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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.