

# 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 described in this subsection:"**.

4           Page 2, between lines 21 and 22, begin a new paragraph and insert:  
5           "**(e) If a provider provides services that are covered under a**  
6           **health care plan:**

7                 **(1) after the effective date of the most current version of a**  
8                 **diagnostic or procedure code described in subsection (d); and**

9                 **(2) before the administrator begins using the most current**  
10                **version of the diagnostic or procedure code;**

11           **the administrator shall reimburse the provider under the version**  
12           **of the diagnostic or procedure code that was in effect on the date**  
13           **that the services were provided."**

14           Page 2, line 26, 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 described in this subsection:"**.

17           Page 3, between lines 7 and 8, begin a new paragraph and insert:

18           "**(c) If a provider provides services that are covered under the**  
19           **Medicaid program:**

20                 **(1) after the effective date of the most current version of a**  
21                 **diagnostic or procedure code described in subsection (b); and**

22                 **(2) before the office begins using the most current version of**  
23                 **the diagnostic or procedure code;**

24           **the office shall reimburse the provider under the version of the**  
25           **diagnostic or procedure code that was in effect on the date that the**  
26           **services were provided.**

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

31                         **(1) providers of health care services; and**

1           **(2) health maintenance organizations;**  
 2 **that participate in Medicaid under this article."**

3           Page 3, line 10, delete "On January 1 of each year:" and insert "**(a)**  
 4 **Not more than ninety (90) days after the effective date of a**  
 5 **diagnostic or procedure code described in this subsection:"**.

6           Page 3, between lines 34 and 35, begin a new paragraph and insert:  
 7 **"(b) If a provider provides services that are covered under an**  
 8 **association policy:**

9           **(1) after the effective date of the most current version of a**  
 10 **diagnostic or procedure code described in subsection (a); and**

11 **(2) before the association begins using the most current**  
 12 **version of the diagnostic or procedure code;**

13 **the association shall reimburse the provider under the version of**  
 14 **the diagnostic or procedure code that was in effect on the date that**  
 15 **the services were provided."**

16           Page 4, line 13, delete "On January 1 of each year:" and insert "**(a)**  
 17 **Not more than ninety (90) days after the effective date of a**  
 18 **diagnostic or procedure code described in this subsection:"**.

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

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

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

24 **"(b) If a provider provides services that are covered under an**  
 25 **accident and sickness insurance policy or a worker's compensation**  
 26 **policy:**

27 **(1) after the effective date of the most current version of a**  
 28 **diagnostic or procedure code described in subsection (a); and**

29 **(2) before the insurer begins using the most current version of**  
 30 **the diagnostic or procedure code;**

31 **the insurer shall reimburse the provider under the version of the**  
 32 **diagnostic or procedure code that was in effect on the date that the**  
 33 **services were provided."**

34           Page 5, line 2, delete "On January 1 of each year:" and insert "**Not**  
 35 **more than ninety (90) days after the effective date of a diagnostic**  
 36 **or procedure code described in this section:"**.

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

38 **"Sec. 2. If a provider provides services that are covered under**  
 39 **an individual contract or a group contract:**

40 **(1) after the effective date of the most current version of a**  
 41 **diagnostic or procedure code described in section 1 of this**  
 42 **chapter; and**

43 **(2) before the health maintenance organization or limited**  
 44 **service health maintenance organization begins using the most**  
 45 **current version of the diagnostic or procedure code;**

46 **the health maintenance organization or limited service health**  
 47 **maintenance organization shall reimburse the provider under the**

1 **version of the diagnostic or procedure code that was in effect on**  
2 **the date that the services were provided."**

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

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Senator MILLER