

SECOND REGULAR SESSION

HOUSE BILL NO. 1259

93RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES COOPER (155) (Sponsor), PORTWOOD, THRELKELD,
PAGE AND SCHAAF (Co-sponsors).

Read 1st time January 5, 2006 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

3881L.01I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to provider contracts with health carriers.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be
2 known as section 376.387, to read as follows:

**376.387. 1. No health carrier or health benefit plan, including preferred provider
2 organizations, independent physician associations, or any other entity that contracts with
3 health care providers for health care services, shall change or attempt to change any code
4 submitted by the provider for health care services without the express written permission
5 of the physician unless:**

**6 (1) Such change is pursuant to correct coding initiative (CCI) guidelines related to
7 current procedural terminology (c.p.t.) guidelines; and**

**8 (2) The change is based on the examination of the patient record to determine the
9 services provided by the provider. Nothing in this section shall prohibit a health carrier
10 or health benefit plan from requesting additional information under section 376.383.**

**11 2. As used in this section, "health carrier" and "health benefit plan" shall have the
12 same meaning as such terms are defined in section 376.1350.**

**13 3. No contract of a health carrier or health benefit plan, including preferred
14 provider organizations, independent physician associations, or any other entity that**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 contracts with providers for health care services shall fail to include or attach at the time
16 such contract is presented to the provider for execution:

17 (1) The codes, including code modifications, that represent the specific covered
18 health care services the provider can submit on health care claims and that the health
19 carrier or health benefit plan shall provide compensation, remuneration, or reimbursement
20 for. The code and code modifiers shall refer to the most recent American Medical
21 Association code book or other recognized codes as adopted and used in the Medicare and
22 Medicaid programs;

23 (2) The fee schedule, reimbursement policy, or statement as to the manner in which
24 claims will be calculated and paid which are applicable to the provider or to the range of
25 health care services reasonably expected to be delivered by the provider on a routine basis;
26 and

27 (3) All material addenda, schedules, and exhibits thereto, and any policies
28 applicable to the provider or the range of health care services reasonably expected to be
29 delivered by the provider under the contract.

30 4. No amendment to any provider contract, nor any new or amendment to any
31 addenda, schedule, exhibit, or policy thereto, applicable to the provider shall be effective
32 as to the provider until sixty days after the provider has been provided with the applicable
33 portion of such new or proposed amendment.

34 5. Nothing in this section shall prohibit health carriers or health benefit plans and
35 providers from complying with the provisions of sections 376.383 and 376.384.

36 6. This section shall become effective January 1, 2007.

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