
HOUSE BILL 2861

State of Washington

64th Legislature

2016 Regular Session

By Representatives Schmick, Cody, and Young

Read first time 01/25/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to fair payment for chiropractic services;
2 amending RCW 48.43.190; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

20 (i) Implementation of a health care quality improvement program
21 to promote cost-effective and clinically efficacious health care

1 services, including but not limited to pay-for-performance payment
2 methodologies and other programs fairly applied to all health care
3 providers licensed under Title 18 RCW that are designed to promote
4 evidence-based and research-based practices;

5 (ii) Health care provider contracting to comply with the network
6 adequacy standards;

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

9 (iv) Authority to pay a chiropractor less than another provider
10 for procedures or services under the same code based upon geographic
11 differences in the cost of maintaining a practice.

12 (c) This section does not, and may not be construed to:

13 (i) Require the payment of provider billings that do not meet the
14 definition of a clean claim as set forth in rules adopted by the
15 commissioner;

16 (ii) Require any health plan to include coverage of any
17 condition; or

18 (iii) Expand the scope of practice for any health care provider.

19 (2) This section applies only to payments made on or after
20 January 1, 2009.

21 NEW SECTION. **Sec. 2.** This act applies to health plans issued or
22 renewed on or after January 1, 2017.

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