

HB 729 -- Health Insurance Carrier Regulations

Sponsor: Portwood

This bill prohibits a health carrier from changing any diagnostic or current procedural terminology code submitted by a health care provider without the provider's written permission.

A health carrier must stipulate the payment codes and respective rates. Codes and modifiers must refer to the American Medical Association code book and those used by the Missouri Medicaid and federal Medicare programs.

Therapy, podiatry, and chiropractic services must be reimbursed at least at the federal Medicare reimbursement rate, and health carriers must pay licensed chiropractors at the same rate as other health care providers for the same or similar medically necessary treatments.

Health carriers cannot require providers to pay a fee for each patient encounter as a condition for becoming or remaining a provider for any other health carrier.