
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. 1

2 On page 1, line 4, after "circumstances;" and before "and to" insert "to provide for an
3 effective date;"

4 AMENDMENT NO. 2

5 On page 2, line 12, after "authorization" delete the remainder of the line and delete lines 13
6 through 15 in their entirety and insert in lieu thereof the following:

7 "unless at least one of the following circumstances applies for each procedure
8 denied:

9 (a) Benefit limitations such as annual maximums and frequency
10 limitations not applicable at the time of prior authorization are reached due
11 to utilization subsequent to issuance of the prior authorization.

12 (b) The documentation for the claim provided by the person
13 submitting the claim clearly fails to support the claim as originally
14 authorized.

15 (c) If, subsequent to the issuance of the prior authorization, new
16 procedures are provided to the patient or a change in the patient's condition
17 occurs such that the prior authorized procedure would no longer be
18 considered medically necessary, based on the prevailing standard of care.

19 (d) If, subsequent to the issuance of the prior authorization, new
20 procedures are provided to the patient or a change in the patient's condition
21 occurs such that the prior authorized procedure would at that time require
22 disapproval pursuant to the terms and conditions for coverage under the
23 patient's plan in effect at the time the prior authorization was issued.

24 (e) The dental service contractor's denial is because of one of the
25 following:

26 (i) Another payor is responsible for the payment.

27 (ii) The dentist has already been paid for the procedures identified on
28 the claim.

29 (iii) The claim was submitted fraudulently or the prior authorization
30 was based in whole or material part on erroneous information provided to the
31 dental service contractor by the dentist, patient, or other person not related
32 to the carrier.

33 (iv) The person receiving the procedure was not eligible to receive
34 the procedure on the date of service and the dental service contractor did not
35 know, and with the exercise of reasonable care could not have known, of the
36 person's eligibility status."

37 AMENDMENT NO. 3

38 On page 2, after line 20, delete the remainder of the page and insert in lieu thereof the
39 following:

40 "(5) The provisions of Subsection A of this Section shall apply to any
41 denial of a claim pursuant to Paragraph (2) of this Subsection for a procedure
42 included in a prior authorization.

43 C. Any recoupment by a dental service contractor shall be in
44 accordance with R.S. 22:1838. The contractor shall not recoup a claim solely
45 due to a patient's loss of coverage or ineligibility if, at the time of treatment,

1 the contractor erroneously confirms coverage and eligibility, but had
2 sufficient information available to it indicating that the patient was no longer
3 covered or was ineligible for coverage.

4 Section 2. This Act shall become effective on January 1, 2019."