

MAINE STATE LEGISLATURE

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INSURANCE AND FINANCIAL SERVICES

Reported by:

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**STATE OF MAINE
SENATE
122ND LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT **A** to S.P. 140, L.D. 416, Bill, "An Act To Amend the Laws Regarding Submission of Health Insurance Claims"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

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:

§1912. Standardized claim forms

All administrators who administer claims and who provide 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 services approved by the Federal Government and submitted electronically. All administrators who administer claims and who provide 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 administrator 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,

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

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

14 **§2753. Standardized claim forms**

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

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

44 **§2823-B. Standardized claim forms**

46 All insurers providing group medical expense insurance on an
47 expense-incurred basis providing payment or reimbursement for
48 diagnosis or treatment of a condition or a complaint by a
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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 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. 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 services approved by the Federal Government and submitted electronically. All 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 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 health maintenance organization and health care practitioner. For purposes of this section, "office setting"

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COMMITTEE AMENDMENT "A" to S.P. 140, L.D. 416

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

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SUMMARY

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