

SECOND REGULAR SESSION

HOUSE BILL NO. 1517

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MESSENGER.

3650H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.1232, RSMo, and to enact in lieu thereof one new section relating to prosthetics and orthotics.

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

Section A. Section 376.1232, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1232, to read as follows:

376.1232. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2010, shall offer coverage for prosthetic **and orthotic** devices and services, including original and replacement devices, as prescribed by a physician acting within the scope of his or her practice. **Such health carrier or health benefit plan shall not require a referral from a physician for coverage for prosthetic or orthotic devices or services for any existing patients, including for coverage of maintenance and repair of prosthetic or orthotic devices.**

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The amount of the benefit for prosthetic **and orthotic** devices and services under this section shall be no less than the annual and lifetime benefit maximums applicable to the basic health care services required to be provided under the health benefit plan. If the health benefit plan does not include any annual or lifetime maximums applicable to basic health care services, the amount of the benefit for prosthetic **and orthotic** devices and services shall not be subject to an annual or lifetime maximum benefit level. Any co-payment, coinsurance, deductible, and maximum out-of-pocket amount applied to the benefit for prosthetic **and orthotic** devices and

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.

18 services shall be no more than the most common amounts applied to the basic health care
19 services required to be provided under the health benefit plan.

20 4. The provisions of this section shall not apply to a supplemental insurance policy,
21 including a life care contract, accident-only policy, specified disease policy, hospital policy
22 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
23 short-term major medical policies of six months or less duration, or any other supplemental
24 policy as determined by the director of the department of insurance, financial institutions and
25 professional registration.

26 **5. Any benefit for prosthetic and orthotic devices and services approved or**
27 **preapproved by a health carrier or health benefit plan while insurance coverage is effective**
28 **for a plan participant shall be payable to the provider of such prosthetic or orthotic device**
29 **or service on the date of delivery of the approved or preapproved prosthetic or orthotic**
30 **device or service, regardless of whether the insurance coverage is still in effect.**

31 6. The following code descriptions shall apply to any prosthetic and orthotic devices
32 and services approved or preapproved under this section:

33 (1) 1- Skilled improvement of gait, including stair climbing;

34 (2) 2- Orthotic management and training, including assessment and fitting when
35 not otherwise reported, upper extremity, lower extremity, trunk, initial orthotic encounter;

36 (3) 3- Prosthetic training, upper and lower extremity, initial prosthetic encounter;

37 (4) 4- Orthotic and prosthetic management and training, upper extremity, lower
38 extremity and trunks, subsequent orthotic encounter, subsequent prosthetic encounter;

39 (5) 5- Evaluation, low complexity;

40 (6) 6- Evaluation, moderate complexity;

41 (7) 7- Evaluation, high complexity;

42 (8) 8- Reevaluation of established plan of care;

43 (9) 9- Impression casting of a foot performed by a practitioner other than the
44 manufacturer of the orthotic; and

45 (10) 10- Special casting material.

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