### FIRST REGULAR SESSION

# **HOUSE BILL NO. 1126**

## 103RD GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE HRUZA.

2118H.01I JOSEPH ENGLER, Chief Clerk

## AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage of anesthesia services.

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

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Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be 2 known as section 376.1245, to read as follows:

376.1245. 1. As used in this section, the following terms mean:

- (1) "Anesthesia time", the period during which an anesthesia practitioner is 3 present with the patient, starting when the anesthesia practitioner begins to prepare the 4 patient for anesthesia services in the operating room or an equivalent area and ending 5 when the anesthesia practitioner is no longer furnishing anesthesia services to the 6 patient because the patient may be placed safely under postoperative or postanesthesia 7 care. The term "anesthesia time" includes, if counted by the anesthesia practitioner, 8 blocks of time around an interruption in anesthesia time provided the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption;
  - "Anesthesia time units", time units recognized with appropriate time intervals that do not exceed fifteen minutes in length for each interval and that, taken together, represent the total anesthesia time for a particular anesthesia service;
- 14 "Health benefit plan", the same meaning given to the term in section 15 **376.1350.** The term "health benefit plan" shall also include MO HealthNet, the 16 children's health insurance program authorized under chapter 208, the Missouri

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.

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17 consolidated health care plan established under chapter 103, and any other state-18 sponsored health insurance program;

- 19 (4) "Health carrier", the same meaning given to the term in section 376.1350. The term "health carrier" shall also include the MO HealthNet division and any 20 21 Medicaid managed care organization as defined in section 208.431;
  - (5) "Payment of anesthesia services", an amount paid for anesthesia services:
  - (a) Determined by using prevailing medical coding and billing standards in the professional medical billing community, such as the Current Procedural Terminology code book published by the American Medical Association, the Medicare Claims Processing Manual, or guidance published by the American Society of Anesthesiologists; and
    - (b) Calculated as the product obtained by multiplying the following together:
- 29 a. The sum of the base units for the appropriate medical code plus anesthesia 30 time units; and
- b. An anesthesia conversion factor that is defined in the individual contract 32 between the health carrier or health benefit plan and the anesthesia practitioner or group.
  - 2. No health carrier or health benefit plan shall establish, implement, or enforce any policy, practice, or procedure that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure.
  - 3. No health carrier or health benefit plan shall establish, implement, or enforce any policy, practice, or procedure that restricts or excludes all anesthesia time in calculating the payment of anesthesia services.