

BY: Economic Matters Committee

AMENDMENTS TO HOUSE BILL NO. 346

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, after “reimbursement;” insert “providing for the application of this Act;”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 4 through 12, inclusive, and substitute:

“(4) “IMPROPER CODING” MEANS THE INACCURATE OR INAPPROPRIATE DESCRIPTION OF A SERVICE OR GROUP OF SERVICES BY A HEALTH CARE PROVIDER FOR PAYMENT BY A CARRIER THAT USES PROCEDURAL CODES FOR THE SERVICE OR GROUP OF SERVICES DELIVERED, WHERE THE DESCRIPTION DOES NOT CONFORM WITH:

(I) THE APPLICABLE CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE IN EFFECT ON THE DATE THE SERVICE OR GROUP OF SERVICES WERE RENDERED:

1. AS ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION FOR MEDICAL SERVICES; OR

2. AS ADOPTED BY THE AMERICAN DENTAL ASSOCIATION FOR DENTAL SERVICES;

(II) OTHER APPLICABLE CODES UNDER A UNIFORM CODING SCHEME REQUIRED BY THE CARRIER, IN EFFECT ON THE DATE THE SERVICE OR GROUP OF SERVICES WERE RENDERED, IN INSTANCES WHERE A CURRENT

(Over)

PROCEDURAL TERMINOLOGY (CPT) CODE IS NOT THE APPLICABLE CODE FOR THE SERVICE PROVIDED; OR

(III) THE PROVISIONS OF THE HEALTH CARE PROVIDER'S CONTRACT WITH THE CARRIER IN EFFECT ON THE DATE THE SERVICE OR GROUP OF SERVICES WERE RENDERED.”;

in line 35, after “because” insert “OF IMPROPER CODING OR”; and in line 36, strike “or improperly coded”.

AMENDMENT NO. 3

On page 3, after line 3 insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to a retroactive denial based on improper coding issued on or after October 1, 1999, regardless of the date of the service subject to the retroactive denial.”;

and in line 4, strike “2.” and substitute “3.”.