



2013 ASSEMBLY BILL 109

1 **AN ACT** *to create* 632.873 of the statutes; **relating to:** fees for dental services.

Analysis by the Legislative Reference Bureau

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 **SECTION 1.** 632.873 of the statutes is created to read:

3 **632.873 Restrictions relating to fees for dental services. (1) DEFINITIONS.**

4 In this section, unless the context requires otherwise:

5 (a) "Covered service" means, with respect to dental or related services specified
6 in a policy or plan that provides coverage for those services, a service provided by a
7 dentist or at the direction of a dentist to an insured under the policy or an enrollee
8 of the plan for which the policy or plan makes payment, administered consistently
9 with policies traditionally governing covered services, or for which the policy or plan
10 would make payment but for the application of contractual limitations of

ASSEMBLY BILL 109**SECTION 1**

1 deductibles, copayments, coinsurance, waiting periods, annual maximums, lifetime
2 maximums applicable to the same course of treatment, frequency limitations, or
3 alternative benefit payments.

4 (b) “Policy” means a policy, certificate, or contract of insurance that provides
5 only limited–scope dental benefits.

6 (c) “Related service” means a service that is commonly provided, by a dentist
7 or at the direction of a dentist, in conjunction with a dental service.

8 **(2) PROHIBITIONS ON SETTING FEES.** (a) 1. A contract between an insurer offering
9 a policy that provides coverage for dental and related services and a dentist for the
10 provision of dental and related services to an insured under the policy may not
11 require the dentist to provide a service to an insured under the policy at a fee set by
12 the insurer unless the service is a covered service under the policy.

13 2. A policy that provides coverage for dental and related services may not
14 provide nominal or de minimis coverage for a dental or related service for the sole
15 purpose of avoiding the requirements under subd. 1.

16 (b) An administrator providing 3rd–party administration services or a provider
17 network for a plan that provides coverage for dental and related services may not
18 require any dentist in the administrator’s provider network that is eligible to provide
19 services under the plan to charge set fees for dental or related services provided to
20 enrollees of the plan that are not covered services under the plan.

21 **(3) PROHIBITION ON CHARGES.** A dentist who, under a contract with an insurer
22 offering a policy that provides coverage for dental and related services, provides
23 dental or related services to an insured under the policy may not charge the insured
24 more than the dentist’s usual nondiscounted fee for a dental or related service that
25 is not a covered service under the policy.

ASSEMBLY BILL 109**1 SECTION 2. Initial applicability.**

2 (1) The treatment of section 632.873 (2) (a) 1. and (3) of the statutes first applies
3 to a contract between an insurer offering a limited–scope dental policy and a dentist
4 that is entered into, modified, or renewed on the effective date of this subsection.

5 (2) The treatment of section 632.873 (2) (b) of the statutes first applies to a
6 contract between an administrator providing 3rd–party administration services or
7 a provider network for a plan and a dentist that is entered into, modified, or renewed
8 on the effective date of this subsection.

9 (3) The treatment of section 632.873 (2) (a) 2. of the statutes first applies to a
10 limited–scope dental policy that is newly issued or renewed on the effective date of
11 this subsection.

12 SECTION 3. Effective date.

13 (1) This act takes effect on January 1, 2014.

14 (END)