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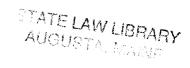
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L.D. 416

2	DATE: 4.14.05	(Filing No. S-85)
6	INSURANCE AND FINANCIAL SERVICES	
8	Reported by:	
10	Reproduced and distributed under to of the Senate.	he direction of the Secretary
12	STATE OF N	/AINE
14	SENATE 122ND LEGISLATURE	
16	FIRST SPECIAL SESSION	
18	COMMITTEE AMENDMENT 'A" to s	S.P. 140, L.D. 416, Bill, "An
20	Act To Amend the Laws Regarding S Claims"	
22		
24	Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:	
26	'Sec. 1. 24-A MRSA §1912, as amended by PL 2003, c. 469, Pt. D, §3 and affected by §9, is further amended to read:	
30	§1912. Standardized claim forms	
32	All administrators who admini payment or reimbursement for di	-
34	condition or a complaint by a lice must accept the current standardize	ensed health care practitioner
36	services approved by the Federa electronically. All administrators	al Government and submitted
38	provide payment or reimbursement for condition or a complaint by a lice	or diagnosis or treatment of a
40	current standardized claim form services, as applicable, approved	for professional or facility
42	submitted electronically. An admir to accept a claim submitted on a f	nistrator may not be required
44	form specified in this section and a claim that is not submitted e	may not be required to accept
46	health care practitioner who is	

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section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the administrator and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

Sec. 2. 24-A MRSA §2753, as amended by PL 2003, c. 469, Pt. D, §6 and affected by §9, is further amended to read:

§2753. Standardized claim forms

All insurers providing individual medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All insurers providing individual medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically. An insurer may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the insurer and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

Sec. 3. 24-A MRSA §2823-B, as amended by PL 2003, c. 469, Pt. D, §7 and affected by §9, is further amended to read:

§2823-B. Standardized claim forms

All insurers providing group medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a

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COMMITTEE AMENDMENT "To S.P. 140, L.D. 416

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licensed health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All insurers providing group medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically. An insurer may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title All services provided by a health care section 2985. practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the insurer and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

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Sec. 4. 24-A MRSA §4235, as amended by PL 2003, c. 469, Pt. D, §8 and affected by §9, is further amended to read:

§4235. Standardized claim forms

All health maintenance organizations providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner must accept the current standardized claim form for professional approved by the Federal Government and submitted electronically. health maintenance, organizations providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically. A health maintenance organization may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the health maintenance organization and health care practitioner. For purposes of this section, "office setting"

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means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.'

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SUMMARY

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This amendment replaces the bill. The amendment requires that all health insurance claims for services of a health care practitioner provided in an office setting be submitted on the standard federal form known as the "CMS 1500" form published by the federal Centers for Medicare and Medicaid Services. The amendment also clarifies that claims for services provided in nonoffice settings may be negotiated.

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