

HOUSE BILL NO. 238

INTRODUCED BY A. OLSZEWSKI

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A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING REIMBURSEMENT RATES FOR DENTAL SERVICES PROVIDED UNDER THE MEDICAID PROGRAM; AMENDING SECTION 53-6-124, MCA; AND PROVIDING AN EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Dental services reimbursement. (1) The fee for a covered service provided by a dentist under the medicaid program is determined by multiplying the conversion factor for dentists times the relative value unit for that service times any applicable policy adjusters.

(2) The conversion factor for state fiscal year 2016 and subsequent fiscal years must be increased, at a minimum, by the same percentage increase as the consumer price index for medical care for the previous year, as calculated by the bureau of labor statistics of the United States department of labor. The department shall use the conversion factor it established for fiscal year 2015 to calculate the increase for fiscal year 2016.

(3) In addition to the increase provided for in this section, the conversion factor for services provided by dentists must be increased by any other amount approved by the legislature for other medicaid providers.

Section 2. Section 53-6-124, MCA, is amended to read:

"53-6-124. Definitions. As used in 53-6-125, 53-6-127, [section 1], and this section, the following definitions apply:

(1) "Conversion factor" means the dollar value that is multiplied by the appropriate relative value unit to calculate a price for a service provided by a physician or a dentist.

(2) "Dentist" means a person practicing dentistry as provided in 37-4-101(2).

~~(2)~~(3) "Department" means the department of public health and human services.

~~(3)~~(4) "Medicaid" means the Montana medical assistance program established under Title 53, chapter 6.

~~(4)~~(5) "Physician" has the meaning provided in 37-3-102.

~~(5)~~(6) "Policy adjuster" means a factor by which the fee determined under 53-6-125 is multiplied to



1 increase the fee paid by medicaid for certain categories of services.

2 ~~(6)(7)~~ "Relative value unit" means a numerical value assigned in the resource-based relative value scale
3 to each procedure code used to bill for services provided by a physician.

4 ~~(7)(8)~~ "Resource-based relative value scale" means the medicare resource-based relative value scale
5 contained in the physician's medicare fee schedule adopted by the centers for medicare and medicaid services
6 of the U.S. department of health and human services."

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8 NEW SECTION. **Section 3. Codification instruction.** [Section 1] is intended to be codified as an
9 integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [section 1].

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11 NEW SECTION. **Section 4. Effective date.** [This act] is effective July 1, 2015.

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