

AMENDMENTS TO LB 1104

Introduced by Health and Human Services.

1 1. Strike original section 3 and insert the following new
2 section:

3 Sec. 3. (1) A licensee or an applicant for a license to
4 practice medicine and surgery or osteopathic medicine and surgery
5 shall not:

6 (a) Add a markup, commission, or profit on a professional
7 service or other service rendered by another physician; or

8 (b) Directly or indirectly increase the actual amount
9 to be paid for a professional service or other service if the
10 applicant or licensee was a referring physician who ordered but did
11 not supervise or perform the service.

12 (2) A licensee or an applicant for a license to practice
13 medicine and surgery or osteopathic medicine and surgery who is a
14 referring physician who ordered but did not supervise or perform
15 a professional service may add a reasonable handling, conveyance,
16 acquisition, or processing charge if:

17 (a) The patient is made aware of the added charge;

18 (b) The added charge is commensurate with the handling,
19 conveyance, acquisition, or processing service rendered by the
20 licensee or applicant or his or her practice; and

21 (c) Such charge is appended with (i) the appropriate
22 American Medical Association current procedural terminology code
23 for handling, conveyance, acquisition, and processing of the

1 specimen or (ii) the appropriate American Medical Association
2 current procedural terminology code modifier indicating that a
3 professional service or laboratory service was performed by another
4 party.

5 (3) A licensee or an applicant for a license to practice
6 medicine and surgery or osteopathic medicine and surgery who
7 orders or provides any professional service, clinical or technical
8 laboratory service, or procedure shall disclose in a bill or
9 statement presented to the patient, insurer, or other third-party
10 payor:

11 (a) An itemized list of the actual amount paid or to
12 be paid for each professional service, clinical or technical
13 laboratory service, or procedure ordered or provided by the
14 applicant or licensee and any other charge incurred;

15 (b) The name and address of each provider, if different
16 from that of the applicant or licensee, of each professional
17 service, clinical or technical laboratory service, or procedure;
18 and

19 (c) Written notice that meets the requirements of
20 subdivision (2)(c) of this section regarding any charge added
21 pursuant to subsection (2) of this section.

22 (4) For purposes of this section:

23 (a)(i) Anatomic pathology service means histopathology
24 or surgical pathology, cytopathology, hematology, subcellular
25 pathology and molecular pathology, or blood-banking services
26 performed by a pathologist.

27 (ii) Anatomic pathology service does not include the

1 initial collection or packaging of the specimen for transport or
2 histologic processing or microscopic slide preparation;

3 (b) Anesthesiology service means the taking of a
4 medical history and the performance of a physical examination in
5 conjunction with the administration of anesthesia;

6 (c) Laboratory service means laboratory tests or
7 procedures, including blood tests not interpreted by a physician,
8 and histologic processing or microscopic slide preparation;

9 (d) Professional service includes, but is not limited
10 to, the taking of a medical history, the performance of a
11 physical examination, radiology services, anesthesiology services,
12 and anatomic pathology services; and

13 (e) Radiology service means a radiologic procedure and
14 interpretation of radiologic test results.