

House Study Bill 183 - Introduced

HOUSE FILE _____
BY (PROPOSED COMMITTEE ON
COMMERCE BILL BY CHAIRPERSON
LUNDGREN)

A BILL FOR

- 1 An Act relating to prior authorization for dental care services.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. NEW SECTION. **514C.3D Prior authorization for**
2 **dental care services.**

3 1. *Definitions.* As used in this section unless the context
4 otherwise provides:

5 a. "*Commissioner*" means the commissioner of insurance.

6 b. "*Covered person*" means the same as defined in section
7 514C.3C.

8 c. "*Dental care provider*" means the same as defined in
9 section 514C.3C.

10 d. "*Dental care service plan*" means the same as defined in
11 section 514C.3C.

12 e. "*Dental care services*" means the same as defined in
13 section 514C.3C.

14 f. "*Dental carrier*" means the same as defined in section
15 514C.3C.

16 g. "*Prior authorization*" means a determination by a dental
17 carrier in response to a request submitted by a dental care
18 provider as to whether a specific dental care service proposed by
19 the dental care provider for a covered person will be reimbursed
20 at a specified amount, subject to any applicable coinsurance
21 or deductible required under the covered person's dental care
22 service plan.

23 2. *Prior authorization.*

24 a. A dental carrier shall not deny a claim submitted by a
25 dental care provider for dental care services approved by prior
26 authorization.

27 b. A dental carrier shall reimburse a dental care provider
28 at the contracted reimbursement rate for a dental care service
29 provided by the dental care provider to a covered person per a
30 prior authorization.

31 3. *Exceptions.* Subsection 2 shall not apply if any of the
32 following apply for each dental care service for which a dental
33 care provider is denied reimbursement:

34 a. On the date that the dental care service was provided
35 by the dental care provider to the covered person per a prior

1 authorization, a benefit limitation including but not limited
2 to an annual maximum or a frequency limitation that was not
3 applicable at the time of the prior authorization had been
4 reached due to utilization of the dental care service plan
5 subsequent to the dental carrier issuing the prior authorization.

6 b. The dental care provider submits a claim for dental care
7 services approved by prior authorization and the documentation of
8 dental care services fails to support the claim for dental care
9 services as originally authorized by the prior authorization.

10 c. Subsequent to the issuance of a prior authorization, and
11 prior to the provision of dental care services authorized by the
12 prior authorization, a covered person receives additional dental
13 care services, or a change in the dental condition of the covered
14 person occurs, such that the dental care services authorized
15 by the prior authorization are no longer considered medically
16 necessary based on the prevailing standard of care.

17 d. Subsequent to the issuance of a prior authorization, and
18 prior to the provision of dental care services authorized by the
19 prior authorization, a covered person receives additional dental
20 care services, or a change in the dental condition of the covered
21 person occurs, such that on the date that the dental care service
22 is to be provided a request for prior authorization of the dental
23 care service would require disapproval pursuant to the terms and
24 conditions for coverage under the covered person's current dental
25 care service plan.

26 e. A payor other than the dental carrier is responsible for
27 payment for the dental care service.

28 f. A dental care provider has already received payment from
29 the dental carrier for the dental care services identified in the
30 claim for reimbursement.

31 g. The claim was submitted fraudulently to the dental
32 carrier.

33 h. The dental care provider, covered person, or other person
34 not related to the dental carrier provided inaccurate information
35 that the dental carrier relied on, in whole or in part, for the

1 dental carrier's prior authorization determination.

2 i. On the date that the dental care service was provided by
3 the dental care provider to the covered person per the prior
4 authorization, the covered person was ineligible to receive the
5 dental care service and the dental carrier did not know, and
6 with the exercise of reasonable care could not have known, of the
7 covered person's ineligibility.

8 4. *Waiver prohibited.* The requirements of this section shall
9 not be waived by contract. Any contract contrary to this section
10 shall be null and void.

11 5. *Rules.* The commissioner may adopt rules pursuant to
12 chapter 17A to administer this section.

13 EXPLANATION

14 The inclusion of this explanation does not constitute agreement with
15 the explanation's substance by the members of the general assembly.

16 This bill relates to prior authorization for dental care
17 services.

18 Under the bill, a dental carrier (carrier) shall not deny
19 a claim submitted by a dental care provider (provider) for
20 dental care services (services) approved by prior authorization.
21 A carrier shall reimburse a provider at the contracted
22 reimbursement rate for a service provided by the provider to
23 a covered person per a prior authorization. "Covered person",
24 "dental care provider", "dental care services", "dental carrier",
25 and "prior authorization" are defined in the bill.

26 A carrier may deny a claim submitted by a provider for
27 services approved by prior authorization if, for each service
28 for which a provider is denied reimbursement, an exception as
29 described in the bill is applicable.

30 The requirements of the bill shall not be waived by contract,
31 and any contract to the contrary shall be null and void. The
32 commissioner of insurance may adopt rules to administer the bill.