

**ADOPTED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R119-16

Effective December 21, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: §§1 and 3, NRS 679B.130 and 686A.015; §2, NRS 679B.130, 679B.138 and 686A.015.

A REGULATION relating to insurance; revising provisions relating to the forms which must be accepted by a payer for dental claims submitted under a contract for health insurance; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the Commissioner of Insurance to adopt regulations relating to insurance, including regulations which adopt uniform claim forms. (NRS 679B.130, 679B.138) Existing regulations require a payer of a claim under a contract for health insurance to accept a claim that: (1) is submitted on a form approved by the United States Department of Health and Human Services; and (2) contains certain required and necessary information. (NAC 686A.288) **Section 2** of this regulation: (1) requires instead that such a payer accept a claim that is submitted on a form approved by the Commissioner; (2) expands the list of approved claim forms to include a claim form published by the American Dental Association or another form approved by the Commissioner for claims submitted by dentists or other persons entitled to reimbursement; and (3) adopts by reference the CDT 2016: Dental Procedure Codes, published by the American Dental Association, for use in the completion of such a claim form.

Sections 1 and 3 of this regulation make conforming changes to existing regulations as necessary to incorporate claims submitted by dentists and other persons entitled to reimbursement using the claim form published by the American Dental Association or another form approved by the Commissioner for that purpose.

Section 1. NAC 686A.282 is hereby amended to read as follows:

686A.282 A “clean claim” means a claim:

1. That contains the information required to be included for the applicable use of a form prescribed in NAC 686A.288; and

2. For which any additional information that has been requested pursuant to subsection 2 of NRS 683A.0879, 689A.410, 689B.255, 689C.485, 695B.2505 , ~~for~~ 695C.185 *or 695D.215* because of any particular or unusual circumstances that would have impeded the payer from paying the claim has been received.

Sec. 2. NAC 686A.288 is hereby amended to read as follows:

686A.288 1. The payer of a claim under a contract for health insurance:

(a) Shall accept a claim submitted on a form that:

(1) Has been approved by the ~~{United States Department of Health and Human Services}~~ *Commissioner* for the filing of a claim under a contract for health insurance; and

(2) Contains the information necessary to constitute a clean claim.

(b) Shall not require the completion of any other form for the purpose of processing the claim.

2. For the purposes of this section, a “form that has been approved by the ~~{United States Department of Health and Human Services}~~ *Commissioner*” means:

(a) For claims submitted by a hospital or other institutional provider, Centers for Medicare and Medicaid Services Form CMS-1450, which is commonly referred to as UB-04, or its successor form; ~~and~~

(b) For claims submitted by a health care practitioner or other person entitled to reimbursement, Centers for Medicare and Medicaid Services Form CMS-1500, or its successor form ~~H~~ ; *and*

(c) For claims submitted by a dentist or other person entitled to reimbursement, American Dental Association Form J430D, or its successor form, or another form approved by the Commissioner for that purpose, which has been completed using the Code on Dental

Procedures and Nomenclature set forth in the CDT 2016: Dental Procedure Codes, as adopted by reference in this section.

3. Form CMS-1450, also known as the UB-04 claim form, published by the National Uniform Billing Committee, is available from ~~the American Hospital Association~~ *Briggs Healthcare* on the Internet at ~~http://aha.org/, by telephone at (800) 242-2626, or by mail at 155 North Wacker Drive, Chicago, Illinois 60606,~~ <http://www.briggscorp.com>, at the price of ~~for members and \$56 for nonmembers.~~ *\$20.40*. Copies of the form may also be available through office supply stores.

4. Form CMS-1500, published by the National Uniform Claim Committee, is available from the United States Government Printing Office on the Internet website ~~http://bookstore.gpo.gov,~~ <https://bookstore.gpo.gov/>, *or* by mail at P.O. Box 979050, St. Louis, Missouri 63197-9000, ~~for~~ *by toll-free telephone at (866) 512-1800,* at the price of ~~\$29.~~ *\$32*. Copies of the form may also be available through local printing companies and office supply stores.

5. Form ADA-J430D, published by the American Dental Association, is available from the American Dental Association on the Internet website <http://www.adacatalog.org>, at the price of \$19.95 for members and \$29.95 for nonmembers.

6. For purposes of this section, the CDT 2016: Dental Procedure Codes, published by the American Dental Association, is hereby adopted by reference. A copy of the publication may be obtained from the American Dental Association on the Internet website <http://www.adacatalog.org>, at the price of \$39.95 for members and \$59.95 for nonmembers.

Sec. 3. NAC 686A.290 is hereby amended to read as follows:

686A.290 The time for a payer to adjudicate and pay claims pursuant to NRS 683A.0879, 689A.410, 689B.255, 689C.485, 695B.2505, ~~and~~ 695C.185 *and 695D.215* begins when the payer receives a clean claim.