



General Assembly

January Session, 2007

Amendment

LCO No. 8287

SB0121308287SRO

Offered by:

SEN. FREEDMAN, 26th Dist.

To: Subst. Senate Bill No. 1213

File No. 86

Cal. No. 134

**"AN ACT CONCERNING THE FINANCIAL SECURITY
REQUIREMENT FOR PREFERRED PROVIDER NETWORKS."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 38a-477 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2007*):

5 (a) Except where there is an agreement to the contrary between a
6 third-party payer and the health care provider, as defined in section
7 19a-17b, all health care providers shall submit all third-party claims for
8 payment on the current standard Health Care Financing
9 Administration Fifteen Hundred (HCFA1500) health insurance claim
10 form or its successor, or in the case of a hospital or other health care
11 institution, a Health Care Financing Administration UB-92 health
12 insurance claim form or its successor, or in accordance with other
13 forms which may be prescribed by the Insurance Commissioner.

14 (b) For any claim submitted to an insurer on the current standard

15 Health Care Financing Administration Fifteen Hundred health
 16 insurance claim form or its successor, if the following information is
 17 completed and received by the insurer, the claim may not be deemed
 18 to be deficient in the information needed for filing a claim for
 19 processing pursuant to subparagraph (B) of subdivision (15) of section
 20 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician
T13		(if required by insurer)
T14	21	Diagnosis
T15	24A	Dates of service
T16	24B	Place of service
T17	24D	Procedures, services or supplies
T18	24E	Diagnosis code
T19	24F	Charges
T20	[25	Federal tax identification number]
T21	28	Total charge
T22	31	Signature of physician or supplier with date
T23	33	Physician's, supplier's billing name,
T24		Address, zip code & telephone number

21 (c) For any claim submitted to an insurer on the current standard

22 Health Care Financing Administration UB-92 health insurance claim
 23 form or its successor, if the following information is completed and
 24 received by the insurer, the claim may not be deemed to be deficient in
 25 the information needed for filing a claim for processing pursuant to
 26 subparagraph (B) of subdivision (15) of section 38a-816.

T25	Item Number	Item Description
T26	1	Provider name and address
T27	[5	Federal tax identification number]
T28	6	Statement covers period
T29	12	Patient name
T30	14	Patient's birth date
T31	15	Patient's sex
T32	17	Admission date
T33	18	Admission hour
T34	19	Type of admission
T35	21	Discharge hour
T36	42	Revenue codes
T37	43	Revenue description
T38	44	HCPCS/CPT4 codes
T39	45	Service date
T40	46	Service units

T41	47	Total charges by revenue code
T42	50	Payer identification
T43	51	Provider number
T44	58	Insured's name
T45	60	Patient's identification number
T46		(policy number [and/or
T47		Social Security number])
T48	62	Insurance group number
T49		(if on identification card)
T50	67	Principal diagnosis code
T51	76	Admitting diagnosis code
T52	80	Principle procedure code and date
T53	81	Other procedures code and date
T54	82	Attending physician's identification number

27 (d) The commissioner may adopt regulations, in accordance with
28 chapter 54, to implement the provisions of this section."