

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE BILL DRH30072-MR-46 (02/15)

Short Title: Dental Plans Provider Contracts/Transparency. (Public)

Sponsors: Representative Bert Jones.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO APPLY DISCLOSURE AND NOTIFICATION REQUIREMENTS RELATED TO
3 INSURER FEE SCHEDULES, CLAIMS SUBMISSION, AND REIMBURSEMENT
4 POLICIES TO STAND ALONE DENTAL INSURANCE.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 58-3-227(a) reads as rewritten:

7 "§ 58-3-227. Health plans fee schedules.

8 (a) Definitions. – As used in this section, the following terms mean:

- 9 ...
- 10 (4) Insurer. – An entity that writes a health benefit plan and that is an insurance
11 company subject to this Chapter, a service corporation under Article 65 of this
12 Chapter, a health maintenance organization under Article 67 of this Chapter, or
13 a multiple employer welfare arrangement under Article 49 of this Chapter,
14 ~~except it does not include an entity that writes stand alone dental~~
15 ~~insurance-Chapter.~~
- 16 (5) Reimbursement policy. – Information relating to payment of providers and
17 facilities including policies on the following:
18 a. Claims bundling and other claims editing processes.
19 b. Recognition or nonrecognition of CPT code modifiers.
20 c. Downcoding of services or procedures.
21 d. The definition of global surgery periods.
22 e. Multiple surgical procedures.
23 f. Payment based on the relationship of procedure code to diagnosis code.
- 24 (6) Schedule of fees. – CPT, HCPCS, ICD-9-CM codes, ICD-10-CM codes, ASA
25 codes, modifiers, and other applicable codes for the procedures billed for that
26 class of provider."

27 SECTION 2. This act becomes effective July 1, 2017.

