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## **SENATE BILL No. 878**

September 25, 2009, Introduced by Senator KAHN and referred to the Committee on Economic Development and Regulatory Reform.

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:

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

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- 1 (2) ALL CHARGES UNDER SUBSECTION (1) THAT ARE SUBMITTED BY
- 2 PAPER TO THE APPROPRIATE INSURER ON BEHALF OF THE INJURED PERSON
- 3 SHALL USE THE SAME CLAIM FORMS REQUIRED FOR SEEKING PAYMENT UNDER
- 4 TITLE XVIII OF THE SOCIAL SECURITY ACT, 42 USC 1395 TO 1395III, AND
- 5 THE SAME CODE SETS REQUIRED UNDER THE STANDARDS FOR ELECTRONIC
- 6 TRANSACTIONS, 45 CFR PARTS 160 AND 162, ADOPTED PURSUANT TO
- 7 SECTIONS 1320D TO 1320D-8 OF THE HEALTH INSURANCE PORTABILITY AND
- 8 ACCOUNTABILITY ACT OF 1996, 42 USC 1320D TO 1320D-8. IF AN INSURER
- 9 ESTABLISHES AN ELECTRONIC CLAIMS SUBMISSION PROCESS AND THE CHARGES
- 10 UNDER SUBSECTION (1) ARE BILLED ELECTRONICALLY, THOSE CHARGES SHALL
- 11 BE BILLED IN ACCORDANCE WITH THE STANDARDS FOR ELECTRONIC
- 12 TRANSACTIONS, 45 CFR PARTS 160 AND 162, ADOPTED PURSUANT TO
- 13 SECTIONS 1320D TO 1320D-8 OF THE HEALTH INSURANCE PORTABILITY AND
- 14 ACCOUNTABILITY ACT OF 1996, 42 USC 1320D TO 1320D-8.
- 15 (3) IF CLAIM FORMS, CODE SETS, OR STANDARDS FOR ELECTRONIC
- 16 TRANSACTIONS UNDER SUBSECTION (2) ARE AMENDED AFTER THE EFFECTIVE
- 17 DATE OF THE AMENDATORY ACT THAT ADDED THIS SUBSECTION, THE
- 18 COMMISSIONER SHALL DETERMINE WHETHER THOSE CHANGES SHALL APPLY TO
- 19 CHARGES SUBMITTED UNDER SUBSECTION (1). IN MAKING THIS
- 20 DETERMINATION, THE COMMISSIONER SHALL CONSIDER WHETHER THE
- 21 AMENDMENTS FURTHER THE GOAL OF UNIFORM SUBMISSION OF CHARGES UNDER
- 22 SUBSECTION (1).
- 23 (4) ALL CHARGES UNDER SUBSECTION (1) SHALL BE SUBMITTED ON
- 24 BEHALF OF THE INJURED PERSON TO THE AUTOMOBILE INSURER OR, IN THE
- 25 CASE OF A COORDINATED AUTOMOBILE INSURANCE POLICY, THE THIRD PARTY
- 26 PAYER, WITHIN 90 DAYS AFTER EACH PRODUCT OR SERVICE IS RENDERED OR
- 27 WITHIN 90 DAYS AFTER THE DATE THAT THE PERSON OR INSTITUTION KNEW

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- 1 OR SHOULD HAVE KNOWN THE IDENTITY OF THE APPROPRIATE AUTOMOBILE
- 2 INSURER OR THIRD PARTY PAYER, WHICHEVER PERIOD IS LATER. THIS 90-
- 3 DAY PERIOD IS TOLLED FROM THE DATE OF SUBMISSION TO A THIRD PARTY
- 4 PAYER TO THE DATE THE PERSON OR INSTITUTION RECEIVES A RESPONSE
- 5 FROM THE THIRD PARTY PAYER. THE AUTOMOBILE INSURER SHALL EXTEND THE
- 6 90-DAY TIME PERIOD UNDER THIS SUBSECTION IF A PERSON OR INSTITUTION
- 7 SUBMITS WRITTEN PROOF PROVIDING CLEAR AND REASONABLE JUSTIFICATION
- 8 FOR THE FAILURE TO COMPLY WITH THE 90-DAY PERIOD.
- 9 (5) IF LICENSURE OR REGISTRATION IS REQUIRED BY THIS STATE, A
- 10 PHYSICIAN, HOSPITAL, CLINIC, OR OTHER PERSON OR INSTITUTION
- 11 LAWFULLY RENDERING TREATMENT IN THIS STATE TO AN INJURED PERSON FOR
- 12 AN ACCIDENTAL BODILY INJURY COVERED BY PERSONAL PROTECTION
- 13 INSURANCE, AND A PERSON OR INSTITUTION PROVIDING REHABILITATIVE
- 14 OCCUPATIONAL TRAINING IN THIS STATE FOLLOWING THE INJURY, SHALL BE
- 15 FULLY LICENSED OR REGISTERED TO RENDER THAT TREATMENT OR TRAINING.
- 16 (6) SUBSECTION (4) DOES NOT APPLY TO HOSPITALS. THIS SECTION
- 17 DOES NOT APPLY TO ATTENDANT CARE IF PROVIDED BY AN INDIVIDUAL
- 18 RELATED TO THE INJURED PERSON BY BLOOD, MARRIAGE, OR ADOPTION; BY
- 19 ANY NONRELATED PERMANENT RESIDENT OF THE INJURED PERSON'S
- 20 HOUSEHOLD; OR BY ANY OTHER INDIVIDUAL IF THAT INDIVIDUAL IS NOT
- 21 REQUIRED TO BE LICENSED OR REGISTERED TO PROVIDE THOSE SERVICES.