

Stricken language would be deleted from and underlined language would be added to present law.
Act 1233 of the Regular Session

State of Arkansas
89th General Assembly
Regular Session, 2013

As Engrossed: S3/26/13 S4/2/13
A Bill

SENATE BILL 455

By: Senator Maloch

For An Act To Be Entitled

AN ACT TO CLARIFY THE HEALTH INSURANCE PAYMENT
PROCESS FOR ORTHOTIC DEVICES AND PROSTHETIC SERVICES;
AND FOR OTHER PURPOSES.

Subtitle

TO CLARIFY THE HEALTH INSURANCE PAYMENT
PROCESS FOR ORTHOTIC DEVICES AND
PROSTHETIC SERVICES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 23-99-417(a)(1), concerning insurance coverage required for orthotic devices and prosthetic services, is amended to read as follows:

(a)(1) Subject to subdivision (a)(2) of this section and subsections (b) and (c) of this section, a health benefit plan that is issued for delivery, delivered, renewed, or otherwise contracted for in this state shall provide coverage for eligible charges within limits of coverage that are no less than eighty percent (80%) of Medicare allowable as defined by the Centers for Medicare & Medicaid Services, Healthcare Common Procedure Coding System as of January 1, 2009, or as of a later date if adopted by rule of the Insurance Commissioner for:

- (A) An orthotic device;*
- (B) An orthotic service;*
- (C) A prosthetic device; and*
- (D) A prosthetic service.*



SECTION 2. Arkansas Code § 23-99-417, concerning insurance coverage required for orthotic devices and prosthetic services, is amended to add an additional subsection to read as follows:

(e) The commissioner may:

(1) Issue a rule governing payment standards for health benefit plans under subdivision (a)(1) of this section; and

(2) Adopt necessary rules to enforce this section.

/s/Maloch

APPROVED: 04/16/2013