

STATE OF NEW YORK

10303

IN ASSEMBLY

May 13, 2022

Introduced by COMMITTEE ON RULES -- (at request of 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 Assem-
bly, 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 termi-
9 nology (CPT) codes, reporting guidelines and conventions and the centers
10 for medicare and medicaid services healthcare common procedure coding
11 system (HCPCS).

12 § 2. Paragraphs 4 and 5 of subsection (b) of section 3224-b of the
13 insurance law, as amended by chapter 237 of the laws of 2009, are renum-
14 bered paragraphs 5 and 6 and a new paragraph 4 is added to read as
15 follows:

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:

26 13. A health maintenance organization licensed pursuant to article
27 forty-three of the insurance law or certified pursuant to this article
28 or an independent practice association certified or recognized pursuant

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

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1 to this article or a medical group shall not prohibit the acceptance,
2 initiation and processing of all health care claims submitted by a
3 physician, including but not limited to evaluation and management codes,
4 pursuant to and consistent with the current version of the American
5 medical association's current procedural terminology (CPT), reporting
6 guidelines and conventions and the centers for medicare and medicaid
7 services healthcare common procedure coding system (HCPCS).

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

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

22 § 5. This act shall take effect immediately.