

SENATE FILE NO. SF0159

Dental insurance.

Sponsored by: Senator(s) Jones, Barlow, Cooper and Crago
and Representative(s) Wylie

A BILL

for

1 AN ACT relating to the insurance code; providing dental
2 insurance requirements for billing and coding as specified;
3 providing definitions; specifying applicability; and
4 providing for an effective date.

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6 *Be It Enacted by the Legislature of the State of Wyoming:*

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8 **Section 1.** W.S. 26-22-505(a), (b) and by creating a
9 new subsection (d) is amended to read:

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11 **26-22-505. Dental insurance; limitation on fee**
12 **schedules for noncovered services; definition;**
13 **applicability.**

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1 (a) No person ~~or entity~~ contracting with dentists to
2 provide coverage or reimbursement for dental services
3 shall:

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5 (i) Require a dentist to provide services at a
6 fee set by the contract, a policy or a certificate unless
7 the services are covered services by the terms of the
8 contract, policy or certificate;

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10 (ii) Based on the provider's contracted fee for
11 covered services, use downcoding in a manner that prevents
12 a provider from collecting a fee for actual services
13 performed as specified in subsection (b) of this section;

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15 (iii) Utilize the practice of bundling in a
16 manner where a procedure code is labeled as nonbillable to
17 the patient unless, under generally accepted practice
18 standards, the procedure code is for a procedure that may
19 be provided in conjunction with another procedure;

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21 (iv) Adjust a procedure code submitted by a
22 dentist unless the following conditions are met:

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1 (A) The change is consistent with the
2 person's policies;

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4 (B) The person has sufficient information
5 to make the change;

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7 (C) The explanation of benefits provided to
8 the subscriber shall include the reason for the downcoding
9 and citation of the person's applicable policy.

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11 (v) Allow the explanation of benefits to state
12 or infer that the code billed by the dentist or other
13 health care provider was inappropriate unless there is
14 evidence that the code listed on the claim by the dentist
15 or provider is not related to the procedure performed;

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17 (vi) Allow the explanation of benefits to state
18 or infer that the dentist or other health care provider's
19 charge was excessive unless there is clear evidence that
20 the charge was substantially higher than the dentist's
21 regular fee;

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1 (vii) The person shall disclose in its provider
2 contracts, on its website or both the specific downcoding
3 policies that the dental service contractor reasonably
4 expects to be applied to the provider or provider's
5 services on a routine basis as a matter of policy.

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7 (b) For purposes of this section:7

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9 (i) "~~covered~~—Covered services" means services
10 reimbursable under the contract, policy or certificate,
11 subject to customary contractual limitations on benefits
12 including such items as deductibles, waiting periods,
13 frequency limitations or charges over the benefit maximum;7

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15 (ii) "Bundling" means the practice of combining
16 distinct dental procedures into one (1) procedure for
17 billing purposes;

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19 (iii) "Downcode" or "downcoding" means the
20 adjustment of a claim submitted to a dental health benefit
21 plan to a less complex or lower cost procedure code.

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