

FIRST REGULAR SESSION

HOUSE BILL NO. 729

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PORTWOOD.

Read 1st time February 1, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

1743L.02I

AN ACT

To amend chapter 354, RSMo, by adding thereto one new section relating to health insurance codes.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 354, RSMo, is amended by adding thereto one new section, to be
2 known as section 354.748, to read as follows:

354.748. 1. For purposes of this section, no health carrier as defined in section
2 376.1350, RSMo, including preferred provider organizations, independent physician
3 associations, third-party administrators, or any other entity that contracts with licensed
4 health care providers, as defined in section 376.1350, RSMo, for health care services, shall
5 change any diagnostic or current procedural terminology code submitted by the health
6 care provider for health care services without the express written permission of the health
7 care provider and without the examination of the patient record.

8 2. Every contract between a health carrier or other organization and a health care
9 provider shall specifically set forth the codes, including code modifiers, for which the
10 health carrier or other organization shall provide compensation, remuneration, or
11 reimbursement, and the amount of compensation, remuneration, or reimbursement for
12 each such code. The code and code modifier shall refer to the most recent American
13 Medical Association code book and other recognized codes as adopted and used in the
14 Medicare and Medicaid programs of the state and federal government.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 **3. All codes and code modifiers relevant to physical therapists, occupational**
16 **therapists, podiatrists, and chiropractic physicians licensed in this state shall be**
17 **reimbursed by the health carrier at a rate that is no less than the federal Medicare**
18 **reimbursement rate for such codes or code modifiers.**

19 **4. A health carrier shall not impose as a limitation on treatment or level of coverage**
20 **a copayment or coinsurance amount to the insured for services rendered by a chiropractic**
21 **physician licensed in this state that is greater than the copayment or coinsurance amount**
22 **charged to the insured for services rendered by a primary care provider, as defined in**
23 **section 354.600, for the same or similar medically necessary treatment or condition.**

24 **5. No health carrier, including third-party administrators, shall require a**
25 **participating provider, as defined in section 354.600, to pay a portion of such provider's**
26 **fees from each patient encounter as a condition or a prerequisite to becoming or remaining**
27 **a provider for any health carrier.**

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