

Senate Bill No. 137–Senator Hardy

CHAPTER.....

AN ACT relating to insurance; designating a stand-alone dental benefit as the primary policy for certain dental care; prohibiting a health insurer from denying certain claims on the basis that another health insurer has liability to pay the claim; authorizing the Commissioner of Insurance to adopt certain regulations; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Certain procedures performed by an oral and maxillofacial surgeon may be covered by both stand-alone dental benefits and policies of health insurance. Existing law regulates policies of health insurance and stand-alone dental benefits separately, but provides for no coordination of claims between the two. (Chapters 686C, 689A, 689B, 689C, 695A, 695B, 695C and 695D of NRS) This bill defines a “stand-alone dental benefit” to mean any policy of insurance which only pays for or reimburses the costs of certain dental care and which is offered or issued separately from any other policy of health insurance. This bill also requires that for an insurance claim for a procedure provided by an oral and maxillofacial surgeon which may be covered by both the patient’s stand-alone dental benefit and policy of health insurance, the stand-alone dental benefit must provide primary coverage. This bill also prohibits a health insurer from denying certain claims for which it has liability on the basis that another health insurer has liability. Finally, this bill authorizes the Commissioner of Insurance to adopt regulations necessary to carry out the provisions of this bill.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 686A of NRS is hereby amended by adding thereto a new section to read as follows:

1. The following provisions apply to a claim for payment submitted for services provided by an oral and maxillofacial surgeon which may be covered, in whole or in part, by a stand-alone dental benefit and a policy of health insurance:

(a) If a claimant is covered by a stand-alone dental benefit and a policy of health insurance, the stand-alone dental benefit is the primary policy and the claim must be first submitted to the health insurer that issued the stand-alone dental benefit. The issuer of the secondary policy may not reduce benefits based upon payments under the primary policy, except to avoid overpayment to the oral and maxillofacial surgeon.



(b) Except as otherwise provided in paragraph (a), a health insurer may not deny a claim for which it has liability solely on the basis that another health insurer has liability to pay the claim.

2. The Commissioner may adopt regulations necessary to carry out the provisions of this section.

3. As used in this section:

(a) "Oral and maxillofacial surgeon" means a dentist who has been issued a specialist's license to practice oral and maxillofacial surgery pursuant to NRS 631.250 and who provides any of the services described in paragraph (c) of subsection 1 of NRS 631.215.

(b) "Stand-alone dental benefit" means any policy which only pays for or reimburses any part of the cost of dental care, as defined in NRS 695D.030, and is offered or issued separately from any policy of health insurance.

Secs. 2, 3 and 3.5. (Deleted by amendment.)

Sec. 4. This act becomes effective:

1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and

2. On January 1, 2016, for all other purposes.

