ESB 5518 - H COMM AMD
By Committee on Health Care & Wellness

ADOPTED 02/28/2018

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 48.43.190 and 2008 c 304 s 1 are each amended to read as follows:

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

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

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

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

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

(iv) Authority to pay a chiropractor less than another provider for procedures or services under the same or a substantially similar code based upon ((~~geographic~~)) differences in the cost of maintaining a practice or carrying malpractice insurance, as recognized by a nationally accepted reimbursement methodology.

1 (c) This section does not, and may not be construed to:
2 (i) Require the payment of provider billings that do not meet the
3 definition of a clean claim as set forth in rules adopted by the
4 commissioner;
5 (ii) Require any health plan to include coverage of any
6 condition; or
7 (iii) Expand the scope of practice for any health care provider.
8 (2) This section applies only to payments made on or after
9 January 1, 2009.

10 NEW SECTION. **Sec. 2.** The office of the insurance commissioner
11 may adopt any rules necessary to implement section 1 of this act.

12 NEW SECTION. **Sec. 3.** Section 1 of this act takes effect January
13 1, 2019."

14 Correct the title.

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