

HB 1529 -- Prior Authorization of Diagnostic Radiology Testing

Sponsor: Jones (117)

This bill specifies that if a health carrier or health benefit plan provides coverage for diagnostic radiology testing and if a treating physician presents an order for a test to a radiology benefits manager for authorization, a decision to deny the authorization must only be made by a licensed physician. When any decision to deny an authorization for diagnostic radiology testing is made, the treating physician and the patient must be furnished with the name, address, telephone number, and employer of the radiology benefits manager physician who is making the decision. When a carrier, plan, or manager authorizes a test, the authorization will satisfy any requirement of medical necessity in the carrier's or plan's policy of benefits and the claim for payment must be paid timely unless there was fraud on the part of the provider in acquiring the authorization.