

SENATE MOTION

MR. PRESIDENT:

I move that Senate Bill 310 be amended to read as follows:

1 Page 1, line 14, delete "On January 1 of each year:" and insert "**Not**
2 **more than ninety (90) days after the effective date of a diagnostic**
3 **or procedure code to which this subsection refers:"**.

4 Page 2, between lines 21 and 22, begin a new paragraph and insert:
5 "**(e) An administrator shall pay a claim submitted by a provider**
6 **for services that are covered under a health care plan under the**
7 **version of the diagnostic or procedure code used by the provider**
8 **to submit the claim for payment."**

9 Page 2, line 26, delete "On January 1 of each year:" and insert "**Not**
10 **more than ninety (90) days after the effective date of a diagnostic**
11 **or procedure code to which this subsection refers:"**.

12 Page 3, between lines 7 and 8, begin a new paragraph and insert:
13 "**(c) The office shall pay a claim submitted by a provider for**
14 **services that are covered under the Medicaid program under the**
15 **version of the diagnostic or procedure code used by the provider**
16 **to submit the claim for payment.**

17 **(d) Not less than thirty (30) days before the effective date of an**
18 **updated version of the current procedural terminology (CPT) and**
19 **international classification of disease (ICD) codes, the office shall**
20 **transmit electronically the updated codes to all:**

21 **(1) providers of health care services; and**
22 **(2) health maintenance organizations;**
23 **that participate in Medicaid under this article."**

24 Page 3, line 10, delete "On January 1 of each year:" and insert "**(a)**
25 **Not more than ninety (90) days after the effective date of a**
26 **diagnostic or procedure code to which this subsection refers:"**.

27 Page 3, between lines 34 and 35, begin a new paragraph and insert:
28 "**(b) The association shall pay a claim submitted by a provider**
29 **for services that are covered under an association policy under the**
30 **version of the diagnostic or procedure code used by the provider**
31 **to submit the claim for payment."**

1 Page 4, line 13, delete "On January 1 of each year:" and insert "(a)
2 **Not more than ninety (90) days after the effective date of a**
3 **diagnostic or procedure code to which this subsection refers:".**

4 Page 4, line 25, delete ";" and insert "**or a worker's compensation**
5 **policy;"**.

6 Page 4, line 39, delete "." and insert "**or a worker's compensation**
7 **policy."**

8 Page 4, between lines 39 and 40, begin a new paragraph and insert:

9 "**(b) An insurer shall pay a claim submitted by a provider for**
10 **services that are covered under an accident and sickness insurance**
11 **policy or a worker's compensation policy under the version of the**
12 **diagnostic or procedure code used by the provider to submit the**
13 **claim for payment."**

14 Page 5, line 2, delete "On January 1 of each year:" and insert "**Not**
15 **more than ninety (90) days after the effective date of a diagnostic**
16 **or procedure code to which this section refers:"**.

17 Page 5, after line 30, begin a new paragraph and insert:

18 "**Sec. 2. A health maintenance organization and a limited service**
19 **health maintenance organization shall pay a claim submitted by a**
20 **provider for services that are covered under an individual contract**
21 **or a group contract under the version of the diagnostic or**
22 **procedure code used by the provider to submit the claim for**
23 **payment."**

(Reference is to SB 310 as printed January 26, 2001.)

Senator MILLER