

SECOND REGULAR SESSION

SENATE BILL NO. 707

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR CUNNINGHAM.

Read 1st time January 26, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

5435S.011

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to diagnostic radiology testing.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.408, to read as follows:

376.408. 1. As used in this section, the following terms shall mean:

(1) "Diagnostic radiology testing", includes the following diagnostic tests: X-ray, computerized tomography, magnetic resonance imaging, positron emission tomography, fluoroscopy, ultrasound, and nuclear imaging studies, including cardiac nuclear imaging;

(2) "Health carrier", the same meaning as such term is defined in section 376.1350;

(3) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(4) "Radiology benefits manager", a person, business or other entity, and any wholly or partially owned subsidiary of such entity, that administers diagnostic radiology and imaging benefits in any health benefit plan or policy of insurance that provides coverage for diagnostic radiology testing;

(5) "Treating physician", a physician licensed under chapter 334 who orders or recommends to a patient a diagnostic radiology test that is based upon an in-person medical examination of the patient for whom the test is ordered or recommended.

2. If a health carrier or health benefit plan provides coverage for diagnostic radiology testing and if a treating physician presents an

22 order or recommendation for a diagnostic radiology test to a radiology
23 benefits manager for authorization, a decision to deny authorization of
24 the treating physician's order or recommendation shall only be made
25 by a physician licensed in this state and subject to the regulation of the
26 state board for the healing arts. Along with any decision to deny an
27 authorization for diagnostic radiology testing, the treating physician
28 and the patient shall be furnished with the full name, mailing address,
29 telephone number, and employer of the radiology benefits manager
30 physician who is making the denial decision. In every case in which
31 authorization to perform a diagnostic radiology test is given by a
32 health carrier or health benefit plan or by a radiology benefits manager
33 which is contracted to provide utilization review services for the health
34 carrier or health benefit plan, such authorization shall be conclusive
35 to satisfy any requirement of medical necessity in a health benefit plan
36 or a health carrier's plan, policy, or schedule of benefits, and the
37 provider's subsequently filed claim for payment for such services shall
38 not be denied but shall be timely paid, unless there was fraud on the
39 part of the provider in procuring the authorization.

40 3. Electronic clinical decision support tools which offer ordering
41 guidance to physicians and can document the clinical appropriateness
42 of the order are not subject to the provisions of this section.

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