

By: Coleman

H.B. No. 2579

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to the provision of health care services to an employee who  
3 sustains a compensable injury.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 408.0042(d), Labor Code, is amended to  
6 read as follows:

7 (d) Any treatment for an injury or diagnosis that is not  
8 accepted by the insurance carrier under Subsection (c) as  
9 compensable at the time of the medical examination under Subsection  
10 (a) must be preauthorized before treatment is rendered. If the  
11 insurance carrier preauthorizes treatment and treatment is  
12 rendered, the insurance carrier may not deny payment based on  
13 compensability. If the insurance carrier denies preauthorization  
14 because the treatment is for an injury or diagnosis unrelated to the  
15 compensable injury, the injured employee may seek a prompt  
16 evaluation by an appropriate health care provider and the injured  
17 employee or affected health care provider may file an extent of  
18 injury dispute. A dispute under this subsection must be heard not  
19 later than the seventh day after the date preauthorization is  
20 denied.

21 SECTION 2. Section 408.0231(b), Labor Code, is amended to  
22 read as follows:

23 (b) The commissioner by rule shall establish criteria for:

24 (1) deleting or suspending a doctor from the list of

1 approved doctors;

2 (2) imposing sanctions on a doctor or an insurance  
3 carrier as provided by this section;

4 (3) monitoring of utilization review agents, as  
5 provided by a memorandum of understanding between the division and  
6 the Texas Department of Insurance; and

7 (4) authorizing increased or reduced utilization  
8 review and preauthorization controls on a doctor, as provided by a  
9 memorandum of understanding between the commissioner and the  
10 commissioner of insurance.

11 SECTION 3. Section 408.027(a), Labor Code, is amended to  
12 read as follows:

13 (a) A health care provider shall submit a claim for payment  
14 to the insurance carrier not later than the 180th [~~95th~~] day after  
15 the date on which the health care services are provided to the  
16 injured employee. Failure by the health care provider to timely  
17 submit a claim for payment constitutes a forfeiture of the  
18 provider's right to reimbursement for that claim for payment.

19 SECTION 4. Section 408.0271(a), Labor Code, is amended to  
20 read as follows:

21 (a) If the health care services provided to an injured  
22 employee are determined by the insurance carrier to be  
23 inappropriate, not later than the 180th day after the date of the  
24 insurance carrier's receipt of the claim, the insurance carrier  
25 shall:

26 (1) notify the health care provider in writing of the  
27 carrier's decision; and

1           (2) demand a refund by the health care provider of the  
2 portion of payment on the claim that was received by the health care  
3 provider for the inappropriate services.

4           SECTION 5. Section 413.014(b), Labor Code, is amended to  
5 read as follows:

6           (b) The commissioner by rule shall specify which health care  
7 treatments and services require express preauthorization or  
8 concurrent review by the insurance carrier. Treatments and  
9 services for a medical emergency or that fall within treatment  
10 guidelines adopted under Section 413.011(e) do not require express  
11 preauthorization.

12           SECTION 6. Section 413.016, Labor Code, is amended by  
13 adding Subsection (c) to read as follows:

14           (c) A health care provider does not commit a violation and  
15 is not subject to an administrative penalty under Section  
16 415.003(4) solely on the basis that the provider has billed the  
17 provider's usual charges for the service provided.

18           SECTION 7. Section 413.031(d), Labor Code, is amended to  
19 read as follows:

20           (d) A review of the medical necessity of a health care  
21 service requiring preauthorization under Section 413.014 or  
22 commissioner rules under that section or Section 413.011(g) shall  
23 be conducted by an independent review organization under Chapter  
24 4202 [Article 21.58C], Insurance Code, in the same manner as  
25 reviews of utilization review decisions by health maintenance  
26 organizations. ~~[It is a defense for the insurance carrier if the~~  
27 ~~carrier timely complies with the decision of the independent review~~

1 ~~organization.]~~

2 SECTION 8. Section 408.024, Labor Code, is repealed.

3 SECTION 9. The change in law made by this Act applies only  
4 to a claim for workers' compensation benefits based on a  
5 compensable injury that occurs on or after the effective date of  
6 this Act. A claim based on a compensable injury that occurs before  
7 that date is governed by the law in effect on the date that the  
8 compensable injury occurred, and the former law is continued in  
9 effect for that purpose.

10 SECTION 10. This Act takes effect September 1, 2007.