

HOUSE BILL NO. 2525

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BAHR.

6329H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to reimbursements made to chiropractic physicians.

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 376.1231, to read as follows:

376.1231. Any health carrier, as defined under section 376.1350, including preferred provider organizations, independent physician associations, third party administrators, or any other entity that contracts with licensed health care providers shall:

(1) Reimburse chiropractic physicians licensed under chapter 331 the same as allopathic and osteopathic physicians licensed under chapter 334 for the same or similar health care service provided within their scope of practice. Reimbursement shall be based upon the diagnosis of a patient's medical condition and the Medicare Resource Based Relative Value Scale (RBRVS) fee schedule;

(2) Not discriminate against a chiropractic physician or limit or restrict the diagnosis, treatment, or management of any condition, injury, complaint, disorder, or ailment while acting within his or scope of practice;

(3) Not develop and employ provider payment methodologies that discriminate against chiropractic physicians by establishing different payment formulas, including but not limited to, copays, deductibles, and RBRVS conversion numbers or factors;

(4) Permit chiropractic physicians practicing within their scope to participate in all patient-centered medical home plans and home health care programs to the same extent as allopathic and osteopathic physicians;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 **(5) Not change, alter, modify, combine, or bundle any of the diagnostic or current**
19 **procedural terminology code or codes submitted by a healthcare provider for healthcare**
20 **services rendered to a patient without the express written permission of the healthcare**
21 **provider and without a thorough examination of the patient or patients record performed**
22 **by a licensed provider in the same field as the submitting healthcare provider; and**

23 **(6) Not reimburse a chiropractic physician less than one hundred ten percent of the**
24 **Medicare rate. The rate for reimbursement shall commence with the December 2015 rate,**
25 **and each year thereafter shall be modified based on the annual percentage change in the**
26 **unadjusted, United States city average, annual average inflation rate of the medical care**
27 **component of the Consumer Price Index for All Urban Consumers (CPI-U).**

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