

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for House Bill No. 2372, Page 20, Section 208.149, Lines
2 1-32, by deleting said lines and inserting in lieu thereof the following:

3
4 "208.149. 1. As used in this section, the following terms mean:

5 (1) "Clinical pathology services", professional medical services provided by a licensed
6 physician that involve the use of medical judgment, that contribute directly to the diagnosis,
7 care, and treatment of individual patients, and that are necessary for every laboratory test run in a
8 high-complexity laboratory environment;

9 (2) "Hospital-based pathologist", a licensed physician specializing in pathology who
10 provides clinical pathology services for the laboratory within a hospital;

11 (3) "MO HealthNet", the Medicaid program administered by the state of Missouri in
12 accordance with federal and state law;

13 (4) "Professional component of clinical pathology services", the portion of each clinical
14 pathology service in a high-complexity laboratory environment that involves the physician's use
15 of medical judgment in interpreting and supervising laboratory tests and that excludes the
16 technical component of the laboratory test.

17 2. The professional component of clinical pathology services provided by a hospital-
18 based pathologist shall be recognized as distinct physician services by the MO HealthNet
19 program.

20 3. The MO HealthNet program shall reimburse the professional component of clinical
21 pathology services provided to MO HealthNet participants.

22 4. The reimbursement amount for the professional component of clinical pathology
23 services shall be set at no less than thirty percent of the approved MO HealthNet Independent
24 Lab - Technical Component fee schedule.

25 5. Payment for the professional component of clinical pathology services shall be made
26 directly to the licensed physician providing the services or to the entity the licensed physician
27 has assigned the right to receive payment for the services provided.

28 6. If a state plan amendment is determined by the department of social services to be
29 required, the department of social services shall timely submit such amendment. If such
30 amendment is not approved, the department shall make all reasonable efforts to obtain federal

Action Taken _____ Date _____

1 approval, including resubmission, modification, or pursuit of any alternative lawful mechanism
2 necessary to implement reimbursement consistent with this section. Nothing in this subsection
3 shall be construed to relieve the department of its obligation to implement reimbursement to the
4 fullest extent permitted under state and federal authority.

5 7. The department of social services shall promulgate all necessary rules and regulations
6 for the administration of this section. Any rule or portion of a rule, as that term is defined in
7 section 536.010, that is created under the authority delegated in this section shall become
8 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if
9 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
10 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
11 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
12 rulemaking authority and any rule proposed or adopted after August 28, 2026, shall be invalid
13 and void."; and

14
15 Further amend said bill, Pages 52-53, Section 376.1245, Lines 1-42, by deleting said lines and
16 inserting in lieu thereof the following:

17
18 "376.1245. 1. As used in this section, the following terms mean:

19 (1) "Anesthesia time", the period during which an anesthesia practitioner is present with
20 the patient, starting when the anesthesia practitioner begins to prepare the patient for anesthesia
21 services in the operating room or an equivalent area and ending when the anesthesia practitioner
22 is no longer furnishing anesthesia services to the patient because the patient may be placed safely
23 under postoperative or postanesthesia care. If there is an interruption in anesthesia, the term
24 "anesthesia time" includes blocks of time around the interruption in anesthesia, provided the
25 anesthesia practitioner is furnishing continuous anesthesia care within the time periods around
26 the interruption;

27 (2) "Anesthesia time units", time units recognized with appropriate time intervals that do
28 not exceed fifteen minutes in length for each interval and that, taken together, represent the total
29 anesthesia time for a particular anesthesia service;

30 (3) "Excepted benefit plan", the same meaning given to the term in section 376.998;

31 (4) "Health benefit plan", the same meaning given to the term in section 376.1350. The
32 term "health benefit plan" shall also include MO HealthNet, the children's health insurance
33 program authorized under chapter 208, the Missouri consolidated health care plan established
34 under chapter 103, and any other state-sponsored health insurance program;

35 (5) "Health carrier", the same meaning given to the term in section 376.1350. The term
36 "health carrier" shall also include the MO HealthNet division and any Medicaid managed care
37 organization as defined in section 208.431;

38 (6) "Payment of anesthesia services", an amount paid for anesthesia services;

1 (a) Determined by using prevailing medical coding and billing standards in the
2 professional medical billing community, such as the Current Procedural Terminology code book
3 published by the American Medical Association, the Medicare Claims Processing Manual, or
4 guidance from nationally recognized anesthesia organizations; and

5 (b) Calculated as the product obtained by multiplying the following together:

6 a. The sum of the base units for the appropriate medical code plus anesthesia time units
7 and modifying units; and

8 b. An anesthesia conversion factor that is defined in the individual contract between the
9 health carrier or health benefit plan and the anesthesia practitioner or group.

10 2. No health carrier or health benefit plan shall establish, implement, or enforce any
11 policy, practice, or procedure that imposes a time limit for the payment of anesthesia services
12 provided during a medical or surgical procedure.

13 3. No health carrier or health benefit plan shall establish, implement, or enforce any
14 policy, practice, or procedure that restricts or excludes all anesthesia time in calculating the
15 payment of anesthesia services.

16 4. Excepted benefit plans shall be subject to the requirements of this section.

17 5. This section shall not apply to anesthesia services provided by a dentist in a dental
18 office.

19 6. Nothing in this section shall be construed in a way to allow for any health care
20 provider to commit fraudulent acts.

21 7. Nothing in this section shall be construed in a way to permit those who are currently
22 unable to bill for health care services to bill for health care services."; and

23
24 Further amend said bill by amending the title, enacting clause, and intersectional references
25 accordingly.