

STATE OF NEW YORK

5069

2023-2024 Regular Sessions

IN ASSEMBLY

March 2, 2023

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law and the public health law, in relation to the processing of health claims

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Paragraph 2 of subsection (a) of section 3224-b of the
2 insurance law, as added by chapter 551 of the laws of 2006, is amended
3 to read as follows:

4 (2) Subject to the provisions of paragraph three of this subsection, a
5 health plan shall accept and initiate the processing of all health care
6 claims submitted by a physician, including but not limited to evaluation
7 and management codes, pursuant to and consistent with the current
8 version of the American medical association's current procedural terminology (CPT) codes, reporting guidelines and conventions and the centers
9 for medicare and medicaid services healthcare common procedure coding
10 system (HCPCS).

11 § 2. Paragraphs 4 and 5 of subsection (b) of section 3224-b of the
12 insurance law, as amended by chapter 237 of the laws of 2009, are renumbered paragraphs 5 and 6 and a new paragraph 4 is added to read as
13 follows:
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15
16 (4) Notwithstanding paragraph three of this subsection, with respect
17 to claims for evaluation and management codes as such are defined and
18 set forth in the current edition of American medical association's
19 current procedural terminology (CPT), a health plan shall follow, comply
20 with and implement for purposes of claims processing, claims payment and
21 claims review, such current procedural terminology provisions, guide-
22 lines and conventions for both the selection and the documentation of
23 evaluation and management services.

24 § 3. Section 4406-c of the public health law is amended by adding two
25 new subdivisions 13 and 14 to read as follows:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 13. A health maintenance organization licensed pursuant to article
2 forty-three of the insurance law or certified pursuant to this article
3 or an independent practice association certified or recognized pursuant
4 to this article or a medical group shall not prohibit the acceptance,
5 initiation and processing of all health care claims submitted by a
6 physician, including but not limited to evaluation and management codes,
7 pursuant to and consistent with the current version of the American
8 medical association's current procedural terminology (CPT), reporting
9 guidelines and conventions and the centers for medicare and medicaid
10 services healthcare common procedure coding system (HCPCS).

11 14. Notwithstanding provisions of this section or subsection (b) of
12 section three thousand two hundred twenty-four of the insurance law,
13 with respect to claims for evaluation and management codes as such are
14 defined and set forth in the current edition of American medical associ-
15 ation's current procedural terminology (CPT), a health plan shall
16 follow, comply with and implement for purposes of claims processing,
17 claims payment and claims review, such current procedural terminology
18 provisions, guidelines, and conventions for both the selection of and
19 the documentation of evaluation and management services.

20 § 4. The commissioner of health and the superintendent of the depart-
21 ment of financial services shall promulgate rules and regulations and
22 take any other actions reasonably necessary to implement the provisions
23 of this act.

24 § 5. This act shall take effect immediately.