

2SSB 5596 - H AMD 1568

By Representative Cody

ADOPTED 03/12/2008

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW  
4 to read as follows:

5 (1)(a) A health carrier may not pay a chiropractor less for a  
6 service or procedure identified under a particular physical medicine  
7 and rehabilitation code or evaluation and management code, as listed in  
8 a nationally recognized services and procedures code book such as the  
9 American medical association current procedural terminology code book,  
10 than it pays any other type of provider licensed under Title 18 RCW for  
11 a service or procedure under the same code, except as provided in (b)  
12 of this subsection. A carrier may not circumvent this requirement by  
13 creating a chiropractor-specific code not listed in the nationally  
14 recognized code book otherwise used by the carrier for provider  
15 payment.

16 (b) This section does not affect a health carrier's:

17 (i) Implementation of a health care quality improvement program to  
18 promote cost-effective and clinically efficacious health care services,  
19 including but not limited to pay-for-performance payment methodologies  
20 and other programs fairly applied to all health care providers licensed  
21 under Title 18 RCW that are designed to promote evidence-based and  
22 research-based practices;

23 (ii) Health care provider contracting to comply with the network  
24 adequacy standards;

25 (iii) Authority to pay in-network providers differently than out-  
26 of-network providers; and

27 (iv) Authority to pay a chiropractor less than another provider for  
28 procedures or services under the same code based upon geographic  
29 differences in the cost of maintaining a practice.

30 (c) This section does not, and may not be construed to:

1 (i) Require the payment of provider billings that do not meet the  
2 definition of a clean claim as set forth in rules adopted by the  
3 commissioner;

4 (ii) Require any health plan to include coverage of any condition;  
5 or

6 (iii) Expand the scope of practice for any health care provider.

7 (2) This section applies only to payments made on or after January  
8 1, 2009.

9 **Sec. 2.** RCW 41.05.017 and 2007 c 502 s 2 are each amended to read  
10 as follows:

11 Each health plan that provides medical insurance offered under this  
12 chapter, including plans created by insuring entities, plans not  
13 subject to the provisions of Title 48 RCW, and plans created under RCW  
14 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045,  
15 48.43.505 through 48.43.535, 43.70.235, 48.43.545, 48.43.550,  
16 70.02.110, 70.02.900, section 1 of this act, and 48.43.083.

17 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43 RCW  
18 to read as follows:

19 (1) On or after January 1, 2010, the commissioner shall contract  
20 for an evaluation of the impact of section 1 of this act on the  
21 utilization and cost of health care services associated with physical  
22 medicine and rehabilitation payment or billing codes and evaluation and  
23 management payment or billing codes, and on the total cost of episodes  
24 of care for treatment associated with the use of these payment or  
25 billing codes.

26 (2) The commissioner shall require carriers to provide to the  
27 contractor such data as the contractor determines is necessary to  
28 complete the evaluation under subsection (1) of this section. Data may  
29 include, but need not be limited to, the following:

30 (a) Data on the utilization of physical medicine and rehabilitation  
31 services and evaluation and management services associated with payment  
32 or billing codes for those services;

33 (b) Data related to changes in the distribution or mix of health  
34 care providers providing services under physical medicine and  
35 rehabilitation payment or billing codes and evaluation and management  
36 payment or billing codes;

1 (c) Data related to trends in carrier expenditures for services  
2 associated with physical medicine and rehabilitation payment or billing  
3 codes and evaluation and management payment or billing codes; and

4 (d) Data related to trends in carrier expenditures for the total  
5 cost of health plan enrollee care for treatment of the presenting  
6 health problems associated with the use of physical medicine and  
7 rehabilitation payment or billing codes and evaluation and management  
8 payment or billing codes.

9 (3) Data, information, and documents provided by the carrier  
10 pursuant to this section are exempt from public inspection and copying  
11 under chapter 42.56 RCW.

12 (4) The commissioner shall submit the evaluation required in  
13 subsection (1) of this section to the appropriate committees of the  
14 senate and house of representatives by January 1, 2012.

15 NEW SECTION. **Sec. 4.** This act expires June 30, 2013."

16 Correct the title.

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