



**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2005 Assembly Bill 1039	Assembly Substitute Amendment 1
<i>Memo published: April 27, 2006</i> <i>Contact: Joyce L. Kiel, Senior Staff Attorney (266-3137)</i>	

Information Provided for Certain Denials of Chiropractic Treatment

Current law provides that an insurer may not restrict or terminate coverage for chiropractic treatment under a health insurance policy that covers chiropractic treatment except on the basis of an examination or evaluation by a licensed chiropractor or a peer review committee that includes a licensed chiropractor or on the basis of a recommendation of a licensed chiropractor or a peer review committee that includes a licensed chiropractor. If, on the basis of an independent evaluation, an insurer restricts or terminates a patient's coverage for the treatment of a condition or complaint by a chiropractor and the patient then becomes liable for payment of the treatment, the insurer is required to provide to the patient and to the treating chiropractor a written statement that includes various items set forth in the statutes. One of those required items is "a reasonable explanation of the factual basis and of the basis in the policy, plan or contract or in applicable law for the insurer's restriction or termination of coverage."

Assembly Substitute Amendment 1 to the bill revises this item that must be provided in the written statement to require that it be a detailed (rather than merely reasonable) explanation of the clinical rationale (rather than the factual basis) and of the basis in the policy, plan, or contract or in applicable law for the restriction or termination of coverage.

Current Procedural Terminology Codes

Current law does not regulate the use of current procedural terminology (CPT) codes, which are numbers established by the American Medical Association that a health care provider puts on a health insurance claim form to describe the services performed.

Assembly Substitute Amendment 1 to the bill requires an insurer who changes the CPT code submitted by a health care provider on a health insurance claim form to include on the explanation of benefits form (which is provided to the insured): (a) the reason for the change to the CPT code; and (b) the source for the change.

Legislative History

Assembly Substitute Amendment 1 to the bill was introduced by Representative Kestell. The Assembly Committee on Insurance recommended adoption of the substitute amendment on a vote of Ayes, 13; Noes, 2. The committee then recommended the bill for passage, as amended, on a vote of Ayes, 11; Noes, 4.

JLK:jal:ksm