

HOUSE BILL No. 5317

November 13, 2003, Introduced by Reps. Richardville and Julian and referred to the Committee on Insurance.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
by amending section 3157 (MCL 500.3157).

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 3157. (1) A physician, hospital, clinic, or other
2 person or institution lawfully rendering treatment to an injured
3 person for an accidental bodily injury covered by personal
4 protection insurance, and a person or institution providing
5 rehabilitative occupational training following the injury, may
6 charge a reasonable amount for the products, services, and
7 accommodations rendered. The charge shall not exceed the amount
8 the person or institution customarily charges for like products,
9 services, and accommodations in cases not involving insurance.

10 (2) All charges under subsection (1) that are billed by paper
11 shall use the same claim forms and coding policies required for

1 seeking payment under title XVIII of the social security act, 42
2 USC 1395 to 1395ggg, and the same code sets required under the
3 standards for electronic transactions, 45 CFR parts 160 and 162,
4 adopted pursuant to sections 1320d to 1320d-8 of the health
5 insurance portability and accountability act of 1996, 42 USC
6 1320d to 1320d-8. If an insurer establishes an electronic claims
7 submission process and the charges under subsection (1) are
8 billed electronically, those charges shall be billed in
9 accordance with the standards for electronic transactions, 45 CFR
10 parts 160 and 162, adopted pursuant to sections 1320d to 1320d-8
11 of the health insurance portability and accountability act of
12 1996, 42 USC 1320d to 1320d-8, and shall be submitted using the
13 same coding policies required for seeking payment under title
14 XVIII of the social security act, 42 USC 1395 to 1395ggg.

15 (3) If claim forms, coding policies, or standards for
16 electronic transactions under subsection (2) are amended after
17 the effective date of the amendatory act that added this
18 subsection, the commissioner shall determine whether those
19 changes shall apply to charges submitted under subsection (1).
20 In making this determination, the commissioner shall consider
21 whether the amendments further the goal of uniform submission of
22 charges under subsection (1).

23 (4) All charges under subsection (1) shall be billed to the
24 appropriate insurer within 60 days after each product or service
25 is rendered or within 60 days after the date that the person or
26 institution knew or should have known the identity of the
27 appropriate insurer, whichever period is later.

1 (5) All initial and subsequent charges billed to an insurer
2 or the injured person shall be accompanied by updated treatment
3 notes indicating diagnosis and further treatment plans. These
4 updated treatment notes and plans shall be provided at no cost to
5 the insurer or the injured person.

6 (6) A physician, hospital, clinic, or other person or
7 institution lawfully rendering treatment in this state to an
8 injured person for an accidental bodily injury covered by
9 personal protection insurance, and a person or institution
10 providing rehabilitative occupational training in this state
11 following the injury, shall be fully licensed or registered as
12 required by this state to render such treatment or training.

13 (7) Charges submitted that are not in compliance with this
14 section are not payable by the insurer or the injured person and
15 are not considered received or overdue under this chapter.