

1 STATE OF OKLAHOMA

2 2nd Session of the 58th Legislature (2022)

3 HOUSE BILL 3023

By: Worthen

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5
6 AS INTRODUCED

7 An Act relating to dental insurance claims; defining
8 terms; making certain requirements; providing
9 standards for requirements; providing for
10 codification; and providing an effective date.

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

12 SECTION 1. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 7500 of Title 36, unless there
14 is created a duplication in numbering, reads as follows:

15 A. As used in this section:

16 1. "Bundling" means the practice of combining distinct dental
17 procedures into one procedure for billing purposes;

18 2. "Covered services" means services covered by the dental
19 plan;

20 3. "Dental plan" means and shall include any policy of
21 insurance which is issued by a health benefit plan which provides
22 for coverage of dental services not in connection with a medical
23 plan;

1 4. "Downcoding" means the adjustment of a claim submitted to a
2 dental plan to a less complex or lower cost procedure code; and

3 5. "Health benefit plan" means any plan or arrangement as
4 defined in subsection C of Section 6060.4 of Title 36 of the
5 Oklahoma Statutes or any dental service corporation authorized
6 pursuant to Section 2671 of Title 36 of the Oklahoma Statutes;

7 6. "Material change" means a change to the following:

- 8 a. a dental plan's rules, guidelines, policies, or
- 9 procedures concerning payment for dental services,
- 10 b. the general practices of the dental plan that affect
- 11 reimbursements paid to providers, or
- 12 c. how a dental plan adjudicates and pays claims for
- 13 services.

14 B. An insurer that contracts or renews a contract with a dental
15 provider shall:

16 1. Make the insurer's current dental plan policies available
17 online; and

18 2. If requested by a provider, send a copy of the policies to
19 the provider through mail or electronic mail.

20 C. Dental policies and plans as described in subsection B of
21 this section shall provide the following to providers:

22 1. A summary of all material changes made to a dental plan
23 since the policies were last updated;

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1 2. The downcoding and bundling policies that the insurer
2 reasonably expects to be applied to the dental provider or
3 provider's services as a matter of policy; and

4 3. A description of the dental plan's utilization review
5 procedures, including:

6 a. a procedure for an enrollee of the dental plan to
7 obtain a review of an adverse determination, and

8 b. a statement of a provider's rights and
9 responsibilities regarding the procedures described in
10 subparagraph a of this paragraph.

11 D. An insurer may not maintain a dental plan that:

12 1. Based on the provider's contracted fee for covered
13 services, uses downcoding in a manner that prevents a dental
14 provider from collecting the fee for actual services performed
15 either from the plan or the patient; or

16 2. Uses bundling in a manner where a procedure code is labeled
17 as nonbillable to the patient unless, under generally accepted
18 practice standards, the procedure code is for a procedure that may
19 be provided in conjunction with another procedure.

20 E. An insurer shall ensure that an explanation of benefits for
21 a dental plan includes the reason for any downcoding or bundling
22 result.

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SECTION 2. This act shall become effective November 1, 2022.

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