ASMA

Draft Language
HB 314 Sec. 2.

* Sec. 2. AS23.30.097(a) is repealed and reenacted to read:

(a) All fees and other charges for medical treatment or service are subject to regulation by the board consistent with this section. A fee or other charge for medical treatment or service provided on or after December 31, 2010 may not exceed the lowest of the actual fee or charge submitted for a medical treatment or service, the fee or charge for the medical treatment or service when provided to the general public, or the fee or charge for the medical treatment or service at the 90th percentile for fees or charges submitted from the community in which care rendered for the associated Category I Current Procedural Terminology Code as published by the American Medical Association; but not, in any event, to exceed a fee or charge for the medical service or treatment negotiated by the provider and the employer under (c) of this section. The board must either develop or designate a source for a database that contains the submitted fees associated with each Category I Current Procedural Terminology code published by the American Medical Association and adopt that by regulation. The database must contain:

(1) data for each community in Alaska, but may, if statistically credible amounts of data do not exist for a community, include data from other communities in an amount sufficient to provide statistically credible data. However, the data from each community used must be adjusted by an appropriate factor that reflects the difference in the cost of rendering care in those other communities. Likewise, if statistically credible data does not exist for any Category I Current Procedural Terminology Code in Alaska, data from outside of Alaska may be included in an amount necessary to provide for statistically credible data but an adjustment must be made to that data for the difference in the Consumer Price Index for all Urban Consumers as compiled by the United States Department of Labor, Bureau of Labor Statistics for the area outside Alaska to that of Anchorage;

(2) the database for each ensuing calendar year must include those submitted fees or charges for each Category I Current Procedural Terminology Code for the most recent, previous twelve month period, and for an amount of additional months necessary to produce statistically credible data should twelve months of data not provide an amount of statistically credible data; and

(3) Category II Current Procedural Terminology Codes published by the American Medical Association must be incorporated into the database and captured for each Category I Current Procedural Terminology Code for which fees or charges are submitted for a medical treatment or service.

ASMA

Draft Language
HB 314 Sec. 7.

Sec. 7. This Act takes effect immediately under AS.01.10.070(c) except that payments under Sec. 2. will only apply to those medical treatments or services provided on or after December 31, 2010.