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# SENATE BILL No. 310

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10-8-11; IC 12-15-13-7; IC 27-8; IC 27-13-41.

**Synopsis:** Updating reimbursement codes. Requires an administrator of a state employee health benefit plan, the office of Medicaid policy and planning, an accident and sickness insurer, the Indiana comprehensive health insurance association, a health maintenance organization, and a limited service health maintenance organization to begin using, on January 1 of each year, the most current version of the current procedural terminology and international classification of diseases codes under which claims for health care services are paid. Requires providers of health care services that are covered under a state employee health benefit plan, Indiana Medicaid, an accident and sickness insurance policy, an Indiana comprehensive health insurance association policy, a health maintenance organization contract, or a limited service health maintenance organization contract to begin using, on January 1 of each year, the most current version of the current procedural terminology and international classification of diseases codes under which claims are submitted for payment for health care services.

**Effective:** July 1, 2001.

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**Miller**

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January 11, 2001, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

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## SENATE BILL No. 310



A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 5-10-8-11 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 3 1, 2001]: **Sec. 11. (a) As used in this section, "administrator"**
- 4 **means:**
- 5 (1) **the state personnel department;**
- 6 (2) **an entity with which the state contracts to administer**
- 7 **health coverage under section 7(b) of this chapter; or**
- 8 (3) **a prepaid health care delivery plan with which the state**
- 9 **contracts under section 7(c) of this chapter.**
- 10 (b) **As used in this section, "health care plan" has the meaning**
- 11 **set forth in section 7.7 of this chapter.**
- 12 (c) **As used in this section, "provider" has the meaning set forth**
- 13 **in IC 27-8-11-1.**
- 14 (d) **On January 1 of each year:**
- 15 (1) **an administrator shall begin using the most current**
- 16 **version of the:**
- 17 (A) **current procedural terminology (CPT); and**



1           **(B) international classification of diseases (ICD);**  
 2           **codes under which the administrator pays claims for services**  
 3           **provided under a health care plan; and**  
 4           **(2) a provider shall begin using the most current version of**  
 5           **the:**  
 6           **(A) current procedural terminology (CPT); and**  
 7           **(B) international classification of diseases (ICD);**  
 8           **codes under which the provider submits claims for payment**  
 9           **for services provided under a health care plan.**

10           SECTION 2. IC 12-15-13-7 IS ADDED TO THE INDIANA CODE  
 11           AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 12           1, 2001]: **Sec. 7. (a) As used in this section, "provider" has the**  
 13           **meaning set forth in IC 27-8-11-1.**

14           **(b) On January 1 of each year:**  
 15           **(1) the office shall begin using the most current version of the:**  
 16           **(A) current procedural terminology (CPT); and**  
 17           **(B) international classification of diseases (ICD);**  
 18           **codes under which the office pays claims for services provided**  
 19           **under the Medicaid program; and**  
 20           **(2) a provider shall begin using the most current version of**  
 21           **the:**  
 22           **(A) current procedural terminology (CPT); and**  
 23           **(B) international classification of diseases (ICD);**  
 24           **codes under which the provider submits claims for payment**  
 25           **for services provided under the Medicaid program.**

26           SECTION 3. IC 27-8-10-11 IS ADDED TO THE INDIANA CODE  
 27           AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 28           1, 2001]: **Sec. 11. On January 1 of each year:**

29           **(1) the association shall begin using the most current version**  
 30           **of the:**  
 31           **(A) current procedural terminology (CPT); and**  
 32           **(B) international classification of diseases (ICD);**  
 33           **codes under which the association pays claims for services**  
 34           **provided under an association policy; and**  
 35           **(2) a provider shall begin using the most current version of**  
 36           **the:**  
 37           **(A) current procedural terminology (CPT); and**  
 38           **(B) international classification of diseases (ICD);**  
 39           **codes under which the provider submits claims for payment**  
 40           **for services provided under an association policy.**

41           SECTION 4. IC 27-8-22.1 IS ADDED TO THE INDIANA CODE  
 42           AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE

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JULY 1, 2001]:

**Chapter 22.1. Claims**

**Sec. 1. As used in this chapter, "accident and sickness insurance policy" means an insurance policy that provides at least one (1) of the types of insurance described in IC 27-1-5-1, Classes 1(b) and 2(a).**

**Sec. 2. As used in this chapter, "insurer" means an insurer that issues an accident and sickness insurance policy.**

**Sec. 3. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.**

**Sec. 4. On January 1 of each year:**

**(1) an insurer shall begin using the most current version of the:**

**(A) current procedural terminology (CPT); and**

**(B) international classification of diseases (ICD);**

**codes under which the insurer pays claims for services provided under an accident and sickness insurance policy; and**

**(2) a provider shall begin using the most current version of the:**

**(A) current procedural terminology (CPT); and**

**(B) international classification of diseases (ICD);**

**codes under which the provider submits claims for payment for services provided under an accident and sickness insurance policy.**

SECTION 5. IC 27-13-41 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]:

**Chapter 41. Claims**

**Sec. 1. On January 1 of each year:**

**(1) a health maintenance organization and a limited service health maintenance organization shall begin using the most current version of the:**

**(A) current procedural terminology (CPT); and**

**(B) international classification of diseases (ICD);**

**codes under which the health maintenance organization and limited service health maintenance organization pay claims for health care services covered under an individual contract or a group contract; and**

**(2) a provider shall begin using the most current version of the:**

**(A) current procedural terminology (CPT); and**

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1                   **(B) international classification of diseases (ICD);**  
2                   **codes under which the provider submits claims for payment**  
3                   **for health care services covered under an individual contract**  
4                   **or a group contract.**

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