

FIRST REGULAR SESSION

HOUSE BILL NO. 728

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES PORTWOOD (Sponsor), THRELKELD, SILVEY, BAKER (25),
COOPER (158) AND McGHEE (Co-sponsors).

Read 1st time February 1, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

18071.011

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to physician provider reimbursement under the state medical assistance program.

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

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be
2 known as section 208.148, to read as follows:

**208.148. 1. As used in this section, "MO HealthNET" means the successor
2 program to the state Medicaid program.**

**3 2. Under the MO HealthNET program, any physician who is a provider in the
4 program and meets the requirements of this section shall receive enhanced reimbursement
5 for the specified services provided. In order to qualify for the enhanced reimbursement,
6 the physician provider shall:**

7 (1) Become the health care home for a MO HealthNET patient;

**8 (2) Complete a patient history and consultation, including but not limited to a
9 review of systems, a list of problems, and the initiation of coordination of care for the MO
10 HealthNET patient; and**

**11 (3) File a treatment plan for the MO HealthNET patient. Such plan may be filed
12 electronically.**

**13 3. If a physician provider meets the requirements of subsection 2 of this section, the
14 physician provider shall be reimbursed under the program at the following rates for all**

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 services provided by the physician with the American Medical Association Current
16 Procedural Terminology (CPT) codes 99201 to 99205 for new patients and CPT codes
17 99211 to 99215 for established patients:

18 (1) For new patients, one hundred twenty percent of the Medicare reimbursement
19 rate for such services; and

20 (2) For established patients, one hundred ten percent of the Medicare
21 reimbursement rate for such services.

22 4. (1) For purposes of this section, the division of medical services, any third-party
23 administrator, or any other entity that contracts with the division for health care services
24 shall change any diagnostic or current procedural terminology code submitted by the
25 health care provider for health care services without the express written permission of the
26 health care provider and without the examination of the patient record.

27 (2) Every contract between the division or any agent of the division and a health
28 care provider shall specifically set forth the codes, including code modifiers, for which the
29 division shall provide compensation, remuneration, or reimbursement, and the amount of
30 compensation, remuneration, or reimbursement for each such code. The code and code
31 modifier shall refer to the most recent American Medical Association code book and other
32 recognized codes as adopted and used in the Medicare and Medicaid programs of the state
33 and federal government.

34 5. The division of medical services may promulgate rules for implementation of this
35 section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo,
36 that is created under the authority delegated in this section shall become effective only if
37 it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if
38 applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable
39 and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo,
40 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
41 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
42 adopted after August 28, 2007, shall be invalid and void.

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