

SB 5518 - S AMD 433

By Senator Miloscia

ADOPTED 02/08/2018

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 48.43.190 and 2008 c 304 s 1 are each amended to
4 read as follows:

5 (1)(a) A health carrier may not pay a chiropractor less for a
6 service or procedure identified under a particular physical medicine
7 and rehabilitation code ~~((ϵ))~~, evaluation and management code, or
8 spinal manipulation code, as listed in a nationally recognized
9 services and procedures code book such as the American medical
10 association current procedural terminology code book, than it pays
11 any other type of provider licensed under Title 18 RCW for a service
12 or procedure under the same or substantially similar code, except as
13 provided in (b) of this subsection. A carrier may not circumvent this
14 requirement by creating a chiropractor-specific code not listed in
15 the nationally recognized code book otherwise used by the carrier for
16 provider payment.

17 (b) This section does not affect a health carrier's:

18 (i) Implementation of a health care quality improvement program
19 to promote cost-effective and clinically efficacious health care
20 services, including but not limited to pay-for-performance payment
21 methodologies and other programs fairly applied to all health care
22 providers licensed under Title 18 RCW that are designed to promote
23 evidence-based and research-based practices;

24 (ii) Health care provider contracting to comply with the network
25 adequacy standards;

26 (iii) Authority to pay in-network providers differently than out-
27 of-network providers; and

28 (iv) Authority to pay a chiropractor less than another provider
29 for procedures or services under the same or an equivalent code based
30 upon ~~((geographic))~~ differences in the cost of maintaining a practice
31 or carrying malpractice insurance, as recognized by a nationally
32 accepted reimbursement methodology.

1 (c) This section does not, and may not be construed to:
2 (i) Require the payment of provider billings that do not meet the
3 definition of a clean claim as set forth in rules adopted by the
4 commissioner;
5 (ii) Require any health plan to include coverage of any
6 condition; or
7 (iii) Expand the scope of practice for any health care provider.
8 (2) This section applies only to payments made on or after
9 January 1, 2009.

10 NEW SECTION. **Sec. 2.** The office of the insurance commissioner
11 may adopt any rules necessary to implement section 1 of this act.

12 NEW SECTION. **Sec. 3.** Section 1 of this act takes effect January
13 1, 2019."

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14 On page 1, line 1 of the title, after "services;" strike the
15 remainder of the title and insert "amending RCW 48.43.190; creating a
16 new section; and providing an effective date."

EFFECT: (1) Adds requirement that chiropractors not be paid less
for specific services or procedures paid to other providers under
substantially similar codes.

(2) Updates the effective date to January 1, 2019.

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