

MAINE STATE LEGISLATURE

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Date: 2/16/24

L.D. 1533
(Filing No. H-752)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 988, L.D. 1533, "An Act to Provide for Consistent Billing Practices by Health Care Providers"

Amend the bill by striking out everything after the enacting clause and inserting the following:

Sec. 1. 24 MRSA §2332-E, as amended by PL 2003, c. 218, §1 and c. 469, Pt. D, §1 and affected by §9, is further amended to read:

§2332-E. Standardized claim forms

All nonprofit hospital or medical service organizations and nonprofit health care plans 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 nonprofit hospital or medical service organizations and nonprofit health care plans 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, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. A nonprofit hospital or medical service organization or nonprofit health care plan 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 section 2985.

Sec. 2. 24-A MRSA §1912, as amended by PL 2005, c. 97, §1, 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

COMMITTEE AMENDMENT

1 approved by the Federal Government and submitted electronically. All administrators who
2 administer claims and who provide payment or reimbursement for diagnosis or treatment
3 of a condition or a complaint by a licensed hospital must accept the current standardized
4 claim form for professional or facility services, as applicable, approved by the Federal
5 Government and submitted electronically, and any claims for facility services must identify
6 the physical location, including hospital off-campus locations, where services are provided.
7 An administrator may not be required to accept a claim submitted on a form other than the
8 applicable form specified in this section and may not be required to accept a claim that is
9 not submitted electronically, except from a health care practitioner who is exempt pursuant
10 to Title 24, section 2985. All services provided by a health care practitioner in an office
11 setting must be submitted on the standardized federal form used by noninstitutional
12 providers and suppliers. Services in a nonoffice setting may be billed as negotiated
13 between the administrator and health care practitioner. For purposes of this section, "office
14 setting" means a location where the health care practitioner routinely provides health
15 examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether
16 or not the office is physically located within a facility.

17 **Sec. 3. 24-A MRSA §2680**, as amended by PL 2003, c. 218, §5 and c. 469, Pt. D,
18 §5 and affected by §9, is further amended to read:

19 **§2680. Standardized claim form**

20 Administrators providing payment or reimbursement for diagnosis or treatment of a
21 condition or a complaint by a licensed health care practitioner or licensed hospital shall
22 accept the current standardized claim form for professional or facility services, as
23 applicable, approved by the Federal Government and submitted electronically, and any
24 claims for facility services must identify the physical location, including hospital off-
25 campus locations, where services are provided. An administrator may not be required to
26 accept a claim submitted on a form other than the applicable form specified in this section
27 and may not be required to accept a claim that is not submitted electronically, except from
28 a health care practitioner who is exempt pursuant to Title 24, section 2985.

29 **Sec. 4. 24-A MRSA §2753**, as amended by PL 2005, c. 97, §2, is further amended
30 to read:

31 **§2753. Standardized claim forms**

32 All insurers providing individual medical expense insurance on an expense-incurred
33 basis providing payment or reimbursement for diagnosis or treatment of a condition or a
34 complaint by a health care practitioner must accept the current standardized claim form for
35 professional services approved by the Federal Government and submitted electronically.
36 All insurers providing individual medical expense insurance on an expense-incurred basis
37 providing payment or reimbursement for diagnosis or treatment of a condition or a
38 complaint by a licensed hospital must accept the current standardized claim form for
39 professional or facility services, as applicable, approved by the Federal Government and
40 submitted electronically, and any claims for facility services must identify the physical
41 location, including hospital off-campus locations, where services are provided. An insurer
42 may not be required to accept a claim submitted on a form other than the applicable form
43 specified in this section and may not be required to accept a claim that is not submitted
44 electronically, except from a health care practitioner who is exempt pursuant to Title 24,
45 section 2985. All services provided by a health care practitioner in an office setting must

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

7 **Sec. 5. 24-A MRSA §2823-B**, as amended by PL 2005, c. 97, §3, is further amended
8 to read:

9 **§2823-B. Standardized claim forms**

10 All insurers providing group medical expense insurance on an expense-incurred basis
11 providing payment or reimbursement for diagnosis or treatment of a condition or a
12 complaint by a licensed health care practitioner must accept the current standardized claim
13 form for professional services approved by the Federal Government and submitted
14 electronically. All insurers providing group medical expense insurance on an expense-
15 incurred basis providing payment or reimbursement for diagnosis or treatment of a
16 condition or a complaint by a licensed hospital must accept the current standardized claim
17 form for professional or facility services, as applicable, approved by the Federal
18 Government and submitted electronically, and any claims for facility services must identify
19 the physical location, including hospital off-campus locations, where services are provided.

20 An insurer may not be required to accept a claim submitted on a form other than the
21 applicable form specified in this section and may not be required to accept a claim that is
22 not submitted electronically, except from a health care practitioner who is exempt pursuant
23 to Title 24, section 2985. All services provided by a health care practitioner in an office
24 setting must be submitted on the standardized federal form used by noninstitutional
25 providers and suppliers. Services in a nonoffice setting may be billed as negotiated
26 between the insurer and health care practitioner. For purposes of this section, "office
27 setting" means a location where the health care practitioner routinely provides health
28 examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether
29 or not the office is physically located within a facility.

30 **Sec. 6. 24-A MRSA §4235**, as amended by PL 2005, c. 97, §4, is further amended
31 to read:

32 **§4235. Standardized claim forms**

33 All health maintenance organizations providing payment or reimbursement for
34 diagnosis or treatment of a condition or a complaint by a licensed health care practitioner
35 must accept the current standardized claim form for professional services approved by the
36 Federal Government and submitted electronically. All health maintenance organizations
37 providing payment or reimbursement for diagnosis or treatment of a condition or a
38 complaint by a licensed hospital must accept the current standardized claim form for
39 professional or facility services, as applicable, approved by the Federal Government and
40 submitted electronically, and any claims for facility services must identify the physical
41 location, including hospital off-campus locations, where services are provided. A health
42 maintenance organization may not be required to accept a claim submitted on a form other
43 than the applicable form specified in this section and may not be required to accept a claim
44 that is not submitted electronically, except from a health care practitioner who is exempt
45 pursuant to Title 24, section 2985. All services provided by a health care practitioner in an

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

7 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
8 number to read consecutively.

9

SUMMARY

10 This amendment replaces the bill. The amendment requires that claims for facility
11 services that are submitted for payment or reimbursement to nonprofit hospital or medical
12 service organizations, nonprofit health care plans, administrators, insurers or health
13 maintenance organizations must identify the physical location where services are rendered.