

SENATE BILL No. 235

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2-174.7; IC 12-15-11-5; IC 16-18-2; IC 16-51.

Synopsis: Service location on health care forms. Requires a provider to include the service facility location in order to obtain Medicaid reimbursement from the office of the secretary of family and social services or a managed care organization. Specifies health care billing forms to be used in certain health care settings.

Effective: July 1, 2021.

Charbonneau

January 7, 2021, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

SENATE BILL No. 235

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

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

1 SECTION 1. IC 12-7-2-174.7 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2021]: **Sec. 174.7. "Service facility location",**
4 **for purposes of IC 12-15-11, means the exact address where the**
5 **services of a provider facility or practitioner were provided,**
6 **including the exact address of an office, on-campus location of a**
7 **hospital, and off-campus location of a hospital.**

8 SECTION 2. IC 12-15-11-5, AS AMENDED BY P.L.195-2018,
9 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10 JULY 1, 2021]: Sec. 5. (a) A provider who participates in the Medicaid
11 program must comply with the enrollment requirements that are
12 established under rules adopted under IC 4-22-2 by the secretary.

13 (b) A provider who participates in the Medicaid program may be
14 required to ~~use the centralized credentials verification organization~~
15 ~~established in section 9 of this chapter.~~ **include the address of the**
16 **service facility location in order to obtain Medicaid reimbursement**
17 **for a claim for health care services from the office or a managed**



1 **care organization.**

2 **(c) The office or a managed care organization is not required to**
 3 **accept a claim for health care services that does not contain the**
 4 **service facility location.**

5 SECTION 3. 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, 2021]: **Sec. 163.6. "Health care services", for**
 8 **purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-1.**

9 SECTION 4. 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, 2021]: **Sec. 167.8. "Health maintenance**
 12 **organization", for purposes of IC 16-51-1, has the meaning set**
 13 **forth in IC 16-51-1-2.**

14 SECTION 5. 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, 2021]: **Sec. 188.2. "Individual provider**
 17 **form", for purposes of IC 16-51-1, has the meaning set forth in**
 18 **IC 16-51-1-3.**

19 SECTION 6. IC 16-18-2-190.7 IS ADDED TO THE INDIANA
 20 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2021]: **Sec. 190.7. "Institutional provider",**
 22 **for purposes of IC 16-51-1, has the meaning set forth in**
 23 **IC 16-51-1-4.**

24 SECTION 7. IC 16-18-2-190.8 IS ADDED TO THE INDIANA
 25 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 26 [EFFECTIVE JULY 1, 2021]: **Sec. 190.8. "Institutional provider**
 27 **form", for purposes of IC 16-51-1, has the meaning set forth in**
 28 **IC 16-51-1-5.**

29 SECTION 8. IC 16-18-2-190.9 IS ADDED TO THE INDIANA
 30 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2021]: **Sec. 190.9. "Insurer", for purposes of**
 32 **IC 16-51-1, has the meaning set forth in IC 16-51-1-6.**

33 SECTION 9. IC 16-18-2-254.7 IS ADDED TO THE INDIANA
 34 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 35 [EFFECTIVE JULY 1, 2021]: **Sec. 254.7. "Office setting", for**
 36 **purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-7.**

37 SECTION 10. IC 16-18-2-295, AS AMENDED BY P.L.161-2014,
 38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 JULY 1, 2021]: Sec. 295. (a) "Provider", for purposes of IC 16-21-8,
 40 has the meaning set forth in IC 16-21-8-0.2.

41 (b) "Provider", for purposes of IC 16-38-5, IC 16-39 (except for
 42 IC 16-39-7), and IC 16-41-1 through IC 16-41-9, means any of the



- 1 following:
- 2 (1) An individual (other than an individual who is an employee or
- 3 a contractor of a hospital, a facility, or an agency described in
- 4 subdivision (2) or (3)) who is licensed, registered, or certified as
- 5 a health care professional, including the following:
- 6 (A) A physician.
- 7 (B) A psychotherapist.
- 8 (C) A dentist.
- 9 (D) A registered nurse.
- 10 (E) A licensed practical nurse.
- 11 (F) An optometrist.
- 12 (G) A podiatrist.
- 13 (H) A chiropractor.
- 14 (I) A physical therapist.
- 15 (J) A psychologist.
- 16 (K) An audiologist.
- 17 (L) A speech-language pathologist.
- 18 (M) A dietitian.
- 19 (N) An occupational therapist.
- 20 (O) A respiratory therapist.
- 21 (P) A pharmacist.
- 22 (Q) A sexual assault nurse examiner.
- 23 (2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or
- 24 described in IC 12-24-1 or IC 12-29.
- 25 (3) A health facility licensed under IC 16-28-2.
- 26 (4) A home health agency licensed under IC 16-27-1.
- 27 (5) An employer of a certified emergency medical technician, a
- 28 certified advanced emergency medical technician, or a licensed
- 29 paramedic.
- 30 (6) The state department or a local health department or an
- 31 employee, agent, designee, or contractor of the state department
- 32 or local health department.
- 33 (c) "Provider", for purposes of IC 16-39-7-1, has the meaning set
- 34 forth in IC 16-39-7-1(a).
- 35 (d) "Provider", for purposes of IC 16-48-1, has the meaning set forth
- 36 in IC 16-48-1-3.
- 37 (e) **"Provider", for purposes of IC 16-51-1, has the meaning set**
- 38 **forth in IC 16-51-1-8.**
- 39 SECTION 11. IC 16-51 IS ADDED TO THE INDIANA CODE AS
- 40 A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
- 41 2021]:
- 42 **ARTICLE 51. HEALTH CARE REQUIREMENTS**



1 **Chapter 1. Health Care Billing**

2 **Sec. 1. (a) As used in this chapter, "health care services" means**
 3 **health care related services or products rendered or sold by a**
 4 **provider within the scope of the provider's license or legal**
 5 **authorization.**

6 **(b) The term includes hospital, medical, surgical, dental, vision,**
 7 **and pharmaceutical services or products.**

8 **Sec. 2. As used in this chapter, "health maintenance**
 9 **organization" has the meaning set forth in IC 27-13-1-19.**

10 **Sec. 3. (a) As used in this chapter, "individual provider form"**
 11 **means a medical claim form that:**

12 **(1) is accepted by the federal Centers for Medicare and**
 13 **Medicaid Services for use by individual providers or groups**
 14 **of providers; and**

15 **(2) includes a claim field for disclosure of the site at which the**
 16 **health care services to which the form relates were provided.**

17 **(b) The term includes the following:**

18 **(1) The CMS-1500 form.**

19 **(2) The HCFA-1500 form.**

20 **Sec. 4. As used in this chapter, "institutional provider" means**
 21 **any of the following:**

22 **(1) A hospital.**

23 **(2) A skilled nursing facility.**

24 **(3) An end stage renal disease provider.**

25 **(4) A home health agency.**

26 **(5) A hospice organization.**

27 **(6) An outpatient physical therapy, occupational therapy, or**
 28 **speech pathology service provider.**

29 **(7) A comprehensive outpatient rehabilitation facility.**

30 **(8) A community mental health center.**

31 **(9) A critical access hospital.**

32 **(10) A federally qualified health center.**

33 **(11) A histocompatibility laboratory.**

34 **(12) An Indian health service facility.**

35 **(13) An organ procurement organization.**

36 **(14) A religious nonmedical health care institution.**

37 **(15) A rural health clinic.**

38 **Sec. 5. (a) As used in this chapter, "institutional provider form"**
 39 **means a medical claim form that:**

40 **(1) is accepted by the federal Centers for Medicare and**
 41 **Medicaid Services for use by institutional providers; and**

42 **(2) does not include a claim field for disclosure of the site at**



- 1 which the health care services to which the form relates were
2 provided.
- 3 **(b) The term includes the following:**
- 4 **(1) The 8371 Institutional form.**
- 5 **(2) The CMS-1450 form.**
- 6 **(3) The UB-04 form.**
- 7 **Sec. 6. As used in this chapter, "insurer" has the meaning set**
8 **forth in IC 27-8-11-1(e).**
- 9 **Sec. 7. As used in this chapter, "office setting" means a location,**
10 **whether or not physically located within the facility of an**
11 **institutional provider, where a provider routinely provides health**
12 **examinations and diagnosis and treatment of illness or injury on an**
13 **ambulatory basis.**
- 14 **Sec. 8. As used in this chapter, "provider" means an individual**
15 **or entity duly licensed or legally authorized to provide health care**
16 **services.**
- 17 **Sec. 9. (a) A bill for health care services provided by a provider**
18 **in an office setting:**
- 19 **(1) must not be submitted on an institutional provider form;**
20 **and**
- 21 **(2) must be submitted on an individual provider form.**
- 22 **(b) An insurer, health maintenance organization, employer, or**
23 **other person responsible for the payment of the cost of health care**
24 **services provided by a provider in an office setting is not required**
25 **to accept a bill for the health care services that is submitted on an**
26 **institutional provider form.**
- 27 **Sec. 10. The state department shall adopt rules under IC 4-22-2**
28 **for the enforcement of this chapter.**

