

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.)

Senator MILLER