
ENGROSSED SENATE BILL 5518

State of Washington 65th Legislature 2017 Regular Session

By Senators Miloscia, Cleveland, Keiser, O'Ban, and Fortunato

Read first time 01/26/17. Referred to Committee on Health Care.

1 AN ACT Relating to fair reimbursement for chiropractic services;
2 amending RCW 48.43.190; creating a new section; and providing an
3 effective date.

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

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

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

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

20 (i) Implementation of a health care quality improvement program
21 to promote cost-effective and clinically efficacious health care

1 services, including but not limited to pay-for-performance payment
2 methodologies and other programs fairly applied to all health care
3 providers licensed under Title 18 RCW that are designed to promote
4 evidence-based and research-based practices;

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

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

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

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

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

18 (ii) Require any health plan to include coverage of any
19 condition; or

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

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

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

25 NEW SECTION. Sec. 3. Section 1 of this act takes effect January
26 1, 2019.

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