

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R088-02

June 26, 2002

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

AUTHORITY: §1, NRS 679B.130 and 686A.015.

Section 1. Chapter 686A of NAC is hereby amended by adding thereto a new section to read as follows:

1. A policy or contract of health insurance issued pursuant to chapter 689A, 689B, 689C, 695B or 695C of NRS which is delivered or issued for delivery in this state and which provides coverage for medically required hospital services must not deny coverage for a dependent child covered by that policy or contract who is referred by a dentist to a hospital, a surgical center for ambulatory patients, an independent center for emergency medical care or a rural clinic, licensed pursuant to chapter 449 of NRS, for general anesthesia and associated care if the child is being referred because, in the opinion of the dentist, the child:

- (a) Has a physical, mental or medically compromising condition;*
- (b) Has dental needs for which local anesthesia is ineffective because of an acute infection, an anatomic anomaly or an allergy;*
- (c) Is extremely uncooperative, unmanageable or anxious; or*
- (d) Has sustained extensive orofacial and dental trauma to a degree that would require unconscious sedation.*

2. An insurer may:

(a) Require prior authorization for the provision of general anesthesia and for hospitalization or the use of a surgical center for ambulatory patients for dental procedures in the same manner that the insurer requires prior authorization for hospitalization for the provision of general anesthesia for other diseases or conditions covered by the policy or contract of health insurance;

(b) Require that the benefits paid be adjusted according to the policy or contract of health insurance if the services are rendered by a provider who is not designated by or associated with the insurer, if applicable; and

(c) Restrict coverage to include only general anesthesia provided during procedures performed by:

(1) A qualified specialist in pediatric dentistry;

(2) A dentist who is qualified, by virtue of his education, in a recognized dental specialty for which hospital privileges are granted; or

(3) A dentist who is certified by a hospital, by virtue of his completion of an accredited program of postgraduate hospital training, and is granted hospital privileges.

3. The failure of an insurer to comply with the provisions of this section constitutes an unfair trade practice pursuant to NRS 686A.170.

4. A policy or contract of health insurance subject to the provisions of this section that is delivered, issued for delivery or renewed on or after the effective date of this regulation has the legal effect of including the coverage required by this section, and any provision of such a policy or contract that conflicts with the provisions of this section is void.