



February 12, 1999

## SENATE BILL No. 133

DIGEST OF SB 133 (Updated February 10, 1999 11:05 a.m.) - DI KCC)

**Citations Affected:** IC 12-15.

**Synopsis:** Medicaid physician services. Extends for two years a statute requiring that, under the Medicaid primary care case management program, physician services provided to a program enrollee in a hospital emergency department must be at a rate of 100% of rates payable under the Medicaid fee structure, if the service is authorized by the enrollee's primary medical provider.

**Effective:** July 1, 1999.

**Miller**

January 6, 1999, read first time and referred to Committee on Rules and Legislative Procedure.  
February 11, 1999, amended; reassigned to Committee on Health and Provider Services.

SB 133—LS 6769/DI 13+



C  
O  
P  
Y

February 12, 1999

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

C  
O  
P  
Y

## SENATE BILL No. 133



A BILL FOR AN ACT to amend the Indiana Code concerning human services.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 12-15-15-2.5 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2.5. (a) Payment for  
3 physician services provided in the emergency department of a hospital  
4 licensed under IC 16-21 must be at a rate of one hundred percent  
5 (100%) of rates payable under the Medicaid fee structure.

6 (b) The payment under subsection (a) must be calculated using the  
7 same methodology used for all other physicians participating in the  
8 Medicaid program.

9 (c) Physicians must be reimbursed for federally required medical  
10 screening exams using the Current Procedural Terminology (CPT)  
11 codes 99281, 99282, or 99283 described in the Current Procedural  
12 Terminology Manual published annually by the American Medical  
13 Association, without authorization by the enrollee's primary medical  
14 provider.

15 (d) Payment for all other physician services provided in an  
16 emergency department of a hospital to enrollees in the Medicaid  
17 Primary Care Case Management program must be at a rate of one

SB 133—LS 6769/DI 13+



1 hundred percent (100%) of the Medicaid fee structure rates, provided  
2 the service is authorized, prospectively or retrospectively, by the  
3 enrollee's primary medical provider.

4 (e) This section does not apply to a person enrolled in the Medicaid  
5 Risk-Based Managed Care program.

6 (f) This section expires July 1, ~~1999~~ **2001**.

C  
o  
p  
y



COMMITTEE REPORT

Mr. President: The Senate Committee on Rules and Legislative Procedure, to which was referred Senate Bill No. 133, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill be reassigned to the Senate Committee on Health and Provider Services.

(Reference is to SB 133 as introduced.)

GARTON, Chairperson

C  
o  
p  
y

