

1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Received: 06/23/99

Received By: kahlepj

Wanted: Soon

Identical to LRB:

For: Assembly Republican Caucus

By/Representing: Tompach

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - health

Extra Copies:

Pre Topic:

ARC:.....Tompach - Am #205,

Topic:

Prohibit denial of payment because procedure included in another

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kahlepj 06/24/99	chanaman 06/24/99		_____			
/1			martykr 06/24/99	_____	lrb_docadmin 06/24/99		

FE Sent For:

<END>

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1/?	kahlepj	cmh wh h	km/24	km/24			

FE Sent For:

<END>

Budget Amendments 1999- 2000

Statement of Intent Insurance. Denial of payment by health insurers for certain medical procedures.

Legislator Urban

Amendment# 205

Staff contact Sara

Status Pass-amen

Agency Insurance

Tax Cut

Summary Wisconsin anesthesiologists are currently having problems with payment for invasive monitoring procedures performed on patients covered by certain insurers. Anesthesiologists bill out their services as two distinct procedures. But because the services are part of a single procedure, certain insurers will only pay for one part of the bill.

This amendment states that if Medicare treats the services as two distinct procedures with two different payment codes, the insurer must also treat them as such and pay for both parts of the procedure. The statutory language would read:

Multiple medical procedures performed on the same day: Health insurers shall not deny payment for any medical or surgical service or procedure on the grounds that it is an integral component of a second medical or surgical procedure, unless payment for the first service or procedure is included in the payment for the second service or procedure.

Amend the motion to specify that the medical services, surgical services or procedures provided by nurse anesthetists and anesthesiologists would be covered under the provisions of this amendment.

Fiscal Impact None.

ARC Analyst Matt Tompach

Request#: 246

Budget Amendments 1999- 2000

Statement of Intent Insurance. Denial of payment by health insurers for certain medical procedures

Legislator Urban

Amendment# 205

Staff contact Sara

Status

Agency Insurance

Tax Cut

Summary

Wisconsin anesthesiologists are currently having problems with payment for invasive monitoring procedures performed on patients covered by certain insurers. Anesthesiologists bill out their services as two distinct procedures. But because the services are part of a single procedure, certain insurers will only pay for one part of the bill.

This amendment states that if Medicare treats the services as two distinct procedures with two different payment codes, the insurer must also treat them as such and pay for both parts of the procedure. The statutory language would read:

Multiple medical procedures performed on the same day: Health insurers shall not deny payment for any medical or surgical service or procedure on the grounds that it is an integral component of a second medical or surgical procedure, unless payment for the first service or procedure is included in the payment for the second service or procedure.

Fiscal Impact None.

ARC Analyst Matt Tompach

203

to include nurse
anesthetists +
anesthesiologists

1999

Date (time) needed SOON

(6-24-99)

LRB b 1203 / 1

**CAUCUS BUDGET AMENDMENT
[ONLY FOR CAUCUS]**

DJK : cm

See form **AMENDMENTS — COMPONENTS & ITEMS.**

**CAUCUS AMENDMENT
TO ASSEMBLY SUBSTITUTE AMENDMENT 1
TO 1999 ASSEMBLY BILL 133**

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

At the locations indicated, amend the substitute amendment as follows:

- #. Page , line :
- #. Page , line :
- #. Page , line :
- #. Page , line :
- #. Page , line :
- #. Page , line :





ASSEMBLY AMENDMENT,
TO 1999 ASSEMBLY BILL 133

1 At the locations indicated, amend the bill as follows:

2 1. Page ~~567~~⁵³⁵, line ~~9~~⁶: after that line insert:

3 "SECTION ~~944d~~^{941j} 40.51 (8) of the statutes is amended to read:

4 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10),
6 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.872, 632.895 (5m)
7 and (8) to (13) and 632.896.

8 SECTION ~~944g~~^{941j} 40.51 (8m) of the statutes is amended to read:

9 40.51 (8m) Every health care coverage plan offered by the group insurance
10 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
11 632.748, 632.85, 632.853, 632.855, 632.872 and 632.895 (11) to (13)."

12 2. Page ~~957~~¹⁰⁹³, line ~~19~~²: after that line insert:

13 "SECTION 2036r. 111.91 (2) (nm) of the statutes is created to read:

1 111.91 (2) (nm) The prohibition under s. 632.872 related to denying payment
2 for certain procedures.”

3 **3.** Page ~~1087~~¹¹⁷⁹, line ~~6~~¹⁹: after that line insert: ✓

4 **SECTION 2308m.** 185.981 (4t) of the statutes is amended to read:

5 185.981 (4t) A sickness care plan operated by a cooperative association is
6 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
7 632.87 (2m), (3), (4) and (5), 632.872, 632.895 (10) to (13) and 632.897 (10) and chs.
8 149 and 155.

9 **SECTION 2308p.** 185.983 (1) (intro.) of the statutes is amended to read:

10 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
11 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
12 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
13 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
14 (2m), (3), (4) and (5), 632.872, 632.895 (5) and (9) to (13), 632.896 and 632.897 (10)
15 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:”.

16 **4.** Page ~~1224~~¹⁴⁰⁴, line ~~4~~¹⁵: ~~before~~^{after} that line insert: (note change)

17 **SECTION 3036f.** 609.795 of the statutes is created to read:

18 **609.795 Prohibiting denial of payment for certain procedures.** Limited
19 service health organizations, preferred provider plans and managed care plans are
20 subject to s. 632.872.” ✓

21 **5.** Page ~~1225~~¹⁴⁰⁵, line 24: after that line insert:

22 **SECTION 3044g.** ~~632.872~~^{dye} of the statutes is created to read:

23 **632.872 Prohibiting denial of payment for certain procedures.** (1) In
24 this section:

1 (a) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

2 (b) "Medicare Part B" means the federal supplementary medical insurance
3 program under 42 USC 1395j to 1395w-2.

4 (2) An insurer may not deny payment under a disability insurance policy or
5 group certificate for a medical or surgical service or procedure on the basis that the
6 service or procedure is an integral component of a 2nd medical or surgical service or
7 procedure unless, under medicare Part B, payment for the first service or procedure
8 is included in the payment for the 2nd service or procedure."

6. Page ~~1454~~¹⁵⁹², line ~~7~~²³: ~~before~~^{after} that line insert: (note change)

9
initial
app

"(2) PROHIBITING DENIAL OF CERTAIN PAYMENTS.

11 (a) Except as provided in paragraph (b), if a disability insurance policy or group
12 certificate contains terms or provisions that are inconsistent with section 632.872 of
13 the statutes, as created by this act, the treatment of sections 40.51 (8) and (8m),
14 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795 and 632.872 of the statutes
15 first applies to that disability insurance policy or group certificate upon renewal.

16 (b) The treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t),
17 185.983 (1) (intro.), 609.795 and 632.872 of the statutes first applies to disability
18 insurance policies or group certificates covering employees who are affected by a
19 collective bargaining agreement containing provisions inconsistent with section
20 632.872 of the statutes, as created by this act, that are issued or renewed on the
21 earlier of the following:

- 22 1. The day on which the collective bargaining agreement expires.



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb1203/1
PJK:cmh:km

ARC:.....Tompach – Am #205, Prohibit denial of payment because procedure included in another

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 535, line 6: after that line insert:

3 “**SECTION 941d.** 40.51 (8) of the statutes is amended to read:

4 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10),
6 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.872, 632.895 (5m)
7 and (8) to (13) and 632.896.

8 **SECTION 941g.** 40.51 (8m) of the statutes is amended to read:

1 40.51 (8m) Every health care coverage plan offered by the group insurance
2 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
3 632.748, 632.85, 632.853, 632.855, 632.872 and 632.895 (11) to (13).”.

4 **2.** Page 1093, line 2: after that line insert:

5 “**SECTION 2036r.** 111.91 (2) (nm) of the statutes is created to read:

6 111.91 (2) (nm) The prohibition under s. 632.872 related to denying payment
7 for certain procedures.”.

8 **3.** Page 1179, line 19: after that line insert:

9 “**SECTION 2308m.** 185.981 (4t) of the statutes is amended to read:

10 185.981 (4t) A sickness care plan operated by a cooperative association is
11 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
12 632.87 (2m), (3), (4) and (5), 632.872, 632.895 (10) to (13) and 632.897 (10) and chs.
13 149 and 155.

14 **SECTION 2308p.** 185.983 (1) (intro.) of the statutes is amended to read:

15 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
16 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
17 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
18 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
19 (2m), (3), (4) and (5), 632.872, 632.895 (5) and (9) to (13), 632.896 and 632.897 (10)
20 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall.”.

21 **4.** Page 1404, line 15: after that line insert:

22 “**SECTION 3036f.** 609.795 of the statutes is created to read:

1 **609.795 Prohibiting denial of payment for certain procedures.** Limited
2 service health organizations, preferred provider plans and managed care plans are
3 subject to s. 632.872.”.

4 **5.** Page 1405, line 24: after that line insert:

5 “**SECTION 3044d.** 632.872 of the statutes is created to read:

6 **632.872 Prohibiting denial of payment for certain procedures.** (1) In
7 this section:

8 (a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

9 (b) “Medicare Part B” means the federal supplementary medical insurance
10 program under 42 USC 1395j to 1395w-2.

11 **(2)** An insurer may not deny payment under a disability insurance policy or
12 group certificate for a medical or surgical service or procedure on the basis that the
13 service or procedure is an integral component of a 2nd medical or surgical service or
14 procedure unless, under medicare Part B, payment for the first service or procedure
15 is included in the payment for the 2nd service or procedure.”.

16 **6.** Page 1592, line 23: after that line insert:

17 “(2g) PROHIBITING DENIAL OF CERTAIN PAYMENTS.

18 (a) Except as provided in paragraph (b), if a disability insurance policy or group
19 certificate contains terms or provisions that are inconsistent with section 632.872 of
20 the statutes, as created by this act, the treatment of sections 40.51 (8) and (8m),
21 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795 and 632.872 of the statutes
22 first applies to that disability insurance policy or group certificate upon renewal.

23 (b) The treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t),
24 185.983 (1) (intro.), 609.795 and 632.872 of the statutes first applies to disability

1 insurance policies or group certificates covering employes who are affected by a
2 collective bargaining agreement containing provisions inconsistent with section
3 632.872 of the statutes, as created by this act, that are issued or renewed on the
4 earlier of the following:

- 5 1. The day on which the collective bargaining agreement expires.
- 6 2. The day on which the collective bargaining agreement is extended, modified
7 or renewed.”.

8 (END)