

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE BILL DRH30072-MR-46 (02/15)

Short Title: Dental Plans Provider Contracts/Transparency. (Public)

Sponsors: Representative Bert Jones.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO APPLY DISCLOSURE AND NOTIFICATION REQUIREMENTS RELATED TO
3 INSURER FEE SCHEDULES, CLAIMS SUBMISSION, AND REIMBURSEMENT
4 POLICIES TO STAND ALONE DENTAL INSURANCE.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 58-3-227(a) reads as rewritten:

7 "§ 58-3-227. Health plans fee schedules.

8 (a) Definitions. – As used in this section, the following terms mean:

- 9 ...
- 10 (4) Insurer. – An entity that writes a health benefit plan and that is an insurance
11 company subject to this Chapter, a service corporation under Article 65 of this
12 Chapter, a health maintenance organization under Article 67 of this Chapter, or
13 a multiple employer welfare arrangement under Article 49 of this Chapter,
14 ~~except it does not include an entity that writes stand alone dental~~
15 ~~insurance-Chapter.~~
- 16 (5) Reimbursement policy. – Information relating to payment of providers and
17 facilities including policies on the following:
- 18 a. Claims bundling and other claims editing processes.
 - 19 b. Recognition or nonrecognition of CPT code modifiers.
 - 20 c. Downcoding of services or procedures.
 - 21 d. The definition of global surgery periods.
 - 22 e. Multiple surgical procedures.
 - 23 f. Payment based on the relationship of procedure code to diagnosis code.
- 24 (6) Schedule of fees. – CPT, HCPCS, ICD-9-CM codes, ICD-10-CM codes, ASA
25 codes, modifiers, and other applicable codes for the procedures billed for that
26 class of provider."

27 SECTION 2. This act becomes effective July 1, 2017.

