H-8412

1   Amend Senate File 2293, as amended, passed, and
2 reprinted by the Senate, as follows:
3   1. By striking page 11, line 8, through page 15,
4 line 14, and inserting:
5   <Sec. ___. Section 514J.102, subsections 1 and 10,
6 Code Supplement 2011, are amended to read as follows:
7   1. *Adverse determination* means a determination
8 by a health carrier that an admission, availability
9 of care, continued stay, or other health care service
10 that is a covered benefit has been reviewed and,
11 based upon the information provided, does not meet the
12 health carrier's requirements for medical necessity,
13 appropriateness, health care setting, level of
14 care, or effectiveness, and the requested service or
15 payment for the service is therefore denied, reduced,
16 or terminated. *Adverse determination* includes a
17 denial of coverage for a dental care service that is
18 a covered benefit that has been reviewed and, based
19 upon the information provided, does not meet the health
20 carrier's requirements for medical necessity, and
21 the requested service or payment for the dental care
22 service is therefore denied, reduced, or terminated,
23 in whole or in part. *Adverse determination* does not
24 include a denial of coverage for a service or treatment
25 specifically listed in plan or evidence of coverage
26 documents as excluded from coverage.
27   10. *Covered benefits* or *benefits* means those
28 health care services and dental care services to which
29 a covered person is entitled under the terms of a
30 health benefit plan.
31   Sec. ___. Section 514J.102, Code Supplement 2011,
32 is amended by adding the following new subsection:
33   NEW SUBSECTION. 11A. *Dental care services* means
34 services for diagnostic, preventive, maintenance, and
35 therapeutic dental care that is provided under chapter
36 153.>
37   2. Page 21, by striking lines 1 through 12.
38   3. Page 21, by striking lines 17 and 18.
39   4. By renumbering as necessary.

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PETTENGILL of Benton