DISCLAIMER

The South Carolina Legislative Council is offering access to the unannotated South Carolina Code of Laws on the Internet as a service to the public. The unannotated South Carolina Code on the General Assembly's website is now current through the 2013 session. The unannotated South Carolina Code, consisting only of Code text, numbering, and history may be copied from this website at the reader's expense and effort without need for permission.

The Legislative Council is unable to assist users of this service with legal questions. Also, legislative staff cannot respond to requests for legal advice or the application of the law to specific facts. Therefore, to understand and protect your legal rights, you should consult your own private lawyer regarding all legal questions.

While every effort was made to ensure the accuracy and completeness of the unannotated South Carolina Code available on the South Carolina General Assembly's website, the unannotated South Carolina Code is not official, and the state agencies preparing this website and the General Assembly are not responsible for any errors or omissions which may occur in these files. Only the current published volumes of the South Carolina Code of Laws Annotated and any pertinent acts and joint resolutions contain the official version.

Please note that the Legislative Council is not able to respond to individual inquiries regarding research or the features, format, or use of this website. However, you may notify the Legislative Services Agency at [LSA@scstatehouse.gov](mailto:LPITS@scstatehouse.net) regarding any apparent errors or omissions in content of Code sections on this website, in which case LSA will relay the information to appropriate staff members of the South Carolina Legislative Council for investigation.

CHAPTER 132.

DIRECT SUBMISSION OF CLAIMS FOR ANATOMIC PATHOLOGY SERVICES

**SECTION 44‑132‑10.** Claims for services.

Except as provided in Section 44‑132‑20, no person licensed to practice in this State as a physician, surgeon, or osteopath, a dentist or dental surgeon, a nurse practitioner, or a physician's assistant shall charge, bill, or otherwise solicit payment for outpatient anatomic pathology services unless the services were rendered personally by the licensed practitioner or under the licensed practitioner's supervision.

HISTORY: 2005 Act No. 10, Section 5, eff January 13, 2005.

**SECTION 44‑132‑20.** Submission of bills by persons licensed to practice medicine.

A person who is licensed to practice medicine in this State or the professional legal entity of which the person is a shareholder, partner, employee, or owner, may submit a bill for outpatient anatomic pathology services only to:

(1) the patient directly;

(2) the responsible insurer or other third‑party payor;

(3) the hospital, public health clinic, or nonprofit health clinic; or

(4) the referral laboratory or the primary laboratory.

HISTORY: 2005 Act No. 10, Section 5, eff January 13, 2005.

**SECTION 44‑132‑30.** Revocation or suspension of license; reimbursement for charges submitted in violation of chapter.

The health professional licensing boards of this State which license and regulate the practitioners specified in Section 44‑132‑10, in addition to all other authority granted to them under state law, may revoke, suspend, or deny the renewal of the license of any practitioner who violates the provisions of this chapter. In addition, no patient, insurer, third‑party payor, hospital, public health clinic, or nonprofit health clinic is required to reimburse these practitioners for charges or bills submitted in violation of this chapter.

HISTORY: 2005 Act No. 10, Section 5, eff January 13, 2005.

**SECTION 44‑132‑40.** Billing between laboratories.

The provisions of this chapter do not prohibit billing between laboratories for anatomic pathology services in instances where a sample or samples must be sent to another specialist.

HISTORY: 2005 Act No. 10, Section 5, eff January 13, 2005.

**SECTION 44‑132‑50.** Definition.

For purposes of this chapter, the term "anatomic pathology services" means:

(1) histopathology or surgical pathology meaning the gross and microscopic examination of organ tissue performed by a physician or osteopath or under the supervision of a physician or osteopath;

(2) cytopathology meaning the examination of cells, from fluids, washings, brushings, or smears, including the Pap test examination performed by a physician or osteopath or under the supervision of a physician or osteopath;

(3) hematology meaning the microscopic evaluation of bone marrow aspirations and biopsies performed by a physician or osteopath, or under the supervision of a physician or osteopath, and peripheral blood smears when the attending or treating physician or osteopath, or technologist requests that a blood smear be reviewed by a pathologist;

(4) sub‑cellular pathology and molecular pathology; and

(5) blood‑banking services performed by pathologists. This chapter does not apply to any clinical laboratory service that is not included in the definition of anatomic pathology as set forth in this section. Nothing contained in this chapter may be construed to prohibit payments for anatomic pathology services by government agencies or their specified public or private agent, agency, or organization on behalf of the recipient of the services. Nothing in this chapter may be construed to mandate the right of assignment of benefits for anatomic pathology services as defined in this chapter.

HISTORY: 2005 Act No. 10, Section 5, eff January 13, 2005.