
HOUSE COMMITTEE AMENDMENTS

2018 Regular Session

Amendments proposed by House Committee on Insurance to Original House Bill No. 429
by Representative Cromer

1 AMENDMENT NO. 12 On page 2, line 12, after "authorization" delete the remainder of the line and delete lines 13
3 through 15 in their entirety and insert in lieu thereof the following:4 "unless at least one of the following circumstances applies for each procedure
5 denied:6 (a) Benefit limitations such as annual maximums and frequency
7 limitations not applicable at the time of prior authorization are reached due
8 to utilization subsequent to issuance of the prior authorization.9 (b) The documentation for the claim provided by the person
10 submitting the claim clearly fails to support the claim as originally
11 authorized.12 (c) If, subsequent to the issuance of the prior authorization, new
13 procedures are provided to the patient or a change in the patient's condition
14 occurs such that the prior authorized procedure would no longer be
15 considered medically necessary, based on the prevailing standard of care.16 (d) If, subsequent to the issuance of the prior authorization, new
17 procedures are provided to the patient or a change in the patient's condition
18 occurs such that the prior authorized procedure would at that time require
19 disapproval pursuant to the terms and conditions for coverage under the
20 patient's plan in effect at the time the prior authorization was issued.21 (e) The dental service contractor's denial is because of one of the
22 following:23 (i) Another payor is responsible for the payment.24 (ii) The dentist has already been paid for the procedures identified on
25 the claim.26 (iii) The claim was submitted fraudulently or the prior authorization
27 was based in whole or material part on erroneous information provided to the
28 dental service contractor by the dentist, patient, or other person not related
29 to the carrier.30 (iv) The person receiving the procedure was not eligible to receive
31 the procedure on the date of service and the dental service contractor did not
32 know, and with the exercise of reasonable care could not have known, of the
33 person's eligibility status."34 AMENDMENT NO. 2

35 On page 2, between lines 20 and 21, insert the following:

36 "(5) The provisions of Subsection A of this Section shall apply to any
37 denial of a claim pursuant to this Paragraph for a procedure included in a
38 prior authorization."