

MAINE STATE LEGISLATURE

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126th MAINE LEGISLATURE

FIRST REGULAR SESSION-2013

Legislative Document

No. 1525

H.P. 1098

House of Representatives, May 9, 2013

An Act To Streamline Billing for Mental Health Services

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

Millicent M. MacFarland

MILLICENT M. MacFARLAND

Clerk

Presented by Speaker EVES of North Berwick.
Cosponsored by Senator LACHOWICZ of Kennebec.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §1912**, as amended by PL 2005, c. 97, §1, is further amended
3 to read:

4 **§1912. Standardized claim forms**

5 All administrators who administer claims and who provide payment or
6 reimbursement for diagnosis or treatment of a condition or a complaint by a licensed
7 health care practitioner must accept the current standardized claim form for professional
8 services approved by the Federal Government and submitted electronically. All
9 administrators who administer claims and who provide payment or reimbursement for
10 diagnosis or treatment of a condition or a complaint by a licensed hospital must accept
11 the current standardized claim form for professional or facility services, as applicable,
12 approved by the Federal Government and submitted electronically. An administrator may
13 not be required to accept a claim submitted on a form other than the applicable form
14 specified in this section and may not be required to accept a claim that is not submitted
15 electronically, except from a health care practitioner who is exempt pursuant to Title 24,
16 section 2985. All services provided by a health care practitioner in an office setting must
17 be submitted on the standardized federal form used by noninstitutional providers and
18 suppliers. Services in a nonoffice setting may be billed as negotiated between the
19 administrator and health care practitioner. For purposes of this section, "office setting"
20 means a location where the health care practitioner routinely provides health
21 examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether
22 or not the office is physically located within a facility. An administrator may not require
23 the use of revised billing codes under the 5th edition of the Diagnostic and Statistical
24 Manual of Mental Disorders by persons submitting claims under this section before
25 January 1, 2014.

26 **Sec. 2. 24-A MRSA §2680**, as amended by PL 2003, c. 469, Pt. D, §5 and
27 affected by §9, is further amended to read:

28 **§2680. Standardized claim form**

29 Administrators providing payment or reimbursement for diagnosis or treatment of a
30 condition or a complaint by a licensed health care practitioner or licensed hospital shall
31 accept the current standardized claim form for professional or facility services, as
32 applicable, approved by the Federal Government and submitted electronically. An
33 administrator may not be required to accept a claim submitted on a form other than the
34 applicable form specified in this section and may not be required to accept a claim that is
35 not submitted electronically, except from a health care practitioner who is exempt
36 pursuant to Title 24, section 2985. An administrator may not require the use of revised
37 billing codes under the 5th edition of the Diagnostic and Statistical Manual of Mental
38 Disorders by persons submitting claims under this section before January 1, 2014.

39 **Sec. 3. 24-A MRSA §2753**, as amended by PL 2005, c. 97, §2, is further amended
40 to read:

1 **§2753. Standardized claim forms**

2 All insurers providing individual medical expense insurance on an expense-incurred
3 basis providing payment or reimbursement for diagnosis or treatment of a condition or a
4 complaint by a health care practitioner must accept the current standardized claim form
5 for professional services approved by the Federal Government and submitted
6 electronically. All insurers providing individual medical expense insurance on an
7 expense-incurred basis providing payment or reimbursement for diagnosis or treatment of
8 a condition or a complaint by a licensed hospital must accept the current standardized
9 claim form for professional or facility services, as applicable, approved by the Federal
10 Government and submitted electronically. An insurer may not be required to accept a
11 claim submitted on a form other than the applicable form specified in this section and
12 may not be required to accept a claim that is not submitted electronically, except from a
13 health care practitioner who is exempt pursuant to Title 24, section 2985. All services
14 provided by a health care practitioner in an office setting must be submitted on the
15 standardized federal form used by noninstitutional providers and suppliers. Services in a
16 nonoffice setting may be billed as negotiated between the insurer and health care
17 practitioner. For purposes of this section, "office setting" means a location where the
18 health care practitioner routinely provides health examinations, diagnosis and treatment
19 of illness or injury on an ambulatory basis whether or not the office is physically located
20 within a facility. An insurer may not require the use of revised billing codes under the
21 5th edition of the Diagnostic and Statistical Manual of Mental Disorders by persons
22 submitting claims under this section before January 1, 2014.

23 **Sec. 4. 24-A MRSA §2823-B**, as amended by PL 2005, c. 97, §3, is further
24 amended to read:

25 **§2823-B. Standardized claim forms**

26 All insurers providing group medical expense insurance on an expense-incurred basis
27 providing payment or reimbursement for diagnosis or treatment of a condition or a
28 complaint by a licensed health care practitioner must accept the current standardized
29 claim form for professional services approved by the Federal Government and submitted
30 electronically. All insurers providing group medical expense insurance on an expense-
31 incurred basis providing payment or reimbursement for diagnosis or treatment of a
32 condition or a complaint by a licensed hospital must accept the current standardized claim
33 form for professional or facility services, as applicable, approved by the Federal
34 Government and submitted electronically. An insurer may not be required to accept a
35 claim submitted on a form other than the applicable form specified in this section and
36 may not be required to accept a claim that is not submitted electronically, except from a
37 health care practitioner who is exempt pursuant to Title 24, section 2985. All services
38 provided by a health care practitioner in an office setting must be submitted on the
39 standardized federal form used by noninstitutional providers and suppliers. Services in a
40 nonoffice setting may be billed as negotiated between the insurer and health care
41 practitioner. For purposes of this section, "office setting" means a location where the
42 health care practitioner routinely provides health examinations, diagnosis and treatment
43 of illness or injury on an ambulatory basis whether or not the office is physically located
44 within a facility. An insurer may not require the use of revised billing codes under the

1 5th edition of the Diagnostic and Statistical Manual of Mental Disorders by persons
2 submitting claims under this section before January 1, 2014.

3 **Sec. 5. 24-A MRSA §4235**, as amended by PL 2005, c. 97, §4, is further amended
4 to read:

5 **§4235. Standardized claim forms**

6 All health maintenance organizations providing payment or reimbursement for
7 diagnosis or treatment of a condition or a complaint by a licensed health care practitioner
8 must accept the current standardized claim form for professional services approved by the
9 Federal Government and submitted electronically. All health maintenance organizations
10 providing payment or reimbursement for diagnosis or treatment of a condition or a
11 complaint by a licensed hospital must accept the current standardized claim form for
12 professional or facility services, as applicable, approved by the Federal Government and
13 submitted electronically. A health maintenance organization may not be required to
14 accept a claim submitted on a form other than the applicable form specified in this section
15 and may not be required to accept a claim that is not submitted electronically, except
16 from a health care practitioner who is exempt pursuant to Title 24, section 2985. All
17 services provided by a health care practitioner in an office setting must be submitted on
18 the standardized federal form used by noninstitutional providers and suppliers. Services
19 in a nonoffice setting may be billed as negotiated between the health maintenance
20 organization and health care practitioner. For purposes of this section, "office setting"
21 means a location where the health care practitioner routinely provides health
22 examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether
23 or not the office is physically located within a facility. A health maintenance
24 organization may not require the use of revised billing codes under the 5th edition of the
25 Diagnostic and Statistical Manual of Mental Disorders by persons submitting claims
26 under this section before January 1, 2014.

27 **SUMMARY**

28 This bill provides that insurers, health maintenance organizations and other
29 administrators of health insurance claims may not require persons submitting those
30 claims before January 1, 2014 to use revised billing codes under the 5th edition of the
31 Diagnostic and Statistical Manual of Mental Disorders released in May 2013.