

SENATE MOTION

MR. PRESIDENT:

I move that Senate Bill 137 be amended to read as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
2 paragraph and insert:
3 "SECTION 1. IC 5-10-8-11, AS ADDED BY P.L.161-2001,
4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2002]: Sec. 11. (a) As used in this section, "administrator"
6 means:
7 (1) the state personnel department;
8 (2) an entity with which the state contracts to administer health
9 coverage under section 7(b) of this chapter; or
10 (3) a prepaid health care delivery plan with which the state
11 contracts under section 7(c) of this chapter.
12 (b) As used in this section, "health care plan" has the meaning set
13 forth in section 7.7 of this chapter.
14 (c) As used in this section, "provider" has the meaning set forth in
15 IC 27-8-11-1.
16 (d) Not more than ninety (90) days after the effective date of a
17 diagnostic or procedure code described in this subsection:
18 (1) an administrator shall begin using the most current version of
19 the:
20 (A) current procedural terminology (CPT);
21 (B) international classification of diseases (ICD);
22 (C) American Psychiatric Association's Diagnostic and
23 Statistical Manual of Mental Disorders (DSM);
24 (D) current dental terminology (CDT);
25 (E) ~~Health Care Financing Administration's~~ **Healthcare**
26 common procedure coding system (HCPCS); and
27 (F) third party administrator (TPA);
28 codes under which the administrator pays claims for services
29 provided under a health care plan; and
30 (2) a provider shall begin using the most current version of the:
31 (A) current procedural terminology (CPT);

- 1 (B) international classification of diseases (ICD);
 2 (C) American Psychiatric Association's Diagnostic and
 3 Statistical Manual of Mental Disorders (DSM);
 4 (D) current dental terminology (CDT);
 5 (E) ~~Health Care Financing Administration's~~ **Healthcare**
 6 common procedure coding system (HCPCS); and
 7 (F) third party administrator (TPA);
 8 codes under which the provider submits claims for payment for
 9 services provided under a health care plan.
- 10 (e) If a provider provides services that are covered under a health
 11 care plan:
- 12 (1) after the effective date of the most current version of a
 13 diagnostic or procedure code described in subsection (d); and
 14 (2) before the administrator begins using the most current version
 15 of the diagnostic or procedure code;
- 16 the administrator shall reimburse the provider under the version of the
 17 diagnostic or procedure code that was in effect on the date that the
 18 services were provided."
- 19 Page 2, between lines 26 and 27, begin a new paragraph and insert:
 20 "SECTION 4. IC 12-15-13-7.2, AS ADDED BY P.L.161-2001,
 21 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2002]: Sec. 7.2. (a) As used in this section, "provider" has the
 23 meaning set forth in IC 27-8-11-1.
- 24 (b) Not more than ninety (90) days after the effective date of a
 25 diagnostic or procedure code described in this subsection:
- 26 (1) the office shall begin using the most current version of the:
- 27 (A) current procedural terminology (CPT);
 28 (B) international classification of diseases (ICD);
 29 (C) American Psychiatric Association's Diagnostic and
 30 Statistical Manual of Mental Disorders (DSM);
 31 (D) current dental terminology (CDT);
 32 (E) ~~Health Care Financing Administration's~~ **Healthcare**
 33 common procedure coding system (HCPCS); and
 34 (F) third party administrator (TPA);
 35 codes under which the office pays claims for services provided
 36 under the Medicaid program; and
- 37 (2) a provider shall begin using the most current version of the:
- 38 (A) current procedural terminology (CPT);
 39 (B) international classification of diseases (ICD);
 40 (C) American Psychiatric Association's Diagnostic and
 41 Statistical Manual of Mental Disorders (DSM);
 42 (D) current dental terminology (CDT);
 43 (E) ~~Health Care Financing Administration's~~ **Healthcare**
 44 common procedure coding system (HCPCS); and
 45 (F) third party administrator (TPA);
 46 codes under which the provider submits claims for payment for
 47 services provided under the Medicaid program.

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

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

5 (2) before the office begins using the most current version of the
6 diagnostic or procedure code;

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

10 Page 10, between lines 35 and 36, begin a new paragraph and insert:

11 "SECTION 15. IC 27-8-10-11.2, AS ADDED BY P.L.161-2001,
12 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2002]: Sec. 11.2. (a) Not more than ninety (90) days after the
14 effective date of a diagnostic or procedure code described in this
15 subsection:

16 (1) the association shall begin using the most current version of
17 the:

18 (A) current procedural terminology (CPT);

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

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

22 (D) current dental terminology (CDT);

23 (E) ~~Health Care Financing Administration's~~ **Healthcare**
24 common procedure coding system (HCPCS); and

25 (F) third party administrator (TPA);

26 codes under which the association pays claims for services
27 provided under an association policy; and

28 (2) a health care provider shall begin using the most current
29 version of the:

30 (A) current procedural terminology (CPT);

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

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

34 (D) current dental terminology (CDT);

35 (E) ~~Health Care Financing Administration's~~ **Healthcare**
36 common procedure coding system (HCPCS); and

37 (F) third party administrator (TPA);

38 codes under which the health care provider submits claims for
39 payment for services provided under an association policy.

40 (b) If a health care provider provides services that are covered under
41 an association policy:

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

44 (2) before the association begins using the most current version
45 of the diagnostic or procedure code;

46 the association shall reimburse the health care provider under the
47 version of the diagnostic or procedure code that was in effect on the

1 date that the services were provided.

2 SECTION 16. IC 27-8-22.1-5, AS ADDED BY P.L.161-2001,
3 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2002]: Sec. 5. (a) Not more than ninety (90) days after the
5 effective date of a diagnostic or procedure code described in this
6 subsection:

- 7 (1) an insurer shall begin using the most current version of the:
 - 8 (A) current procedural terminology (CPT);
 - 9 (B) international classification of diseases (ICD);
 - 10 (C) American Psychiatric Association's Diagnostic and
 - 11 Statistical Manual of Mental Disorders (DSM);
 - 12 (D) current dental terminology (CDT);
 - 13 (E) ~~Health Care Financing Administration's~~ **Healthcare**
 - 14 common procedure coding system (HCPCS); and
 - 15 (F) third party administrator (TPA);

16 codes under which the insurer pays claims for services provided
17 under an accident and sickness insurance policy or a worker's
18 compensation policy; and

- 19 (2) a provider shall begin using the most current version of the:
 - 20 (A) current procedural terminology (CPT);
 - 21 (B) international classification of diseases (ICD);
 - 22 (C) American Psychiatric Association's Diagnostic and
 - 23 Statistical Manual of Mental Disorders (DSM);
 - 24 (D) current dental terminology (CDT);
 - 25 (E) ~~Health Care Financing Administration's~~ **Healthcare**
 - 26 common procedure coding system (HCPCS); and
 - 27 (F) third party administrator (TPA);

28 codes under which the provider submits claims for payment for
29 services provided under an accident and sickness insurance policy
30 or a worker's compensation policy.

31 (b) If a provider provides services that are covered under an
32 accident and sickness insurance policy or a worker's compensation
33 policy:

- 34 (1) after the effective date of the most current version of a
35 diagnostic or procedure code described in subsection (a); and
- 36 (2) before the insurer begins using the most current version of the
37 diagnostic or procedure code;

38 the insurer shall reimburse the provider under the version of the
39 diagnostic or procedure code that was in effect on the date that the
40 services were provided."

41 Page 11, after line 19, begin a new paragraph and insert:

42 "SECTION 18. IC 27-13-41-1, AS ADDED BY P.L.161-2001,
43 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
44 JULY 1, 2002]: Sec. 1. Not more than ninety (90) days after the
45 effective date of a diagnostic or procedure code described in this
46 section:

- 47 (1) a health maintenance organization and a limited service health

1 maintenance organization shall begin using the most current
2 version of the:

- 3 (A) current procedural terminology (CPT);
- 4 (B) international classification of diseases (ICD);
- 5 (C) American Psychiatric Association's Diagnostic and
- 6 Statistical Manual of Mental Disorders (DSM);
- 7 (D) current dental terminology (CDT);
- 8 (E) ~~Health Care Financing Administration's~~ **Healthcare**
- 9 common procedure coding system (HCPCS); and
- 10 (F) third party administrator (TPA);

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

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

- 16 (A) current procedural terminology (CPT);
- 17 (B) international classification of diseases (ICD);
- 18 (C) American Psychiatric Association's Diagnostic and
- 19 Statistical Manual of Mental Disorders (DSM);
- 20 (D) current dental terminology (CDT);
- 21 (E) ~~Health Care Financing Administration's~~ **Healthcare**
- 22 common procedure coding system (HCPCS); and
- 23 (F) third party administrator (TPA);

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

27 Renumber all SECTIONS consecutively.
(Reference is to SB 137 as printed January 11, 2002.)

Senator MILLER