

HOUSE BILL 636

Introduced by Pavlovich, et al.

2/17	Introduced
2/17	Referred to Human Services & Aging
2/17	First Reading
2/19	Hearing
2/19	Tabled in Committee

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House BILL NO. 636
INTRODUCED BY: *Carl Smith, Dan Brown, Gary Johnson, Ben McCall, Harrison Dulin, Lauren Butch, Coccia, Steve, Hansen*
A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING HEALTH CARE PROVIDERS FROM REFUSING TO ACCEPT MEDICARE ASSIGNMENTS; PROVIDING CERTAIN EXEMPTIONS; PROVIDING A PENALTY FOR VIOLATIONS; REPEALING SECTION 53-5-901, MCA; AND PROVIDING AN EFFECTIVE DATE."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

11 NEW SECTION. Section 1. Definitions. As used in
12 [sections 1 through 4], the following definitions apply:

13 (1) "Beneficiary" means a person enrolled in the
14 medicare program who is a resident of the state and whose
15 income does not exceed the appropriate base amount defined
16 in 26 U.S.C. 86 for federal taxation of social security
17 benefits.

18 (2) "Health care provider" means a person, firm,
19 corporation, association, or institution that provides goods
20 or services subject to payment or reimbursement under the
21 federal medicare program in accordance with Title XVIII of
22 the federal Social Security Act, 42 U.S.C. 1395, et seq. The
23 term does not include an ambulance service or a surgical
24 supply company.

25 NEW SECTION. Section 2. Medicare assignment. A health

1 care provider may not refuse to accept payment for medicare
2 services on the basis of an assignment, as provided in
3 section 1842(b)(3)(B)(ii) of the federal Social Security
4 Act, 42 U.S.C. 1395u(b)(3)(B)(ii), under the terms of which
5 the full charge for services is the amount of the
6 medicare-approved rate for payment of the applicable service
7 plus any deductibles, coinsurance, or copayment required to
8 be paid by the medicare beneficiary.

9 NEW SECTION. Section 3. Penalty. A person who violates
10 the provisions of [section 2] or who knowingly presents or
11 causes to be presented a bill or request for payment of
12 charges to a medicare beneficiary in excess of the amount
13 allowed in [section 2] shall upon conviction be fined not
14 more than \$2,000.

15 NEW SECTION. Section 4. Notice required. Each health
16 care provider shall post a copy of [sections 1 through 4] in
17 a conspicuous area in the health care provider's place of
18 business as notice to medicare beneficiaries concerning
19 their rights under [sections 1 through 4].

20 NEW SECTION. Section 5. Exemptions. Services billed as
21 office or home visits that are listed as procedure codes
22 90,000 through 90,170 in the Physicians Current Procedural
23 Terminology, fourth edition, 1986, published by the American
24 medical association, are exempt from the provisions of
25 [sections 1 through 4]. As applies to office or home visits

1 for dentists, podiatrists, optometrists, and chiropractors,
2 procedure codes are the same as or equivalent to those used
3 for doctors of medicine or osteopathy.

4 NEW SECTION. **Section 6. Repealer.** Section 53-5-901,
5 MCA, is repealed.

6 NEW SECTION. **Section 7. Codification instruction.**
7 [Sections 1 through 5] are intended to be codified as an
8 integral part of Title 30, chapter 14, and the provisions of
9 Title 30, chapter 14, apply to [sections 1 through 5].

10 NEW SECTION. **Section 8. Effective date.** [This act] is
11 effective July 1, 1993.

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