

SENATE BILL No. 6

DIGEST OF SB 6 (Updated February 8, 2023 12:28 pm - DI 104)

Citations Affected: IC 16-18; IC 16-51.

Synopsis: Health care billing forms. Provides that a bill for health care services provided by a provider in an office setting must be submitted on an individual provider form. Prohibits an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services from accepting a bill that is submitted on an institutional provider form. Requires the Indiana department of health to adopt rules for the enforcement of these provisions.

Effective: July 1, 2023.

Charbonneau, Busch

January 9, 2023, read first time and referred to Committee on Health and Provider Services. February 9, 2023, amended, reported favorably — Do Pass.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

SENATE BILL No. 6

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 16-18-2-86 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 86. "County", for the
3	purposes of IC 16-22 and IC 16-51-1, means a county that owns and
4	operates a county hospital.
5	SECTION 2. IC 16-18-2-163.6 IS ADDED TO THE INDIANA
6	CODE AS A NEW SECTION TO READ AS FOLLOWS
7	[EFFECTIVE JULY 1, 2023]: Sec. 163.6. "Health care services", for
8	purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-2.
9	SECTION 3. IC 16-18-2-167.8 IS ADDED TO THE INDIANA
10	CODE AS A NEW SECTION TO READ AS FOLLOWS
11	[EFFECTIVE JULY 1, 2023]: Sec. 167.8. "Health maintenance
12	organization", for purposes of IC 16-51-1, has the meaning set
13	forth in IC 16-51-1-3.
14	SECTION 4. IC 16-18-2-188.2 IS ADDED TO THE INDIANA
15	CODE AS A NEW SECTION TO READ AS FOLLOWS
16	[EFFECTIVE JULY 1, 2023]: Sec. 188.2. "Individual provider

form", for purposes of IC 16-51-1, has the meaning set forth in



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1	IC 16-51-1-4.
2	SECTION 5. IC 16-18-2-190.7 IS ADDED TO THE INDIANA
3	CODE AS A NEW SECTION TO READ AS FOLLOWS
4	[EFFECTIVE JULY 1, 2023]: Sec. 190.7. "Institutional provider"
5	for purposes of IC 16-51-1, has the meaning set forth in
6	IC 16-51-1-5.
7	SECTION 6. IC 16-18-2-190.8 IS ADDED TO THE INDIANA
8	CODE AS A NEW SECTION TO READ AS FOLLOWS
9	[EFFECTIVE JULY 1, 2023]: Sec. 190.8. "Institutional provider
10	form", for purposes of IC 16-51-1, has the meaning set forth in
11	IC 16-51-1-6.
12	SECTION 7. IC 16-18-2-190.9 IS ADDED TO THE INDIANA
13	CODE AS A NEW SECTION TO READ AS FOLLOWS
14	[EFFECTIVE JULY 1, 2023]: Sec. 190.9. "Insurer", for purposes o
15	IC 16-51-1, has the meaning set forth in IC 16-51-1-7.
16	SECTION 8. IC 16-18-2-254.7 IS ADDED TO THE INDIANA
17	CODE AS A NEW SECTION TO READ AS FOLLOWS
18	[EFFECTIVE JULY 1, 2023]: Sec. 254.7. "Office setting", for
19	purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-8
20	SECTION 9. IC 16-18-2-295, AS AMENDED BY P.L.161-2014
21	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22	JULY 1, 2023]: Sec. 295. (a) "Provider", for purposes of IC 16-21-8
23	has the meaning set forth in IC 16-21-8-0.2.
24	(b) "Provider", for purposes of IC 16-38-5, IC 16-39 (except fo
25	IC 16-39-7), and IC 16-41-1 through IC 16-41-9, means any of the
26	following:
27	(1) An individual (other than an individual who is an employee o
28	a contractor of a hospital, a facility, or an agency described in
29	subdivision (2) or (3)) who is licensed, registered, or certified a
30	a health care professional, including the following:
31	(A) A physician.
32	(B) A psychotherapist.
33	(C) A dentist.
34	(D) A registered nurse.
35	(E) A licensed practical nurse.
36	(F) An optometrist.
37	(G) A podiatrist.
38	(H) A chiropractor.
39	(I) A physical therapist.
40	(J) A psychologist.
41	(K) An audiologist.
42	(L) A speech-language pathologist.



1	(M) A dietitian.
2	(N) An occupational therapist.
3	(O) A respiratory therapist.
4	(P) A pharmacist.
5	(Q) A sexual assault nurse examiner.
6	(2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or
7	described in IC 12-24-1 or IC 12-29.
8	(3) A health facility licensed under IC 16-28-2.
9	(4) A home health agency licensed under IC 16-27-1.
10	(5) An employer of a certified emergency medical technician, a
11	certified advanced emergency medical technician, or a licensed
12	paramedic.
13	(6) The state department or a local health department or an
14	employee, agent, designee, or contractor of the state department
15	or local health department.
16	(c) "Provider", for purposes of IC 16-39-7-1, has the meaning set
17	forth in IC 16-39-7-1(a).
18	(d) "Provider", for purposes of IC 16-48-1, has the meaning set forth
19	in IC 16-48-1-3.
20	(e) "Provider", for purposes of IC 16-51-1, has the meaning set
21	forth in IC 16-51-1-9.
22	SECTION 10. IC 16-51 IS ADDED TO THE INDIANA CODE AS
23	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
24	2023]:
25	ARTICLE 51. HEALTH CARE REQUIREMENTS
26	Chapter 1. Health Care Billing
27	Sec. 1. This chapter does not apply to the following:
28	(1) A hospital licensed under IC 16-21-2 that is operated by:
29	(A) a county; or
30	(B) the health and hospital corporation established under
31	IC 16-22-8.
32	(2) A critical access hospital that meets the criteria under 42
33	CFR 485.601 through 42 CFR 485.647.
34	(3) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
35	(4) A federally qualified health center (as defined in 42 U.S.C.
36	1396d(l)(2)(B)).
37	(5) A community mental health center certified under
38	IC 12-21-2-3(5)(C).
39	(6) A health facility licensed under IC 16-28.
40	Sec. 2. (a) As used in this chapter, "health care services" means
41	health care related services or products rendered or sold by a
42	provider within the scope of the provider's license or legal



1	authorization.
2	(b) The term includes hospital, medical, surgical, dental, vision,
3	and pharmaceutical services or products.
4	Sec. 3. As used in this chapter, "health maintenance
5	organization" has the meaning set forth in IC 27-13-1-19.
6	Sec. 4. (a) As used in this chapter, "individual provider form"
7	means a medical claim form that:
8	(1) is accepted by the federal Centers for Medicare and
9	Medicaid Services for use by individual providers or groups
10	of providers; and
11	(2) includes a claim field for disclosure of the site at which the
12	health care services to which the form relates were provided.
13	(b) The term includes the following:
14	(1) The CMS-1500 form or its successor form.
15	(2) The HCFA-1500 form or its successor form.
16	Sec. 5. As used in this chapter, "institutional provider" means
17	any of the following:
18	(1) Except as provided in section 1 of this chapter, a hospital.
19	(2) An end stage renal disease provider.
20	(3) A home health agency.
21	(4) A hospice organization.
22	(5) An outpatient physical therapy, occupational therapy, or
23	speech pathology service provider.
24	(6) A comprehensive outpatient rehabilitation facility.
25	(7) A histocompatibility laboratory.
26	(8) An organ procurement organization.
27	(9) A religious nonmedical health care institution.
28	Sec. 6. (a) As used in this chapter, "institutional provider form"
29	means a medical claim form that:
30	(1) is accepted by the federal Centers for Medicare and
31	Medicaid Services for use by institutional providers; and
32	(2) does not include a claim field for disclosure of the site at
33	which the health care services to which the form relates were
34	provided.
35	(b) The term includes the following:
36	(1) The 8371 institutional form or its successor form.
37	(2) The CMS-1450 form or its successor form.
38	(3) The UB-04 form or its successor form.
39	Sec. 7. As used in this chapter, "insurer" has the meaning set
40	forth in IC 27-8-11-1(e).
41	Sec. 8. As used in this chapter, "office setting" means a location,
42	whether or not physically located within the facility of an



1	institutional provider, where a provider routinely provides health
2	examinations and diagnosis and treatment of illness or injury on an
3	ambulatory basis.
4	Sec. 9. As used in this chapter, "provider" means an individual
5	or entity duly licensed or legally authorized to provide health care
6	services.
7	Sec. 10. (a) A bill for health care services provided by a provider
8	in an office setting:
9	(1) may not be submitted on an institutional provider form;
10	and
11	(2) must be submitted on an individual provider form.
12	(b) An insurer, health maintenance organization, employer, or
13	other person responsible for the payment of the cost of health care
14	services provided by a provider in an office setting shall not accept
15	a bill for the health care services that is submitted on an
16	institutional provider form.
17	Sec. 11. The state department shall adopt rules under IC 4-22-2
18	for the enforcement of this chapter.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 6, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, between lines 38 and 39, begin a new line block indented and insert:

"(6) A health facility licensed under IC 16-28.".

Page 4, delete line 18.

Page 4, line 19, delete "(3)" and insert "(2)".

Page 4, line 20, delete "(4)" and insert "(3)".

Page 4, line 21, delete "(5)" and insert "(4)".

Page 4, line 22, delete "(6)" and insert "(5)".

Page 4, line 24, delete "(7)" and insert "(6)".

Page 4, line 25, delete "(8)" and insert "(7)".

Page 4, line 26, delete "(9)" and insert "(8)".

Page 4, line 27, delete "(10)" and insert "(9)".

and when so amended that said bill do pass.

(Reference is to SB 6 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 8, Nays 4.

