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.

SENATE ENROLLED ACT No. 310

AN ACT to amend the Indiana Code concerning insurance.

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

SECTION 1. IC 5-10-8-11 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 11. (a) As used in this section, "administrator" means:**

(1) the state personnel department;
(2) an entity with which the state contracts to administer health coverage under section 7(b) of this chapter; or
(3) a prepaid health care delivery plan with which the state contracts under section 7(c) of this chapter.

(b) As used in this section, "health care plan" has the meaning set forth in section 7.7 of this chapter.

(c) As used in this section, "provider" has the meaning set forth in IC 27-8-11-1.

(d) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:

(1) an administrator shall begin using the most current version of the:
(A) current procedural terminology (CPT);
(B) international classification of diseases (ICD);
(C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
(D) current dental terminology (CDT);

(E) Health Care Financing Administration's common
procedure coding system (HCPCS); and
(F) third party administrator (TPA);
codes under which the administrator pays claims for services
provided under a health care plan; and
(2) a provider shall begin using the most current version of
the:
(A) current procedural terminology (CPT);
(B) international classification of diseases (ICD);
(C) American Psychiatric Association's Diagnostic and
Statistical Manual of Mental Disorders (DSM);
(D) current dental terminology (CDT);
(E) Health Care Financing Administration's common
procedure coding system (HCPCS); and
(F) third party administrator (TPA);
codes under which the provider submits claims for payment
for services provided under a health care plan.
   (e) If a provider provides services that are covered under a
health care plan:
(1) after the effective date of the most current version of a
diagnostic or procedure code described in subsection (d); and
(2) before the administrator begins using the most current
version of the diagnostic or procedure code;
the administrator shall reimburse the provider under the version
of the diagnostic or procedure code that was in effect on the date
that the services were provided.
   SECTION 2. IC 12-15-13-7.2 IS ADDED TO THE INDIANA
CODE AS A **NEW** SECTION TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2001]: **Sec. 7.2. (a) As used in this section,
"provider" has the meaning set forth in IC 27-8-11-1.**
   **(b) Not more than ninety (90) days after the effective date of a
diagnostic or procedure code described in this subsection:**
(1) the office shall begin using the most current version of the:
(A) current procedural terminology (CPT);
(B) international classification of diseases (ICD);
(C) American Psychiatric Association's Diagnostic and
Statistical Manual of Mental Disorders (DSM);
(D) current dental terminology (CDT);
(E) Health Care Financing Administration's common
procedure coding system (HCPCS); and
(F) third party administrator (TPA);
codes under which the office pays claims for services provided

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under the Medicaid program; and
(2) a provider shall begin using the most current version of the:

> **(A) current procedural terminology (CPT);**
> **(B) international classification of diseases (ICD);**
> **(C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);**
> **(D) current dental terminology (CDT);**
> **(E) Health Care Financing Administration's common procedure coding system (HCPCS); and**
> **(F) third party administrator (TPA);**

codes under which the provider submits claims for payment for services provided under the Medicaid program.

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

> **(1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (b); and**
> **(2) before the office begins using the most current version of the diagnostic or procedure code;**

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

SECTION 3. IC 27-8-10-11.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 11.2. (a) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:**

> **(1) the association shall begin using the most current version of the:**
>
> > **(A) current procedural terminology (CPT);**
> > **(B) international classification of diseases (ICD);**
> > **(C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);**
> > **(D) current dental terminology (CDT);**
> > **(E) Health Care Financing Administration's common procedure coding system (HCPCS); and**
> > **(F) third party administrator (TPA);**
>
> **codes under which the association pays claims for services provided under an association policy; and**
> **(2) a health care provider shall begin using the most current version of the:**
>
> > **(A) current procedural terminology (CPT);**

      (B) international classification of diseases (ICD);
      (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
      (D) current dental terminology (CDT);
      (E) Health Care Financing Administration's common procedure coding system (HCPCS); and
      (F) third party administrator (TPA);
   codes under which the health care provider submits claims for payment for services provided under an association policy.
  (b) If a health care provider provides services that are covered under an association policy:
      (1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (a); and
      (2) before the association begins using the most current version of the diagnostic or procedure code;
the association shall reimburse the health care provider under the version of the diagnostic or procedure code that was in effect on the date that the services were provided.

    SECTION 4. IC 27-8-22.1 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE 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), 2(a), 2(b), 2(e), 2(f), and 2(h).

  Sec. 2. As used in this chapter, "insurer" means:
    (1) an insurer that issues:
      (A) an accident and sickness insurance policy; or
      (B) a worker's compensation policy; or
    (2) an employer who has received a certificate from the worker's compensation board to carry the employer's worker's compensation risk without insurance under IC 22-3-2-5.

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

  Sec. 4. As used in this chapter, "worker's compensation policy" means a policy of insurance issued to an employer under IC 22-3-2-5.

  Sec. 5. (a) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:
    (1) an insurer shall begin using the most current version of

the:
    (A) current procedural terminology (CPT);
    (B) international classification of diseases (ICD);
    (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
    (D) current dental terminology (CDT);
    (E) Health Care Financing Administration's common procedure coding system (HCPCS); and
    (F) third party administrator (TPA);
codes under which the insurer pays claims for services provided under an accident and sickness insurance policy or a worker's compensation policy; and
(2) a provider shall begin using the most current version of the:
    (A) current procedural terminology (CPT);
    (B) international classification of diseases (ICD);
    (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
    (D) current dental terminology (CDT);
    (E) Health Care Financing Administration's common procedure coding system (HCPCS); and
    (F) third party administrator (TPA);
codes under which the provider submits claims for payment for services provided under an accident and sickness insurance policy or a worker's compensation policy.

  (b) If a provider provides services that are covered under an accident and sickness insurance policy or a worker's compensation policy:
    (1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (a); and
    (2) before the insurer begins using the most current version of the diagnostic or procedure code;
the insurer shall reimburse the provider under the version of the diagnostic or procedure code that was in effect on the date that the services were provided.

  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. Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this section:
    (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);

    (B) international classification of diseases (ICD);

    (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);

    (D) current dental terminology (CDT);

    (E) Health Care Financing Administration's common procedure coding system (HCPCS); and

    (F) third party administrator (TPA);

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);

    (B) international classification of diseases (ICD);

    (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);

    (D) current dental terminology (CDT);

    (E) Health Care Financing Administration's common procedure coding system (HCPCS); and

    (F) third party administrator (TPA);

codes under which the provider submits claims for payment for health care services covered under an individual contract or a group contract.

   Sec. 2. If a provider provides health care services that are covered under an individual contract or a group contract:

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

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

the health maintenance organization or limited service health maintenance organization shall reimburse the provider under the version of the diagnostic or procedure code that was in effect on the date that the health care services were provided.

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President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Approved: _____

Governor of the State of Indiana

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