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 Assembly, do enact as follows:

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

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

§ 2. Paragraphs 4 and 5 of subsection (b) of section 3224-b of the 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 follows:

(4) Notwithstanding paragraph three of this subsection, with respect to claims for evaluation and management codes as such are defined and set forth in the current edition of American medical association's current procedural terminology (CPT), a health plan shall follow, comply with and implement for purposes of claims processing, claims payment and claims review, such current procedural terminology provisions, guidelines and conventions for both the selection and the documentation of evaluation and management services.

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

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

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

§ 4. The commissioner of health and the superintendent of the department of financial services shall promulgate rules and regulations and take any other actions reasonably necessary to implement the provisions of this act.

§ 5. This act shall take effect immediately.