

March 15, 2005

H 636. ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. TO RESTRICT THE BILLING FOR ANATOMIC PATHOLOGY SERVICES BY CLINICAL LABORATORIES AND PHYSICIANS PROVIDING THE SERVICES. Enacts new GS 90-681 as title indicates. Requires that clinical laboratories or physicians providing services must bill patient, insurer, hospital or clinic ordering services, referring laboratory, or governmental agencies and provides that bills submitted in violation of section need not be paid. Authorizes State licensing boards to revoke or suspend license of any practitioner that violates section.

Intro. by Nye.

Ref. to Health

GS 90

May 31, 2005

H 636. ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. Intro. 3/15/05. House committee substitute makes the following changes to 1st edition. Changes title to *AN ACT TO REQUIRE DISCLOSURE OF MARKUPS OF ANATOMIC PATHOLOGY SERVICES BY PHYSICIANS, HOSPITALS, DENTISTS, AND PODIATRISTS*. Deletes provisions of proposed new GS 90-681(a) – (d) entirely and now (1) makes it unlawful for any doctor, podiatrist, dentist, or hospital to bill a person for anatomic pathology services in excess of the amount charged by the clinical laboratory for performing the service unless it discloses the excess charge conspicuously, and (2) requires doctors, podiatrists, dentists, and hospitals billing for anatomic pathology services to disclose the name and address of the laboratory performing the service. House committee substitute also makes technical changes to proposed subsection (e) defining the term “anatomic pathology services.” House committee substitute deletes provisions of proposed subsections (f) and (g) and now provides that (1) the act does not require disclosure of the terms of a contract for anatomic pathology services between a managed care organization and a hospital or physician practice, (2) the act does not apply to a referring laboratory for services where samples must be sent for a second opinion, and (3) the act does not prohibit physicians from requesting anatomic pathology services from more than one clinical laboratory for a second opinion. House committee substitute also adds new subsection (i) providing that each intentional failure to disclose an excess charge is a Class 3 misdemeanor offense punishable by a fine of \$250, makes technical changes, and requires state licensing boards and Division of Facility Services to communicate the requirements of the act to practitioners and facilities and to report on its efforts to do so to the 2006 Regular Session of the General Assembly.

June 1, 2005

H 636. ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. Intro. 3/15/05. House amendment makes the following change to 2nd edition. Changes effective date to December 1, 2005.

August 10, 2005

H 636. ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. Intro. 3/15/05. Senate committee substitute makes the following changes to 3rd edition. Amends GS 90-18(a) to provide that if a person is an out-of-state practitioner and practices medicine or surgery in this state without a license issued by the NC Medical Board, the person is guilty of a Class I felony. Under the current law, other persons practicing without a license are guilty of a Class 1 misdemeanor.

August 11, 2005

H 636. ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. Intro. 3/15/05. Senate amendment makes the following changes to 4th edition. Makes technical changes only.

October 5, 2005

SL 2005-415 (H 636). ANATOMIC PATHOLOGY SERVICES/PROVIDER BILLING. AN ACT TO REQUIRE DISCLOSURE OF MARKUPS OF ANATOMIC PATHOLOGY SERVICES BY

PHYSICIANS, HOSPITALS, DENTISTS, AND PODIATRISTS. Summarized in *Daily Bulletin* 3/15/05, 5/31/05, 6/1/05, 8/10/05, and 8/11/05. Enacted September 22, 2005. Effective December 1, 2005.