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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 2263 Session of  
2014

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INTRODUCED BY BOBACK, SAYLOR, MILLARD, SWANGER, COHEN,  
YOUNGBLOOD, GINGRICH, ROZZI, MURT, V. BROWN, HEFFLEY,  
STEVENSON, ROCK AND LUCAS, MAY 28, 2014

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REFERRED TO COMMITTEE ON INSURANCE, MAY 28, 2014

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AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An  
2 act relating to insurance; amending, revising, and  
3 consolidating the law providing for the incorporation of  
4 insurance companies, and the regulation, supervision, and  
5 protection of home and foreign insurance companies, Lloyds  
6 associations, reciprocal and inter-insurance exchanges, and  
7 fire insurance rating bureaus, and the regulation and  
8 supervision of insurance carried by such companies,  
9 associations, and exchanges, including insurance carried by  
10 the State Workmen's Insurance Fund; providing penalties; and  
11 repealing existing laws," further providing for forms for  
12 health insurance claims.

13 The General Assembly of the Commonwealth of Pennsylvania  
14 hereby enacts as follows:

15 Section 1. Section 1202 of the act of May 17, 1921 (P.L.682,  
16 No.284), known as The Insurance Company Law of 1921, added  
17 December 15, 1992 (P.L.1129, No.148), is amended to read:

18 Section 1202. Forms for Health Insurance Claims.--(a) Each  
19 health insurance claim form processed or otherwise used by an  
20 insurer, including those used by the Department of Public  
21 Welfare for public health care coverage, shall be the uniform  
22 claim form developed by the department. The claim form shall be

1 identical in form and content except as provided in [subsection  
2 (c)] subsections (c) and (c.1). The department shall, in  
3 consultation with the Department of Public Welfare, insurers and  
4 health care providers or their representatives, first consider  
5 the feasibility of utilizing the UB-82/HCFA-1450 and HCFA-1500  
6 forms, or their successors, as a uniform claim form. If these  
7 forms are deemed to be unsatisfactory, the department shall, in  
8 consultation with the Department of Public Welfare, insurers and  
9 health care providers or their representatives, develop a  
10 uniform claim form for use by all insurers, the Department of  
11 Public Welfare's public health care coverage program and health  
12 care providers. The uniform claim form shall contain blank  
13 spaces at appropriate places in the document for approved  
14 additional information requests under subsection (c).

15 (b) The feasibility study and subsequent development of the  
16 uniform claim form shall be complete within one hundred eighty  
17 (180) days of the effective date of this article. All insurers,  
18 the Department of Public Welfare's public health care coverage  
19 program and health care providers shall be required to use the  
20 uniform claim form within one hundred twenty (120) days after  
21 the uniform claim form is developed. The department may consider  
22 a request from the Department of Public Welfare for an extension  
23 in meeting the implementation schedule of this section.

24 (c) (1) Subject to the procedure contained in clause (2),  
25 an insurer may request that a claimant provide departmentally  
26 approved additional information which is not requested on the  
27 uniform claim form.

28 (2) An insurer may request departmental approval of  
29 additional information requests to be printed in the blank  
30 spaces on the uniform claim form, and on subsequent pages if

1 necessary, by submitting a written request to the department.  
2 Such a request shall be deemed approved by the department if not  
3 disapproved within sixty (60) days after receipt of the request.  
4 A disapproval shall be subject to the procedures under 2 Pa.C.S.  
5 (relating to administrative law and procedure).

6 (c.1) If, in a dental claim form, an insured specifically  
7 authorizes payment of benefits directly to an entity or person  
8 who provided dental services in accordance with the provisions  
9 of the policy, the insurer shall make the payment to the  
10 specified provider of the dental services. The insurance  
11 contract may not prohibit, and claim forms must provide an  
12 option for, the payment of benefits directly to the specified  
13 provider of the dental services. The insurer may require written  
14 attestation of the assignment of the payment. Payment to the  
15 specified provider of the dental services from the insurer may  
16 not be more than the amount that the insurer would otherwise  
17 have paid without the assignment of payment.

18 (d) In the case of vision and dental claim forms and in the  
19 case of supplemental major medical claim forms, utilization of  
20 the uniform claim form shall be at the discretion of the  
21 individual insurer.

22 Section 2. This act shall take effect in 60 days.