
SENATE BILL 6328

State of Washington

61st Legislature

2010 Regular Session

By Senator Marr

Read first time 01/12/10. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to billing for anatomic pathology services; and
2 adding a new section to chapter 48.43 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

6 (1) A clinical laboratory or physician, located in this state, or
7 in another state, providing anatomic pathology services for patients in
8 this state, shall present or cause to be presented a claim, bill, or
9 demand for payment for these services only to the following:

10 (a) The patient;

11 (b) The responsible insurer or other third-party payer;

12 (c) The hospital, public health clinic, or nonprofit health clinic
13 ordering such services;

14 (d) The referring laboratory, excluding a laboratory of a
15 physician's office or group practice that does not perform the
16 professional component of the anatomic pathology service for which such
17 claim, bill, or demand is presented; or

18 (e) Governmental agencies or their specified public or private

1 agent, agency, or organization on behalf of the recipient of the
2 services.

3 (2) Except for a physician at a referring laboratory that has been
4 billed pursuant to subsection (6) of this section, no licensed
5 practitioner in the state may, directly or indirectly, charge, bill, or
6 otherwise solicit payment for anatomic pathology services unless such
7 services were rendered personally by the licensed practitioner or under
8 the licensed practitioner's direct supervision in accordance with
9 section 353 of the public health service act (42 U.S.C. 263a).

10 (3) No patient, insurer, third-party payer, hospital, public health
11 clinic, or nonprofit health clinic may be required to reimburse any
12 licensed practitioner for charges or claims submitted in violation of
13 this section.

14 (4) Nothing in this section may be construed to mandate the
15 assignment of benefits for anatomic pathology services as defined in
16 this section.

17 (5) For purposes of this section, "anatomic pathology services"
18 means:

19 (a) Histopathology or surgical pathology, meaning the gross and
20 microscopic examination performed by a physician or under the
21 supervision of a physician, including histologic processing;

22 (b) Cytopathology, meaning the microscopic examination of cells
23 from the following: (i) Fluids, (ii) aspirates, (iii) washings, (iv)
24 brushings, or (v) smears, including the pap test examination performed
25 by a physician or under the supervision of a physician;

26 (c) Hematology, meaning the microscopic evaluation of bone marrow
27 aspirates and biopsies performed by a physician, or under the
28 supervision of a physician, and peripheral blood smears when the
29 attending or treating physician, or technologist requests that a blood
30 smear be reviewed by a pathologist;

31 (d) Subcellular pathology or molecular pathology, meaning the
32 assessment of a patient specimen for the detection, localization,
33 measurement, or analysis of one or more protein or nucleic acid
34 targets; and

35 (e) Blood-banking services performed by pathologists.

36 (6) The provisions of this section do not prohibit billing of a
37 referring laboratory for anatomic pathology services in instances where
38 a sample or samples must be sent to another physician or laboratory for

1 consultation or histologic processing, except that for purposes of this
2 subsection the term "referring laboratory" does not include a
3 laboratory of a physician's office or group practice that does not
4 perform the professional component of the anatomic pathology service
5 involved.

6 (7) The uniform disciplinary act, chapter 18.130 RCW, governs the
7 discipline of any practitioner who violates the provisions of this
8 section.

--- END ---