

MAINE STATE LEGISLATURE

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122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 416

S.P. 140

In Senate, January 27, 2005

An Act To Amend the Laws Regarding Submission of Health Insurance Claims

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

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator MILLS of Somerset.

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

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, section 2985. With the exception of claims for emergency room services and pathology services, all claims for professional services must be submitted on the standardized federal form used by noninstitutional providers and suppliers to bill for Medicare Part B covered services.

Sec. 2. 24-A MRSA §2436, sub-§2-A, as amended by PL 2003, c. 469, Pt. D, §3 and affected by §9, is further amended to read:

2-A. Except as provided in this subsection, for purposes of this section, an "undisputed claim" means a timely claim for payment of covered health care expenses under a policy or certificate providing health care coverage that is submitted to an insurer within 30 days of the date of service on the insurer's standard claim form using the most current published procedural codes with all the required fields completed with correct and complete information in accordance with the insurer's published claims filing requirements. After October 16, 2003 ~~and until October 16, 2005~~, for a provider with 10 or more full-time-equivalent employees, an "undisputed claim" means a timely claim for payment of covered health care expenses under a policy or certificate providing health care coverage that is submitted to an insurer, within 30 days of the date of service, in the insurer's standard electronic data format using the most current published procedural codes with all the required fields completed with correct and complete information in accordance with the insurer's published claims filing requirements. This

2 subsection applies only to a policy or certificate of a health
plan as defined in section 4301-A, subsection 7.

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6 SUMMARY

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8 This bill exempts insurers from paying interest on health
care provider claims that are received more than 30 days after
the date of service. This bill also requires that, with the
10 exception of emergency room and pathology services, health
insurance claims for professional services be submitted on the
12 standard federal form used by noninstitutional providers and
suppliers to bill for Medicare Part B covered services, also
14 known as the "CMS 1500" form, published by the Centers for
Medicare and Medicaid Services.