1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	2nd Session of the 58th Legislature (2022)
4	COMMITTEE SUBSTITUTE
5	FOR HOUSE BILL NO. 3023 By: Worthen
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8	COMMITTEE SUBSTITUTE
9	An Act relating to dental insurance claims; amending
10	36 O.S. 2021, Section 7301, which relates to dental plans; modifying definition; defining terms; making
11	certain requirements; providing standards for requirements; providing for codification; and
12	providing an effective date.
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14	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
15	SECTION 1. AMENDATORY 36 O.S. 2021, Section 7301, is
16	amended to read as follows:
17	Section 7301. A. No contract between a dental plan of a health
18	benefit plan and a dentist for the provision of services to patients
19	may require that a dentist provide services to its subscribers at a
20	fee set by the health benefit plan unless the services are covered
21	services under the applicable subscriber agreement.
22	B. As used in this section:
23	1. "Covered services" means services reimbursable <u>reimbursed</u>
24	under the applicable subscriber agreement, subject notwithstanding,

1 <u>or without regard</u> to the contractual limitations on subscriber 2 benefits as may apply, including, for example, deductibles, waiting 3 period or frequency limitations;

2. "Dental plan" means and shall include any policy of
insurance which is issued by a health benefit plan which provides
for coverage of dental services not in connection with a medical
plan; and

3. "Health benefit plan" means any plan or arrangement as
9 defined in subsection C of Section 6060.4 of this title or any
10 dental service corporation authorized pursuant to Section 2671 of
11 this title.

12 C. A health benefit plan or dental plan shall establish and 13 maintain appeal procedures for any claim by a dentist or a 14 subscriber that is denied based on lack of medical necessity. Anv 15 such denial shall be based upon a determination by a dentist who 16 holds a nonrestricted license in the United States. Any written 17 communication to a dentist that includes or pertains to a denial of 18 benefits for all or part of a claim on the basis of a lack of 19 medical necessity shall include the identifier and license number 20 together with state of issuance, and a contact telephone number of 21 the licensed dentist making the adverse determination. The dentist 22 who reviewed the claim shall only be contacted at the telephone 23 number provided in the written communication about the denial during 24 business hours.

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A new section of law to be codified 1 SECTION 2. NEW LAW 2 in the Oklahoma Statutes as Section 7301.1 of Title 36, unless there is created a duplication in numbering, reads as follows: 3 As used in this section: 4 Α. 5 1. "Bundling" means the practice of combining distinct dental procedures into one procedure for billing purposes; 6 7 2. "Dental plan" means and shall include any policy of insurance which is issued by a health benefit plan which provides 8

9 for coverage of dental services not in connection with a medical 10 plan;

3. "Downcoding" means the adjustment of a claim submitted to a
dental plan to a less complex or lower cost procedure code;
4. "Health benefit plan" means any plan or arrangement as
defined in subsection C of Section 6060.4 of Title 36 of the
Oklahoma Statutes or any dental service corporation authorized
pursuant to Section 2671 of Title 36 of the Oklahoma Statutes; and

17 5. "Material change" means a change to the following:

a. a dental plan's rules, guidelines, policies, or
procedures concerning payment for dental services,
b. the general practices of the dental plan that affect
reimbursements paid to providers, or

c. how a dental plan adjudicates and pays claims for services.

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B. An insurer that contracts or renews a contract with a dental provider shall:

3 1. Make the insurer's current dental plan policies available4 online; and

5 2. If requested by a provider, send a copy of the policies to6 the provider through mail or electronic mail.

7 C. Dental policies and plans as described in subsection B of8 this section shall provide the following to providers:

9 1. A summary of all material changes made to a dental plan10 since the policies were last updated;

11 2. The downcoding and bundling policies that the insurer 12 reasonably expects to be applied to the dental provider or 13 provider's services as a matter of policy; and

14 3. A description of the dental plan's utilization review 15 procedures, including:

a. a procedure for an enrollee of the dental plan to
obtain a review of an adverse determination, and
b. a statement of a provider's rights and
responsibilities regarding the procedures described in
subparagraph a of this paragraph.
D. An insurer may not maintain a dental plan that:

Based on the provider's contracted fee for covered
 services, uses downcoding in a manner that prevents a dental

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1	provider from collecting the fee for actual services performed
2	either from the plan or the patient; or
3	2. Uses bundling in a manner where a procedure code is labeled
4	as nonbillable to the patient unless, under generally accepted
5	practice standards, the procedure code is for a procedure that may
6	be provided in conjunction with another procedure.
7	E. An insurer shall ensure that an explanation of benefits for
8	a dental plan includes the reason for any downcoding or bundling
9	result.
10	SECTION 3. This act shall become effective November 1, 2022.
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12	COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 02/17/2022 - DO PASS, As Amended.
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