249a

unless:

House Amendments

February 26, 2025 10:10 AM

Amended Excerpts

1. Line 208 through 209a: 208 credit card or other similar arrangement. 209 (d) An insurer shall $\hat{H} \rightarrow [\{ \{ accept \} \}]$ allow $\leftarrow \hat{H}$ a tangible check as a form 209a of acceptable payment. 2. Line 240 through 241a: (a) based on the provider's contracted fee for covered services, uses downcoding in a 240 241 manner that prevents a dental provider from collecting the $\hat{H} \rightarrow \text{contracted} \leftarrow \hat{H}$ fee for 241a the actual service 3. Line 245 through 247a: 245 a procedure that may be provided in conjunction with another procedure[-]; 246 (c) does not allow a dental provider to $\hat{H} \rightarrow [\{bill\}]$ seek payment of the contracted fee for a covered service from $\leftarrow \hat{H}$ the patient $\hat{H} \rightarrow [\{for \ a \ service\}] \leftarrow \hat{H}$ 246a 246b when the insurer 247 denies $\hat{H} \rightarrow [\{ \{ the claim \} \}]$ payment $\leftarrow \hat{H}$ for the service, unless under 247a generally accepted practice standards, 4. Line 248 through 249a: 248 the service performed should not be billed; or 249 (d) $\hat{H} \rightarrow \frac{1}{2026}$ beginning January 1, 2026, $\leftarrow \hat{H}$ automatically recoups an overpayment