgeons, chiropractors, dentists, nurses, podiatrists, psychiatrists, psychologists, counselors, hospitals, clinics, persons engaged in physical or vocational rehabilitation or evaluation for rehabilitation, and all other practitioners of the healing arts or sciences and all other institutions in which the healing arts or sciences are practiced.

2506.46(2) Each party shall serve a notice accompanying the records and reports identifying the records and reports served by the name of the practitioner or institution or other source and date of the records and reports and, if served later than 20 days following filing of the answer, stating the date when

the records and reports were received by the party serving them. Pursuant to rule 876—2506.44(10A), the notice and records and reports shall not be filed with the workers' compensation commissioner.

2506.46(3) A party failing to comply with the provisions of this rule shall, if the failure is prejudicial to an opposing party, be subject to the provisions of rule 876—2506.62(10A). This rule does not require a party to serve any record or report that was previously served by another party in a contested case proceeding. Compliance with this rule does not automatically permit a record or report to be received into evidence if the record or report was not served prior to an applicable deadline established by rule or order for completing discovery or service of exhibits.

This rule is intended to implement Iowa Code sections 10A.310 and 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.47(10A) Medical evidence and discovery. Discovery in workers' compensation proceedings is governed by the rules of civil procedure pursuant to rule 876—2506.61(10A,17A). Any relevant medical record or report served upon a party in compliance with these rules prior to any deadline established by order or rule for service of the records and reports shall be admissible as evidence at hearing of the contested case unless otherwise provided by rule. Any party against which a medical record or report may be used shall have the right, at the party's own initial expense, to cross-examine by deposition the medical practitioner producing the record or report and the deposition shall be admissible as evidence in the contested case.

This rule is intended to implement Iowa Code sections 10A.310 and 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.48(10A) Prehearing procedure.

2506.48(1) Prehearing procedure in contested cases shall be administered in accordance with these rules and the orders issued by the workers' compensation commissioner or a deputy workers' compensation commissioner.

2506.48(2) Counsel of record and pro se litigants have a duty to exercise reasonable diligence to bring the contested case to hearing at the earliest reasonable opportunity.

2506.48(3) The following time limits govern prehearing procedure, completion of discovery and case management in contested cases, except proceedings under rules 876—2506.64(10A,17A,85) and 876—2506.65(10A,17A,85) and except when otherwise ordered by the workers' compensation commissioner or a deputy workers' compensation commissioner.

a. Within 120 days, but not less than 60 days, following the filing of a petition, the counsel of record for all parties and all pro se litigants shall utilize WCES scheduling procedures to request an available hearing time slot consistent with the presiding deputy commissioner's hearing schedule. Claimant has primary responsibility for initiating the contact. The parties shall identify the case by file number and the names of the parties and request that the hearing be set at a specific date, place and time that is shown to be available on the hearing scheduler published on the division's website. Primary and backup times must be requested for hearings in venues other than Des Moines. When the contact is made by email, a copy of the request shall be sent to each opposing party, and the hearing administrator will reply indicating whether or not the case is assigned at the time requested. If a request is denied, the parties shall continue to contact the hearing administrator by telephone or email until the case is scheduled or a prehearing conference is ordered. A joint scheduling contact may be initiated by any party at any other time agreeable to the parties. If more than 120 days have elapsed since the petition was filed, any party may move to schedule the hearing at a particular date, time and place that is available, and the hearing administrator may assign the case for hearing at that date, time and place. The hearing date shall be within 12 months following the date the petition was filed or as soon thereafter as reasonably practicable as determined by the hearing administrator. If the parties fail to schedule the hearing with the hearing administrator, the case will be scheduled at the discretion of the hearing administrator without prior notice to the parties.

b. A party who intends to introduce evidence from an expert witness, including a rebuttal expert witness, shall certify to all other parties the expert's name, subject matter of expertise, qualifications, and a summary of the expert's opinions within the following time period:

(1) Claimant—120 days before hearing;

- (2) Employer/second injury fund of Iowa—90 days before hearing;
- (3) Rebuttal—60 days before hearing.

Certification is not required to introduce evidence from an examining physician pursuant to Iowa Code section 85.39, a treating physician, or a vocational consultant if the expert witness is known by all parties to have personally provided services to the claimant and the witness's reports are served on opposing parties prior to the date when certification is required. The parties may alter these times by written agreement.

c. Discovery responses must be supplemented as required in Iowa Rules of Civil Procedure 1.503(4) and 1.508(3) and shall be supplemented within 20 days after a party requests supplementation. All discovery responses, depositions, and reports from independent medical examinations shall be completed and served on opposing counsel and pro se litigants at least 30 days before hearing. The parties may alter these times by written agreement.

d. At least 30 days before hearing, counsel of record and pro se litigants shall serve a witness list and exhibit list on all opposing counsel and pro se litigants and exchange all intended exhibits that were not previously required to be served.

(1) The witness list shall name all persons, except the claimant, who will be called to testify at the hearing or who will be deposed prior to the hearing in lieu of testifying at the hearing.

(2) The exhibit list must specifically identify each exhibit in a way that permits the opposing party to recognize the exhibit.

(3) The description for a document should include the document's date, number of pages and author or source.

(4) Exhibits that were specifically identified when served pursuant to rule 876—2506.46(10A) or in a discovery response may be collectively identified by describing the service (e.g., "exhibits described in the notices served pursuant to rule 876—2506.46(10A) on May 7, June 11 and July 9, 2004"). Blanket references, such as "all medical records," "personnel file" or "records produced during discovery," do not specifically identify an exhibit.

(5) A party may serve a copy of the actual intended exhibits in lieu of an exhibit list.

(6) Evidentiary depositions pursuant to Iowa Code section 10A.319(2) may be taken at any time before the hearing in lieu of the witness testifying at the hearing.

e. At least 14 days before the hearing, the parties shall file proposed hearing exhibits.

(1) The proposed joint exhibits shall not exceed 100 pages. The proposed claimant's exhibits shall not exceed 50 pages.

(2) The proposed defendants' exhibits shall not exceed 50 pages.

(3) The workers' compensation commissioner or a deputy workers' compensation commissioner may, upon a showing of good cause, allow proposed hearing exhibits in excess of the page limits mentioned herein.

2506.48(4) If evidence is offered at hearing that was not disclosed in the time and manner required by these rules, as altered by order of the workers' compensation commissioner or a deputy workers' compensation commissioner or by a written agreement by the parties, the evidence will be excluded unless the offering party demonstrates good cause for failure to comply with the rules or order. Sanctions may be imposed pursuant to rule 876—2506.62(10A) in addition to or in lieu of exclusion if exclusion is not an effective remedy for the prejudice.

2506.48(5) Counsel and pro se litigants shall prepare a hearing report that defines the claims, defenses, and issues that are to be submitted to the deputy commissioner who presides at the hearing. The hearing report shall be signed by all counsel of record and pro se litigants and submitted to the deputy workers' compensation commissioner when the hearing commences.

2506.48(6) Jurisdictional deadlines, including but not limited to any applicable statute of limitations, cannot be extended. It is each party's responsibility to ensure that a document is filed timely to comply with jurisdictional deadlines. A technical failure, including a failure of WCES, will not excuse a failure to comply with a jurisdictional deadline.

2506.48(7) A party is not excused from missing a jurisdictional or nonjurisdictional filing deadline because of problems attributable to the party.

This rule is intended to implement Iowa Code chapter 10A.

876—2506.49(10A) Prehearing conference. A deputy workers' compensation commissioner or the workers' compensation commissioner may order parties in the case to either appear before the workers' compensation commissioner or a deputy workers' compensation commissioner for a conference, or communicate with the workers' compensation commissioner or a deputy workers' compensation commissioner and with each other in any manner as may be prescribed to consider, so far as applicable to the particular case:

2506.49(1) The necessity or desirability of amending pleadings by formal amendment or prehearing order;

2506.49(2) Agreeing to admissions of facts, documents or records not really controverted, to avoid unnecessary proof;

2506.49(3) Limiting the number of witnesses;

2506.49(4) Settling any facts of which the workers' compensation commissioner or a deputy workers' compensation commissioner is to be asked to take official notice;

2506.49(5) Stating and simplifying the factual and legal issues to be determined;

2506.49(6) Specifying the items and amounts of compensation claimed;

2506.49(7) Specifying all proposed exhibits and proof thereof;

2506.49(8) Consolidation of cases and bifurcation of issues;

2506.49(9) Specifying all witnesses expected to testify;

2506.49(10) Possibility of settlement;

2506.49(11) Filing of advance briefs, if any;

2506.49(12) Setting or altering dates for completion of discovery or completion of medical evidence by each party;

2506.49(13) Any other matter which may facilitate, expedite, or simplify any contested case.

This rule is intended to implement Iowa Code sections 10A.318 and 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.50(10A) Prehearing conference record. At the request of any attorney in the case, or at the discretion of a deputy workers' compensation commissioner or the workers' compensation commissioner, the entire prehearing conference or any designated part thereof shall be recorded and the cost of the reporter shall be assessed to the requesting party or, if directed by the workers' compensation commissioner or deputy workers' compensation commissioner, assessed as costs.

This rule is intended to implement Iowa Code sections 10A.318 and 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.51(10A) Assignment for hearing. Contested cases shall be set for hearing within the discretion of the workers' compensation commissioner as soon as practicable after the parties have had adequate opportunity to prepare for hearing. A party may request in writing that no hearing in a contested case be held until such time as specified matters have been accomplished or specified events have occurred. Continuances of hearings in contested cases shall be granted only by the workers' compensation commissioner or the commissioner's designee. Continuances are governed by Iowa Rules of Civil Procedure 1.910 through 1.912. Requests for continuance shall also state in detail the reasons for the request and whether the opposing party accedes to the request. Defendants shall promptly notify the workers' compensation commissioner of settlements.

This rule is intended to implement Iowa Code sections 10A.310 and 10A.319.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.52(10A,17A,85,85A,85B) Rehearing. Any party may file an application for rehearing of a proposed decision in any contested case by a deputy workers' compensation commissioner or a decision in any contested case by the workers' compensation commissioner within 20 days after the issuance of the decision. If a party has been allowed to file not using WCES or a party to the claim is not in WCES, a copy of such application shall be timely mailed by the applicant to all parties of record not joining therein. An application for rehearing shall be deemed denied unless the deputy commissioner or workers' compensation commissioner rendering the decision grants the application within 20 days after its filing. For

purposes of this rule, motions or requests for reconsideration or new trial or retrial or any reexamination of any decision, ruling, or order shall be treated the same as an application for rehearing.

This rule is intended to implement Iowa Code chapters 10A, 17A, and 85 through 85B.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.53(10A,17A) Appeal when rehearing requested. An appeal to or a review on a motion of the workers' compensation commissioner must be filed within 20 days after the application for rehearing of a proposed decision by a deputy workers' compensation commissioner under rule 876—2506.52(10A,17A,85,85A,85B) has been denied or deemed denied or a decision on rehearing has been issued. If a notice of appeal is filed by one party and an application for rehearing is filed by a different party, the deputy retains jurisdiction to act on the application for rehearing, and the notice of appeal is stayed and deemed to have been filed on the day after the application for rehearing is denied or deemed denied or the decision on rehearing is issued.

This rule is intended to implement Iowa Code sections 10A.321, 17A.15, and 17A.16.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.54(10A,17A) Appeal.

2506.54(1) Except as provided in rules 876—2506.33(10A) and 876—2506.53(10A,17A), an appeal to the commissioner from a decision, order or ruling of a deputy commissioner in contested case proceedings shall be commenced within 20 days of the filing of the decision, order or ruling by filing a notice of appeal with the workers' compensation commissioner. If two or more contested cases were consolidated for hearing, the notice of appeal shall specify which of the contested cases are being appealed. The date the notice of appeal is filed shall be the date the notice of appeal is received by the agency. The notice shall be served on the opposing parties as provided in rule 876—2506.43(10A,17A). An appeal shall be heard in Polk County or in any location designated by the workers' compensation commissioner.

2506.54(2) An interlocutory decision, order or ruling can be appealed only as hereinafter provided. A decision, order or ruling is interlocutory if, when issued, it does not dispose of all issues in the contested case that are ripe for adjudication. If the sole issue remaining for determination is claimant's entitlement to additional compensation for unreasonable denial or delay of payment pursuant to Iowa Code section 10A.315, the decision is not interlocutory. An adjudication that awards ongoing payments of weekly compensation under Iowa Code section 85.33 or 85.34(1) is not interlocutory. The workers' compensation commissioner may, upon application from any party or on the commissioner's own motion, and upon such terms as the commissioner orders, grant an appeal from an interlocutory decision, order or ruling if the commissioner finds that the ruling affects substantial rights, that the ruling will materially affect the final decision and that determination of the correctness of the ruling will better serve the interests of justice.

2506.54(3) A cross-appeal may be taken under this rule or rule 876—2506.53(10A,17A) in the same manner as an appeal within the 20 days for the taking of an appeal or within 10 days after filing of the appeal, whichever is later.

This rule is intended to implement Iowa Code sections 10A.321 and 17A.15.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.55(10A) Briefing requirements on appeal.

2506.55(1) The workers' compensation commissioner shall decide an appeal upon the record submitted to the deputy workers' compensation commissioner unless the workers' compensation commissioner is satisfied that additional newly discovered material evidence exists, which could not have been discovered and produced at the hearing with reasonable diligence. A party must file a request for taking additional evidence in WCES within 20 days after the notice of appeal was filed. If a party has been granted a waiver of the mandatory use of WCES, the party shall file the request for taking additional evidence with the division of workers' compensation and serve a copy on the other parties. Any briefs required or allowed by this rule shall be filed promptly following service. The agency will take additional evidence only if the party establishes that the evidence is material, that good cause existed for its not being presented at the hearing, and that the party has not waived the right to present the evidence.

2506.55(2) Time for serving briefs. An appellant shall serve the appellant's brief within 50 days after the date on which the notice of appeal was filed, or within 20 days after the filing of the hearing transcript, whichever date is later. An appellee shall serve the appellee's brief within 20 days after service of the brief of the appellant. If the appellant serves a reply brief, it shall be done within 10 days after service of the appellee's brief.

2506.55(3) Cross-appeals. In the event of a cross-appeal, an appellee (cross-appellant) shall serve the appellee's brief within 20 days after service of the brief of an appellant. The appellant (cross-appellee) shall serve the appellant's responsive reply brief within 20 days after service of the brief of the appellee. The appellee (cross-appellant) may serve a reply brief within 10 days after service of the appellant's reply brief. When more than one party appeals, the party filing the first notice of appeal will be designated the appellant and the party filing a subsequent notice of appeal will be designated the cross-appellant.

2506.55(4) Multiple adverse parties. In cases involving multiple appeals involving multiple claimants, employers, insurance carriers or the second injury fund, the workers' compensation commissioner shall enter an order establishing a briefing schedule.

2506.55(5) Form of briefs. Respective briefs and exceptions on appeal shall include the following:

- a. Statement of the case.
- b. Statement of the issues on appeal.
- c. An argument corresponding to the separately stated issues and contentions of an appellant with respect to the issues presented and reasons for them, with specific reference to the page or pages of the transcript that are material to the issues on appeal.
- d. A short conclusion stating the precise relief sought.

An appellee may submit a brief on appeal replying to the issues presented by the appellant unless a cross-appeal is made in which case the brief of the appellee shall contain the issues and argument involved in the cross-appeal as well as the response to the brief of the appellant.

2506.55(6) Length of briefs. More information can be found in rule 876—2506.63(10A,17A).

2506.55(7) Extensions. One extension of up to 30 days will be granted if a motion to extend the time is served on or before the date service of the brief that is required by this rule. A subsequent extension requires a motion showing good cause. The commissioner may grant a party the right to serve and file a brief after the time to do so has expired if the appeal or cross-appeal has not been dismissed or decided, the party moves for relief within 60 days from the date service of the brief was due, and the motion shows that the failure to timely serve the brief was due to a good cause that could not have been avoided through the exercise of reasonable diligence.

2506.55(8) Issues considered on appeal. The appeal will consider the issues presented for review by the appellant and cross-appellant in their briefs and any issues necessarily incident to or dependent upon the issues that are expressly raised, except as provided in rule 876—2506.56(10A,17A). An issue will not be considered on appeal if the issue could have been but was not presented to the deputy workers' compensation commissioner. An issue raised on appeal is decided de novo and the scope of the issue is viewed broadly. If the ruling from which the appeal was taken made a choice between alternative findings of fact, conclusions of law, theories of recovery or defenses and the alternative selected in the ruling is challenged as an issue on appeal, de novo review includes reconsideration of all alternatives that were available to the deputy workers' compensation commissioner.

2506.55(9) Sanctions. If an appellant's brief or cross-appellant's brief is not served and filed within the time required by this rule, including any extension, the party defending against the appeal or cross-appeal may move for dismissal. If an appellant's brief or cross-appellant's brief is not served within 30 days after the time required by these rules, including any extension, the workers' compensation commissioner will notify the party in default that upon 15 days from service of the notification the appeal or cross-appeal will be dismissed for want of prosecution unless the default is remedied within that period. If the default is not remedied, the appeal or cross-appeal will be dismissed. If an appellee's brief or a cross-appellee's brief is not served and filed, the appeal will be decided without reference to that brief.

This rule is intended to implement Iowa Code section 10A.321.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.56(10A,17A) Review upon motion. Except as provided in rule 876—2506.53(10A,17A), the workers' compensation commissioner may review the decision, order or ruling of a deputy workers' compensation commissioner in any contested case upon the workers' compensation commissioner's own motion. Except as provided in rule 876—2506.53(10A,17A), the motion to review a decision, order or ruling in all contested cases must be filed within 20 days of the filing of the decision, order or ruling. The workers' compensation commissioner shall specify in a notice filed in WCES or mailed to the parties by certified mail, return receipt requested, on the date of filing of the motion the issues to be reviewed and the additional evidence, if any, to be obtained by the parties. The hearing under this rule shall be heard in Polk County or in any locality designated by the workers' compensation commissioner.

This rule is intended to implement Iowa Code sections 10A.321 and 17A.15.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.57(10A,17A) Transcript on appeal or review. When an appeal to or a review on a motion of the workers' compensation commissioner is taken pursuant to rule 876—2506.54(10A,17A) or 876—2506.56(10A,17A), a transcript of the proceedings before the workers' compensation commissioner shall be filed with the workers' compensation commissioner within 30 days after the notice of the appeal is filed with the workers' compensation commissioner. The appealing party shall bear the initial cost of transcription on appeal and shall pay the certified shorthand reporter or service for the transcript. In the event there is a cross-appeal, the appellant and cross-appellant shall share the cost of the transcript. In the event the cost of the transcript has been initially borne by a nonappealing party prior to appeal, the nonappealing party is entitled to reimbursement within 30 days after serving on the appealing party proof of the cost of the transcript. If not so reimbursed, the appeal may be dismissed.

This rule is intended to implement Iowa Code sections 10A.320, 10A.321, 10A.328, 17A.12, and 17A.15.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.58(10A) Recording of proceedings. The workers' compensation commissioner may arrange for the attendance of a certified shorthand reporter or mechanical means to record proceedings in contested cases. The workers' compensation commissioner may require a defendant employer or on appeal to the workers' compensation commissioner, an appellant, to arrange for the attendance of a certified shorthand reporter or adequate mechanical means of recording the proceedings. The charges for attendance shall be paid initially to the certified shorthand reporter or service by the defendant employer or, on an appeal to the workers' compensation commissioner, the appellant. The charges shall be taxed as costs. The party initially paying the expense shall be reimbursed by the party taxed with the cost. If the expense is unpaid, it shall be paid by the party taxed with the cost.

This rule is intended to implement Iowa Code section 10A.320.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.59(10A) Costs.

2506.59(1) Costs taxed by the workers' compensation commissioner or a deputy workers' compensation commissioner shall be:

- a. Attendance of a certified shorthand reporter or presence of mechanical means at hearings and evidential depositions;
- b. Transcription costs when appropriate;
- c. Costs of service of the original notice and subpoenas;
- d. Witness fees and expenses as provided by Iowa Code sections 622.69 and 622.72;
- e. The costs of doctors' and practitioners' deposition testimony, provided that said costs do not exceed the amounts provided by Iowa Code sections 622.69 and 622.72;
- f. The reasonable costs of obtaining no more than two doctors' or practitioners' reports;
- g. Filing fees when appropriate, including convenience fees incurred by using the WCES payment gateway; and
- h. Costs of persons reviewing health service disputes.

2506.59(2) Costs of service of notice and subpoenas shall be paid initially to the serving person or agency by the party utilizing the service. Expenses and fees of witnesses or of obtaining doctors' or practitioners' reports initially shall be paid to the witnesses, doctors or practitioners by the party on whose behalf the witness is called or by whom the report is requested. Witness fees shall be paid in accordance with Iowa Code section 622.74. Proof of payment of any cost shall be filed with the workers' compensation commissioner before costs are taxed. The party initially paying the expense shall be reimbursed by the party taxed with the cost. If the expense is unpaid, it shall be paid by the party taxed with the cost. Costs are to be assessed at the discretion of the deputy workers' compensation commissioner or workers' compensation commissioner hearing the case unless otherwise required by the Iowa Rules of Civil Procedure governing discovery.

This rule is intended to implement Iowa Code section 10A.328.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.60(10A,17A) Dismissal for lack of prosecution. It is the declared policy that in the exercise of reasonable diligence, all contested cases before the workers' compensation commissioner, except under unusual circumstances, shall be brought to issue and heard at the earliest possible time. To accomplish such purpose, the workers' compensation commissioner may take the following action:

2506.60(1) Any contested case, where the original notice and petition is on file in excess of two years, may be subject to dismissal after the notice described in subrule 2506.60(2) is sent to all parties and after the time as provided for in the notice.

2506.60(2) After the circumstances provided in subrule 2506.60(1) occur, all parties to the action, or their attorneys, shall be sent a notice from the division of workers' compensation by certified mail containing the following:

- a. The names of the parties;
- b. The date or dates of injury involved in the contested case or appeal proceeding;
- c. Counsel appearing;
- d. Date of filing of the petition or appeal;
- e. That the contested case proceeding will be dismissed without prejudice on the thirtieth day following the date of the notice unless good cause is shown why the contested case proceeding should not be dismissed.

2506.60(3) The action or actions dismissed may, at the discretion of the workers' compensation commissioner, and shall, upon a showing that such dismissal was the result of oversight, mistake or other reasonable cause, be reinstated. Applications for such reinstatement, setting forth the grounds, shall be filed within three months from the date of dismissal.

This rule is intended to implement Iowa Code sections 10A.310, 10A.319, and 17A.3(1) "b."

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.61(10A,17A) Rules of civil procedure. The rules of civil procedure shall govern the contested case proceedings before the workers' compensation commissioner unless the provisions are in conflict with these rules and Iowa Code chapters 10A, 17A, 85, 85A, 85B, and 87. In those circumstances, these rules or the appropriate Iowa Code section shall govern. Where appropriate, reference to the word "court" shall be deemed reference to the "workers' compensation commissioner" and reference to the word "trial" shall be deemed reference to "contested case hearing."

This rule is intended to implement Iowa Code sections 10A.310, 17A.1, and 17A.12 through 17A.14.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.62(10A) Compliance with order or rules. If any party to a contested case or an attorney representing such party shall fail to comply with these rules or any order of a deputy workers' compensation commissioner or the workers' compensation commissioner, the deputy workers' compensation commissioner or workers' compensation commissioner may impose sanctions that may include dismissing the action without prejudice, excluding or limiting evidence, assessing costs or expenses, and closing the record in whole or in part to further activity by the party.

This rule is intended to implement Iowa Code section 10A.310.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.63(10A,17A) Length of briefs. Except by permission of the presiding deputy workers' compensation commissioner or by permission of the workers' compensation commissioner when an appeal pursuant to rule 876—2506.54(10A,17A) has been filed, principal briefs shall not exceed 50 Arabic-numbered pages. Reply briefs shall not exceed 25 Arabic-numbered pages. In the event of a cross-appeal, an appellant's (cross-appellee's) responsive reply brief shall be considered a principal brief. The type used shall not be smaller than pica type, and each line shall contain an average of no more than 60 characters. If a brief is submitted in excess of the length allowed in this rule, the portion exceeding the allowable length will not be considered. This rule does not prohibit a presiding deputy workers' compensation commissioner or the workers' compensation commissioner from limiting the length of a brief. An exception to this rule is the length of briefs (three pages) in an application for alternate care.

This rule is intended to implement Iowa Code sections 10A.310, 10A.319, 10A.321, 17A.12, and 17A.15.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.64(10A,17A,85) Contested case proceedings—health service disputes.

2506.64(1) More information about informal resolution procedures and definitions can be found in rule 876—10.3(17A,85,86). The following definition also applies to this rule:

"Petitioning party" means the person who requests or initiates a contested case proceeding.

2506.64(2) If utilization of the procedures given in rule 876—10.3(17A,85,86) does not resolve the dispute and the parties have complied with the good faith requirements of rule 876—10.1(17A,85,86), a contested case may be initiated. The procedures given in rule 876—10.3(17A,85,86) must be used prior to initiation of a contested case. The provider or the responsible party that is unwilling to accept the determination of the person making a determination after reviewing the dispute as provided in rule 876—10.3(17A,85,86) shall initiate the contested case proceeding. The proceeding shall be initiated as provided in this chapter and Iowa Code chapter 17A and shall follow the provisions of this rule. The proceeding must be initiated within 30 days of the date of the determination made pursuant to rule 876—10.3(17A,85,86). If a contested case proceeding is not initiated or is not initiated within the time provided in this rule, the allowed amount of the charge by the provider shall be the amount determined pursuant to rule 876—10.3(17A,85,86).

2506.64(3) The evidence submitted in the contested case proceeding shall be limited to the evidence submitted pursuant to rule 876—10.3(17A,85,86) and a copy of the determination made pursuant to rule 876—10.3(17A,85,86). This evidence shall be filed by the party requesting the contested case proceeding at the time the contested case proceeding is initiated. However, the workers' compensation commissioner may request that additional evidence be submitted or may grant submission of additional evidence if the workers' compensation commissioner is satisfied that there exists additional material evidence, newly discovered, which could not with reasonable diligence be discovered and produced pursuant to rule 876—10.3(17A,85,86). The issues of the contested case proceeding shall be limited to the dispute considered in rule 876—10.3(17A,85,86).

2506.64(4) The petitioning party has the burden of proof.

2506.64(5) If the petitioning party wishes to file a brief, the brief must be filed with the request for contested case proceeding.

2506.64(6) The opposing party must file a response within 30 days of the date of service of the request for a contested case proceeding.

2506.64(7) If the opposing party wishes to file a brief, the brief must be filed with the response.

2506.64(8) Sixty days after the request for a contested case is filed with the workers' compensation commissioner, the workers' compensation commissioner will review the matter. The notice of the review to the parties shall meet the provisions of this rule and no other notice will be given.

2506.64(9) The workers' compensation commissioner shall review the matter and make a decision as soon as practicable after the review. The decision shall be as provided in this chapter and Iowa Code chapter 17A.

This rule is intended to implement Iowa Code sections 10A.310, 10A.327, 17A.10, 17A.12, 17A.14, and 85.27.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.65(10A,17A,85) Application for alternate care.

2506.65(1) Purpose. The purpose of this rule is to establish the procedures for issuing decisions on applications for alternate care within the time provided in Iowa Code section 85.27.

2506.65(2) Definitions. The following definitions apply to this rule:

“Application for alternate care,” hereinafter referred to as *“application,”* shall mean a contested case proceeding filed with the workers' compensation commissioner that requests alternate care pursuant to Iowa Code section 85.27.

“Employer” means the person or entity that is liable for payment of medical services provided pursuant to the Iowa workers' compensation laws and includes an employer, an employer who has been relieved from insurance pursuant to Iowa Code section 87.11, and an insurance carrier that provides an employer with workers' compensation insurance.

“Proper application” means an application for alternate care that complies with the requirements of this rule.

2506.65(3) Dissatisfaction—basis. Prior to filing the application, the employee must communicate the basis of dissatisfaction of the care to the employer.

2506.65(4) Application. The application shall:

- a. Be filed on the form provided by the workers' compensation commissioner;
- b. Concern only the issue of alternate care;
- c. State the reasons for the employee's dissatisfaction with the care chosen by the employer;
- d. Be served on the employer;
- e. Contain proof of service on the employer; and
- f. Specify whether a telephone or in-person hearing is requested.

2506.65(5) Fee. No filing fee is due. More information can be found in paragraph 2506.38(2)“a.”

2506.65(6) Employer liability. Application cannot be filed under this rule if the liability of the employer is an issue. If an application is filed where the liability of the employer is an issue, the application will be dismissed without prejudice. (Petitions for alternate care where liability of the employer is an issue should be filed pursuant to subrule 2506.32(3).)

2506.65(7) Notice of hearing. The workers' compensation commissioner will notify the parties by ordinary mail, by facsimile transmission (fax), by electronic mail (email), or by WCES of the time, place and nature of the hearing. No notice will be made until a proper application is received by the workers' compensation commissioner. The notice will specify whether the hearing will be by telephone, in person or by digital means.

2506.65(8) Appearance or answer. After being served with an application for alternate care, the employer shall file an appearance of answer as soon as practicable before the time of the hearing.

2506.65(9) Discovery and evidence. All discovery must be completed prior to the contested case hearing. Any written evidence to be used by the employer or the employee must be exchanged prior to the hearing. All written evidence must be filed with the agency before the date of the hearing. Written evidence shall be limited to ten pages per party.

2506.65(10) Motions. All motions except as provided in this subrule will be considered at the hearing. A timely motion to change the type of hearing (telephone or in-person) may be considered prior to the hearing. The workers' compensation commissioner will make no rulings on discovery matters or motions.

2506.65(11) Briefs. Hearing briefs, if any, must be filed with the agency before the date of the hearing and shall be limited to three pages.

2506.65(12) Hearing. The hearing will be held by telephone, in person or by digital means in Des Moines, Iowa. The employer shall have the right to request an in-person hearing if the employee has requested a telephone hearing in the application. The employer shall on the record respond to the allegations contained in the application. The hearing will be electronically recorded. If there is an appeal of a proposed decision or judicial review of final agency action, the appealing party is responsible for filing a transcript of the hearing.

2506.65(13) Transcripts. Copies of the recording will be provided to the parties upon notice of appeal. A transcript shall be provided by the appealing party pursuant to Iowa Code section 10A.321(4), and a copy thereof shall be served on the opposing party at the time the transcript is filed with the workers'

compensation commissioner unless the parties submit an agreed-upon transcript. If a party disputes the accuracy of any transcript prepared by the opposing party, that party shall submit its contentions to the workers' compensation commissioner for resolution. Any transcription charges incurred by the workers' compensation commissioner in resolving the dispute shall be initially paid pursuant to Iowa Code section 10A.320(1) by the party that disputes the accuracy of the transcript prepared by the appellant.

2506.65(14) *Represented party.* A party may be represented as provided in Iowa Code section 631.14. The presiding deputy workers' compensation commissioner may permit a party who is a natural person to be assisted during a hearing by any person who does so without cost to that party if the assistance promotes full and fair disclosure of the facts or otherwise enhances the conduct of the hearing. The employer and the employer's insurance carrier shall be treated as one party unless their interests appear to be in conflict and a representative of either the employer or the employer's insurance carrier shall be deemed to be a representative of both unless notice to the contrary is given.

2506.65(15) *Decision.* A decision will be issued within 10 working days of receipt of a proper application when a telephone hearing is held or within 14 working days of receipt of a proper application when an in-person hearing is held.

This rule is intended to implement Iowa Code sections 10A.310, 10A.318, 17A.12, and 85.27.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.66(10A,17A,85) Method of holding hearing.

2506.66(1) Any hearing held under this chapter may be by voice or video technology, including but not limited to Internet-based video.

2506.66(2) A hearing shall not be held in proceedings under subrules 2506.32(8) through 2506.32(12) unless otherwise ordered or requested in writing by the petitioner in the original notice and petition or by the respondent within ten days following the time allowed by these rules for appearance.

This rule is intended to implement Iowa Code sections 10A.310, 10A.318, 10A.319, 17A.12, and 85.27.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.67(10A,17A,85) Vocational training, education, and supplies.

2506.67(1) *Purpose.* The purpose of this rule is to establish the procedures for issuing decisions on applications for vocational training, education, and supplies provided for in Iowa Code section 85.70(2).

2506.67(2) *Definitions.* The following definitions apply to this rule:

"Application for vocational training and education hearing" or *"application"* means a contested case proceeding filed with the division of workers' compensation contesting the results of an evaluation and determination or contesting or requesting the termination of a vocational training and education program.

"Evaluation and determination" means an assessment conducted by the department of workforce development to determine if the employee would benefit from a vocational training and education program offered through an area community college to allow the employee to return to the workforce.

"Request for vocational training and education" or *"request"* means a written request for an evaluation and determination of whether an employee is entitled to vocational training, education, and supplies.

"Vocational training and education" shall include general educational development programs for employees who have not graduated from high school or obtained a general education diploma, and career and technical education programs that provide instruction in the areas of agriculture, family and consumer sciences, health occupations, business, industrial technology, and marketing offered through an area community college that will allow the employee to return to the workforce.

2506.67(3) *Application for vocational training and education.*

a. An application shall:

- (1) Only concern the issue of vocational training, education, and supplies;
- (2) Be filed on the form provided by the division of workers' compensation;
- (3) State the reasons for the application;
- (4) Be served on the other party;
- (5) Contain a proof of service on the other party; and
- (6) Specify whether a telephone or in-person hearing is requested.

b. An application for vocational training and education must be filed in WCES unless a party has been granted a waiver of the mandatory use of WCES, in which case the party shall file the application for vocational training and education with the division of workers' compensation. Applicant(s) must serve a copy of this form on an appellee(s) by certified mail, return receipt requested, or by personal service as in civil actions in accordance with rule 876—2506.37(17A,85) and mail a copy to the attorney of record for the appellee(s), if known, in accordance with rule 876—2506.43(10A,17A).

2506.67(4) *Fee.* No filing fee is due. More information can be found in paragraph 2506.38(2)“a.”

2506.67(5) *Request for vocational education and training.* Prior to filing an application, the employee shall complete a request on a form supplied by the department of workforce development and submit the completed form to the department of workforce development asking for an evaluation and determination. The employee, employer, or insurance carrier may contest the results of the evaluation and determination by filing an application with the division of workers' compensation.

2506.67(6) *Proper application.* An application may not be filed under this rule until:

a. An evaluation and determination has been made by the department of workforce development; and
b. There has been a finding by the division of workers' compensation or the employer or the employer's insurance carrier or both and the employee agrees that the employee has sustained an injury to the shoulder resulting in a permanent partial disability for which compensation is payable under Iowa Code section 85.34(2)“n” and the employee cannot return to gainful employment because of such disability.

2506.67(7) *Notice of hearing.* The workers' compensation commissioner shall notify the parties by email, ordinary mail, fax, or WCES of the time, place, and nature of the hearing. No notice will be made until a proper application is received by the workers' compensation commissioner. The notice shall specify whether the hearing will be held by telephone, in person, or by digital means.

2506.67(8) *Evidence.* Any written evidence to be used by the employer, the employer's insurance carrier, or the employee must be exchanged prior to the hearing. All written evidence must be filed with the agency before the date of hearing. Written evidence shall be limited to 50 pages per party.

2506.67(9) *Motion to change hearing type.* A timely motion to change the hearing type (by telephone, in person, or by digital means) may be considered prior to the hearing. The workers' compensation commissioner will make no rulings on other types of motions.

2506.67(10) *Briefs.* Hearing briefs, if any, must be filed with the agency before the date of the hearing and shall be limited to five pages.

2506.67(11) *Hearing.* The hearing will be held either by telephone, in person in Des Moines, Iowa, or by digital means. If the party filing the application does not request an in-person hearing in the application, the other parties may request an in-person hearing. The hearing will be recorded electronically. Copies of the recording will be provided to the parties. If there is an appeal of a proposed decision or judicial review of final agency action, the appealing party is responsible for filing a transcript of the hearing. A transcript shall be provided by the appealing party pursuant to Iowa Code section 10A.321(4) and a copy of the transcript shall be served on the opposing party at the time the transcript is filed with the workers' compensation commissioner unless the parties submit an agreed-upon transcript. If a party disputes the accuracy of any transcript prepared by the opposing party, that party shall submit its contentions to the workers' compensation commissioner for resolution. Any transcription charges incurred by the workers' compensation commissioner in resolving the dispute shall be initially paid pursuant to Iowa Code section 10A.320(1) by the party that disputes the accuracy of the transcript prepared by the appellant.

2506.67(12) *Represented party.* A party may be represented as provided in Iowa Code section 631.14. The presiding deputy workers' compensation commissioner may permit a party who is a natural person to be assisted during a hearing by any person who does so without cost to that party if the assistance promotes full and fair disclosure of the facts or otherwise enhances the conduct of the hearing. The employer and the employer's insurance carrier shall be treated as one party unless their interests appear to be in conflict and a representative of either the employer or the employer's insurance carrier shall be deemed to be a representative of both unless notice to the contrary is given.

2506.67(13) *Decision.* A decision will be issued within 30 working days of receipt of a proper application.

This rule is intended to implement Iowa Code sections 10A.318, 17A.12, and 85.70(2).

876—2506.68(10A,17A) Agency notice of judicial review matters. A party that petitions for judicial review shall file a copy of the petition for judicial review in WCES within ten days of filing the petition with a district court. If a party has been granted a waiver of the mandatory use of WCES, the party shall file a copy of the petition for judicial review with the division of workers' compensation within ten days of filing the petition with a district court. A party shall also file a copy of each appellate court decision in WCES within ten days of the date the appellate court decision was issued and filed. If a party has been granted a waiver of the mandatory use of WCES, the party shall file a copy of the appellate court decision with the division of workers' compensation within ten days of the date the appellate court decision was issued and filed. Within 45 days of the filing of the final appellate court decision, the same party shall notify the division of workers' compensation of the result of the appellate process.

This rule is intended to implement Iowa Code sections 10A.322 and 17A.19.

[ARC 0408D, IAB 7/8/26, effective 6/30/26]

876—2506.69(10A,17A,85,85A,85B) Rule of electronic procedure. Chapter 16 of the Iowa Court Rules of Electronic Procedure shall govern the use and filings in WCES for contested case proceedings before the workers' compensation commissioner unless the provisions are in conflict with these rules or Iowa Code chapters 10A, 17A, 85 through 85B, and 87 or obviously inapplicable to the workers' compensation commissioner. In those circumstances, these rules or the appropriate Iowa Code section shall govern. Where appropriate, reference to the word "court" shall be deemed reference to the "workers' compensation commissioner or deputy workers' compensation commissioner," reference to the word "trial" shall be deemed reference to "contested case hearing," and reference to "clerk of court" shall be deemed reference to staff at the workers' compensation division.

This rule is intended to implement Iowa Code chapters 10A, 17A, and 85 through 85B.

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