

PROPOSED REGULATION OF THE COMMISSIONER OF INSURANCE

LCB File No. R119-16

June 23, 2016

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

AUTHORITY: § 1-2: NRS 679B.130, 679B.138 and 686B.015

A REGULATION relating to dental claims under a policy of health insurance.

Section 1. NAC 686A.288 is hereby amended to read as follows:

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 of Insurance* 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 of Insurance*” 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 ~~and~~ ; *and*
 - (c) *For claims submitted using the American Dental Association’s Code on Dental Procedures and Nomenclature, including American Dental Association Form J430D, HCPCS Level II D Codes, or its successor forms.*

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 on the Internet at <http://aha.org/>. ~~by telephone at (800) 242-2626, or by mail at 155 North Wacker Drive, Chicago, Illinois 60606, at the price of \$46 for members and \$56 for nonmembers.~~ 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>, by mail at P.O. Box 979050, St. Louis, Missouri 63197-9000. ~~or by toll-free telephone at (866) 512-1800, at the price of \$29.~~ Copies of the form may also be available through local printing companies and office supply stores.

5. Form J430D, published by the American Dental Association, is available on the internet website <http://www.ada.org>.

Sec. 2. NAC 686A.290 is hereby amended to read as follows:

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.