

By: Senator(s) McLendon

To: Insurance

SENATE BILL NO. 2273

1 AN ACT TO AMEND SECTION 83-51-3, MISSISSIPPI CODE OF 1972, TO
 2 PROVIDE THAT AN INSURER SHALL NOT MAINTAIN A DENTAL PLAN THAT IS
 3 BASED ON A PROVIDER'S CONTRACTED FEE FOR COVERED SERVICES, OR THAT
 4 USES DOWNCODING OR BUNDLING IN A CERTAIN MANNER; TO REQUIRE AN
 5 INSURER TO ENSURE THAT AN EXPLANATION OF BENEFITS FOR A DENTAL
 6 PLAN INCLUDES THE REASON FOR ANY DOWNCODING OR BUNDLING RESULTS; TO
 7 SET CERTAIN DEFINITIONS RELATED TO THE ACT; AND FOR RELATED
 8 PURPOSES.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

10 **SECTION 1.** Section 83-51-3, Mississippi Code of 1972, is
 11 amended as follows:

12 83-51-3. (1) No health insurance policy or employee benefit
 13 plan which is delivered, renewed, issued for delivery, or
 14 otherwise contracted for in this state shall:

15 (a) Prevent any person who is a party to or beneficiary
 16 of any such health insurance policy or employee benefit plan from
 17 selecting the dentist of his choice to furnish the dental care
 18 services offered by such policy or plan, or interfere with such
 19 selection, provided the dentist selected is licensed to furnish
 20 such dental care services in this state;



21 (b) Deny any dentist the right to participate as a
22 contracting provider for such policy or plan, provided the dentist
23 is licensed to furnish the dental care services offered by such
24 policy or plan;

25 (c) Authorize any person to regulate, interfere or
26 intervene in any manner in the diagnosis or treatment rendered by
27 a dentist to his patient for the purpose of preventing,
28 alleviating, curing or healing dental illness or injury, provided
29 such dentist practices within the scope of his license; or

30 (d) Require that any dentist furnishing dental care
31 services make or obtain dental x-rays or any other diagnostic aids
32 for the purpose of preventing, alleviating, curing or healing
33 dental illness or injury; provided, however, that nothing herein
34 shall prohibit requests for existing dental x-rays or any other
35 existing diagnostic aids for the purpose of determining benefits
36 payable under a health insurance policy or employee benefit plan.

37 Nothing in this chapter shall prohibit the predetermination
38 of benefits for dental care expenses prior to treatment by the
39 attending dentist.

40 (2) An insurer shall not maintain a dental plan that:

41 (a) Is based on the provider's contracted fee for
42 covered services;

43 (b) Uses downcoding in a manner that prevents a dental
44 provider from collecting the fee for the actual service performed
45 from either the plan or the patient; or



46 (c) Uses bundling in a manner where a procedure code is
47 labeled as nonbillable to the patient unless, under generally
48 accepted practice standards, the procedure code is for a procedure
49 that may be provided in conjunction with another procedure.

50 (3) An insurer shall ensure that an explanation of benefits
51 for a dental plan includes the reason for any downcoding or
52 bundling result.

53 (4) As used in this section:

54 (a) "Bundling" means the practice of combining distinct
55 dental procedures into one procedure for billing purposes.

56 (b) "Dental plan" means the same as that term is
57 defined in Section 83-51-31.

58 (c) "Downcoding" means the adjustment of a claim
59 submitted to a dental plan to a less complex or lower cost
60 procedure code.

61 (d) "Covered services" means the same as that term is
62 defined in Section 83-51-31.

63 (e) "Material change" means a change to:

64 (i) A dental plan's rules, guidelines, policies or
65 procedures concerning payment for dental services;

66 (ii) The general policies of the dental plan that
67 affect a reimbursement paid to providers; or

68 (iii) The manner by which a dental plan
69 adjudicates and pays a claim for services.



70 **SECTION 2.** This act shall take effect and be in force from
71 and after July 1, 2024.

