

Rule 1910.16-6. Support Guidelines. Basic Support Obligation Adjustments. Additional Expenses Allocation.

- (c) **Reasonable Unreimbursed Medical Expenses.** The trier-of-fact shall allocate the obligee's or child's **reasonable** unreimbursed medical expenses. However, the trier-of-fact shall not allocate **reasonable** unreimbursed medical expenses incurred by a party who is not owed a statutory duty of support by the other party. The trier-of-fact may require that the obligor's expense share be included in the basic support obligation, paid directly to the health care provider, or paid directly to the obligee.

(1) **Medical Expenses.**

- (i) For purposes of this subdivision, medical expenses are annual unreimbursed medical expenses in excess of \$250 per person.
 - (ii) Medical expenses include insurance co-payments and deductibles and all expenses **reasonably** incurred for **[reasonably]** necessary medical services and supplies, including but not limited to surgical, dental, and optical services, **psychiatric and psychological services**, and orthodontia.
 - (iii) Medical expenses do not include cosmetic, chiropractic, **[psychiatric, psychological,]** or other services unless specifically directed in the order of court.
- (2) The trier-of-fact may impose an annual limitation when the burden on the obligor would otherwise be excessive.
- (3) Annual expenses shall be calculated on a calendar year basis.
- (i) In the year in which the initial support order is entered, or in any period in which support is being paid that is less than a full year, the \$250 threshold shall be pro-rated.
 - (ii) The party seeking allocation for an unreimbursed medical expense shall provide to the other party the expense's documentation, such as a receipt or an invoice, promptly upon receipt, but not later than March 31st of the year following the

calendar year in which the final bill was received by the party seeking allocation.

- (iii) For purposes of subsequent enforcement, unreimbursed medical bills need not be submitted to the domestic relations section prior to March 31st.
 - (iv) The trier-of-fact shall have the discretion to not allocate an expense if documentation is not timely provided to the other party.
- (4) If the trier-of-fact determines that out-of-network **unreimbursed** medical expenses were not obtained due to medical emergency or other compelling factors, the trier-of-fact may **deem those expenses to be unreasonable and** decline to assess the expenses against the other party.

Comment: Subdivision (a)(1)(i) Example: Mother has primary custody of the parties' two children and Father has partial custody. The parties' respective monthly net incomes are \$2,000 and \$3,500. At the combined monthly net income of \$5,500 for two children, the basic child support obligation is \$1,567. As Father's income represents 64% of the parties' combined monthly net income, Father's basic child support obligation is \$1,003. Mother incurs monthly child care expenses of \$400, and Father incurs \$100 per month. The total child care expenses, \$500, will be apportioned between the parties, with Father paying 64%, or \$320. As Father is paying \$100 for the children's child care during **[in]** his partial custody, he would pay the remaining \$220 to Mother for a total child support obligation of \$1,223 (\$1,003 + \$220).

[Concerning subdivision (c), if the trier-of-fact determines that the obligee acted reasonably in obtaining services that were not specifically set forth in the order of support, payment for such services may be ordered retroactively.]

Concerning subdivision (c)(1), while cosmetic, chiropractic, psychiatric, psychological, or other expenses are not required to be apportioned between the parties, the trier-of-fact may apportion such expenses that it determines to be reasonable and appropriate under the circumstances.]

Subdivision (c) is intended to implement 23 Pa.C.S. § 4326(e).

An unreimbursed medical expense may be unreasonable if it was an

avoidable expense incurred solely by the party requesting reimbursement, e.g., expenses for missed office visits, excessive supplies, purchases of name brand medications when generic medications are suitable and available, denial of insurance coverage because of a failure to comply with plan requirements, or non-emergency out-of-network expenses pursuant to subdivision (c)(4).

The determination of medical necessity of a medical service or medical supplies can be made in a support proceeding or a custody proceeding. Even if challenged during a support proceeding (rather than a custody proceeding), the necessity of a medical service or medical supplies, which results in an unreimbursed medical expense for which a party seeks allocation subject to subdivision (c)(1)(ii), should be determined by the trier-of-fact, and subject to review by a judge if the trier-of-fact is not a judge.

If the trier-of-fact determines that a party acted reasonably in obtaining services that were not specifically set forth in the order of support, payment for such services may be ordered retroactively.

Pursuant to subdivision (c)(1)(iii), medical expenses for cosmetic, chiropractic, or other services may be, but are not required to be, allocated between the parties by the trier-of-fact if such expenses are reasonable and necessary.
