

TITLE 365. INSURANCE DEPARTMENT
CHAPTER 10. LIFE, ACCIDENT AND HEALTH
SUBCHAPTER 1. GENERAL PROVISIONS
PART 3. STANDARDIZED HEALTH CLAIM FORMS

365:10-1-30. Applicability and scope

As defined in 365:10-1-31, this Part is applicable to all:

- (1) third party payors,
- (2) health care practitioners, and
- (3) hospitals.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94]

365:10-1-31. Definitions

The following words or terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

"ADA-1990 Dental Claim Form" means the uniform dental claim form approved by the American Dental Association for use by dentists.

"CDT-1 Codes" means the current dental terminology, and its successors, required by the American Dental Association.

"CPT-4 Codes" means the current procedural terminology published by the American Medical Association.

"HCFA" means the federal Health Care Financing Administration of the United States Department of Health and Human Services.

"HCFA Form 1491" means the health insurance claim form and its electronic successor or equivalent published by HCFA for use by health care practitioners to be used in filing claims for transportation and/or ambulance services.

"HCFA Form 1500" means the health insurance claims form and its electronic successor or equivalent published by HCFA for use by health care practitioners.

"HCFA Form UB-82" means the health insurance claim form and its electronic successor or equivalent published by HCFA for use by hospitals.

"HCFA Form UB-92" means the health insurance claim form and its electronic successor or equivalent published by HCFA for use by hospitals.

"HCPCS" means HCFA's current common procedure coding system.

"Health care practitioner" means:

- (A) a chiropractor licensed under 59 O.S. §161.1 et seq.,
- (B) a corporation or partnership of health care practitioners as defined in this section and licensed under 59 O.S. §510,
- (C) a dentist licensed under 59 O.S. §328.60 et seq.,
- (D) a nurse licensed under 59 O.S. §567.1 et seq.,
- (E) a certified registered nurse anesthetist licensed under 59 O.S. §567.51,
- (F) a nurse-midwife licensed under 59 O.S. §577.1 et seq.,
- (G) an ophthalmologist licensed under 59 O.S. §481 et seq.,
- (H) an optometrist licensed under 59 O.S. §581 et seq.,
- (I) a physician licensed under 59 O.S. §481 et seq.,
- (J) a podiatrist licensed under 59 O.S. §135.1 et seq.,

- (K) a psychologist licensed under 59 O.S. §1351 et seq.,
- (L) therapists:
 - (i) a speech therapist licensed under 59 O.S. §1601 et seq.,
 - (ii) a physical therapist licensed under 59 §887.1 et seq.,
 - (iii) an occupational therapist licensed under 59 O.S. §888.1 et seq.
- (M) an osteopath licensed under 59 O.S. §620 et seq.,
- (N) a licensed social worker under 59 O.S. §1261.1 et seq.,
- (O) a licensed professional counselor licensed under 59 O.S. §1901 et seq.

"Hospital" means a hospital as defined in 63 O.S. §§1-701.

"ICD 10 Codes" means the current disease codes in the international classification of diseases published by the United States Department of Health and Human Services.

"Third party payor" means a person that administers or provides reimbursement for health care benefits on an expense incurred basis including:

- (A) Health Maintenance Organization issued a certificate of authority in accordance with 63 O.S. §2501, et seq.,
- (B) health insurer or nonprofit health service plan authorized to offer health insurance policies or contracts in this State in accordance with 36 O.S. §2601, et seq., or
- (C) third party administrator registered under 36 O.S. §1441 et seq.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94; Amended 29 Ok Reg 1257, eff 7-14-12]

365:10-1-32. Requirements for use of HCFA Form 1500 and HCFA Form 1491

- (a) Health care practitioners shall use the HCFA Form 1500 and instructions provided by HCFA for use of the HCFA Form 1500 when filing claims with third party payors for professional services. HCFA Form 1491 may be used instead of the HCFA Form 1500 when filing claims for transportation and/or ambulance services.
- (b) The requirement set forth in 365:10-1-32(a) does not apply to:
 - (1) dental services which are billed by dentists using the ADA-1990 Dental Claim Form and CDT-1 Codes, or
 - (2) pharmacists or pharmacies which are filing claims for prescription drugs.
- (c) A third party payor may not require a health care practitioner to use any coding system for the filing of claims for health care services other than the following:
 - (1) HCPCS Codes,
 - (2) ICD 10 Codes, or
 - (3) CPT Codes.
- (d) Except as provided in 365:10-1-36(c), a third party payor may not require a health care practitioner to use any other description with a code or to furnish additional information with the initial submission of a HCFA Form 1500 except under the following circumstances:
 - (1) when the procedure code used describes a treatment or service which is not otherwise classified, or
 - (2) when the procedure code is followed by modifiers in which case the practitioner may use the HCFA Form 1500 to explain the modifiers.
- (e) A health care practitioner may use the HCFA Form 1500 to indicate the form is an amended version of a form previously submitted to the third party payor by inserting the word "amended" in Box 19, currently titled "Reserved for Local Use".

(f) A health care practitioner whose billing is based on the amount of time involved shall indicate the number of units in Box 24G, currently titled "Days or Units", of the HCFA Form 1500 if it is not used to specify the number of days of treatment.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94; Amended at 29 Ok Reg 1257, eff 7-14-12]

365:10-1-33. Requirements for use of ADA-1990 Dental Claim Form

(a) A dentist shall use the ADA-1990 Dental Claim Form and instructions provided by the American Dental Association CDT-1 for use of the ADA-1990 Dental Claim Form for filing claims with third party payors for professional services.

(b) A third party payor may not require a dentist to use any code other than the CDT-1 codes for the initial filing of claims for dental care services.

[Source: Added at 11 Ok Reg , eff 7-1-94]

365:10-1-34. Requirements for use of HCFA Form UB-82 and UB-92

(a) For claims submitted before April 1, 1994, hospitals shall use either the HCFA Form UB-82 or UB-92 as mutually agreed to by the hospital and third party payor.

(b) For claims submitted on or after April 1, 1994, hospitals shall use HCFA Form UB-92 and its successors when billing third party payors for hospital services.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94]

365:10-1-35. Requirements for use of Universal Prescription Drug Claim Form

A pharmacist or pharmacy shall use the Universal Prescription Drug Claim Form for billing third party payors for prescription drugs.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94]

365:10-1-36. Claims processing

(a) A health care practitioner or hospital shall file a claim in a manner consistent with the requirements of this Part and in accordance with nationally recognized standards.

(b) A third party payor shall accept a form which is submitted in compliance with this Part for the processing of the third party payor's claims.

(c) When the legitimacy or appropriateness of the health care service is disputed, a third party payor may request additional medical information that describes and summarizes the diagnosis, treatment, and services rendered to the insured, member, or subscriber.

(d) All third party payors may obtain additional claims information, when necessary to determine eligibility for benefits or for determination of coverage, subject to the following:

- (1) third insured, member or subscriber,
- (2) the employer of the insured, member or subscriber, or
- (3) any other non-provider third party.

(e) All claims are subject to 36 O.S. §1219.

(f) All health care practitioners and hospitals shall:

- (1) Use the most current edition of the HCFA Form 1500, HCFA Form UB-82, HCFA Form UB-92, ADA-1990 Dental Claim Form, or Universal Prescription Drug Claim Form and most current instructions for these forms in the filing of claims with third party payors.
 - (2) Modify their billing practice to encompass the current coding changes by the effective date of the changes set forth by the developers of the forms, codes, and procedures required by this Part.
- (g) This Part is applicable to any claim received by a third party payor on or after July 1, 1994.

[Source: Added at 11 Ok Reg 3295, eff 7-1-94]