

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

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HOUSE DRH80238-LN-122A (4/2)

Short Title: Health Plans Disclose Fee Schedules/Coding. (Public)

Sponsors: Representatives Alexander and C. Wilson (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO FACILITATE THE SUBMISSION OF COMPLETE CLAIMS BY PROVIDERS UNDER HEALTH BENEFIT PLANS BY REQUIRING HEALTH BENEFIT PLANS TO DISCLOSE TO CONTRACT PROVIDERS THE PLANS' FEE SCHEDULES AND MEDICAL AND REIMBURSEMENT POLICIES, AND TO PROVIDE NOTICE TO THE PROVIDER PRIOR TO IMPLEMENTING CHANGES TO THE SCHEDULES OR POLICIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-3-225 is amended by adding the following new subsection to read:

"(n) In order to facilitate submission of complete claims by providers, insurers shall provide to providers the following:

- (1) Notice of changes to the insurer's fee schedule, medical policy, or reimbursement policy, and the effective date of the changes; and
- (2) The insurer's fee schedule, medical policy, and reimbursement policy, or
- (3) A statement as to the manner in which claims will be calculated and paid that is applicable to the provider or to the range of health care services reasonably expected to be delivered by that type of provider on a routine basis.

The insurer shall provide the information required by this subsection prior to the execution of the contract between the insurer and the provider. The insurer may provide the information required under this subsection by electronic media.

As used in this subsection, the term 'fee schedule' includes, if applicable, CPT, HCPCS, and ICD-9-CM codes and modifiers."

SECTION 2. This act is effective when it becomes law and applies to provider contracts executed or renewed on and after that date.