

STATE OF NEW YORK

2880--B

Cal. No. 493

2019-2020 Regular Sessions

IN ASSEMBLY

January 28, 2019

Introduced by M. of A. HUNTER -- read once and referred to the Committee on Insurance -- reported and referred to the Committee on Codes -- advanced to a third reading, passed by Assembly and delivered to the Senate, recalled from the Senate, vote reconsidered, bill amended, ordered reprinted, retaining its place on the order of third reading -- again amended on third reading, ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the insurance law, in relation to denial of coverage of additional or related services or procedures related to health care services for which pre-authorization was granted or did not require pre-authorization; and to repeal certain provisions of such law relating thereto

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

1 Section 1. Subsection (c) of section 3238 of the insurance law is
2 REPEALED and a new subsection (c) is added to read as follows:

3 (c)(1) If a health care provider, while providing a service or proce-
4 dure to treat a patient, determines that providing an additional or
5 related service or procedure, such as a service or procedure to address
6 a co-morbid condition, is immediately necessary as part of such treat-
7 ment, and in the clinical judgment of the health care provider it is a
8 medically timely service and it would not be medically advisable to
9 interrupt the provision of care to the patient in order to obtain pre-
10 authorization from a health plan for the additional or related service
11 or procedure, a denial of payment for the additional or related service
12 or procedure due to lack of pre-authorization shall be upheld on appeal
13 only if it is determined that:

14 (i) the additional or related service or procedure is not a covered
15 benefit;

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

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1 (ii) the additional or related service or procedure was not medically
2 necessary pursuant to section four thousand nine hundred four of this
3 chapter or section forty-nine hundred four of the public health law;

4 (iii) the additional or related service or procedure was experimental
5 or investigational pursuant to section four thousand nine hundred four
6 of this chapter or section forty-nine hundred four of the public health
7 law; or

8 (iv) one of the conditions set forth in paragraphs one through six of
9 subsection (a) of this section is met.

10 (2) The provisions of this subsection shall apply to situations in
11 which pre-authorization was required and received for the initial
12 service or procedure.

13 (3) The provisions of this subsection shall apply without regard to
14 whether the current procedural terminology (CPT) code for the additional
15 or related service or procedure is different than the CPT code for the
16 initial service or procedure.

17 § 2. This act shall take effect on the ninetieth day after it shall
18 have become a law.