

STATE OF OKLAHOMA

2nd Session of the 50th Legislature (2006)

HOUSE BILL 2108

By: Cox

AS INTRODUCED

An Act relating to anatomic pathology services; creating billing requirements; defining terms; providing penalties; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 537 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. A clinical laboratory or physician, located in this state or in another state, providing anatomic pathology services for patients in this state shall present or cause to be presented a claim, bill, or demand for payment for these services only to the following:

1. The patient directly;
2. The responsible insurer or other third-party payor;
3. The hospital, public health clinic, or nonprofit health clinic ordering the services;
4. The referring laboratory, other than a laboratory of an office of a physician or group practice that does not perform the technical or professional component of the anatomic pathology service for which the claim, bill, or demand is presented; and
5. Governmental agencies and the specified public or private agent, agency, or organization of the governmental agency on behalf of the recipient of the services.

B. Except as provided under subsection F of this section, no licensed practitioner in the state shall, directly or indirectly, charge, bill, or otherwise solicit payment for anatomic pathology

services unless the services were rendered personally by the licensed practitioner or under the direct supervision of the licensed practitioner in accordance with Section 353 of the Public Health Service Act (42 U.S.C. 263a).

C. No patient, insurer, third-party payor, hospital, public health clinic, or nonprofit health clinic shall be required to reimburse any licensed practitioner for charges or claims submitted in violation of this section.

D. Nothing in this section shall be construed to mandate the assignment of benefits for anatomic pathology services.

E. For purposes of this section, "anatomic pathology services" means:

1. Histopathology or surgical pathology meaning the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician;

2. Cytopathology meaning the examination of cells from fluids, aspirates, washings, brushings, or smears including the Pap test examination performed by a physician or under the supervision of a physician;

3. Hematology meaning the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician, or under the supervision of a physician, and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist;

4. Subcellular pathology and molecular pathology; and

5. Blood-banking services performed by pathologists.

F. The provisions of this section shall not prohibit billing of a referring laboratory for anatomic pathology services in instances where a sample or samples must be sent to another specialist, except that for purposes of this subsection, "referring laboratory" does not include a laboratory of an office of a physician or group

practice that does not perform the technical or professional component of the anatomic pathology service involved.

G. The respective state licensing boards having jurisdiction over any practitioner requesting or providing anatomic pathology services may revoke, suspend, or deny renewal of the license of any practitioner who violates the provisions of this section.

SECTION 2. This act shall become effective November 1, 2006.

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