

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #6

Do Not Mark In this Box

**FILED**

**JUN 18 2 55 PM '93**

**OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE**

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Insurance Commissioner TITLE NUMBER: 114

AMENDMENT TO AN EXISTING RULE: YES\_\_\_; NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: Series 16

TITLE OF RULE BEING PROPOSED: Standards for Uniform Health Care  
Administration

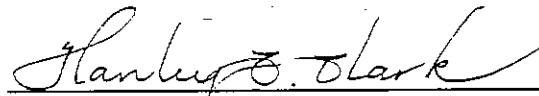
THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) House Bill 100

SECTION 64-7-2 (v), PASSED ON May 26, 1993

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON

THE FOLLOWING DATE: June 18, 1993



Hanley C. Clark  
Insurance Commissioner

6.00

114CRS16

FILED

TITLE 114  
LEGISLATIVE RULE  
INSURANCE COMMISSIONER

JAN 15 2 08 PM '93

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

SERIES 16  
STANDARDS FOR UNIFORM HEALTH CARE ADMINISTRATION

Section

- 114-16-1. General
  - 114-16-2. Definitions
  - 114-16-3. Forms
  - 114-16-4. Coding and Terminology
  - 114-16-5. Practices Regarding Reimbursement of Claims and Explanation of Benefits
  - 114-16-6. Additional Information
  - 114-16-7. Severability
- 
- Appendix A. Health Care Financing Administration Fifteen Hundred (HCFA 1500) Health Insurance Claim Form
  - Appendix B. American Hospital Association (AHA) Universal Billing (UB-82) Form
  - Appendix C. WMMIS-091 Form for Certain Medical Equipment Claims Not Paid by Medicare
  - Appendix D. National Council for Prescription Drug Programs (NCPDP) Universal Pharmacy Claim Form
  - Appendix E. West Virginia Workers' Compensation Fund Pharmacy Invoice WV-401
  - Appendix F. American Dental Association (ADA) Dental Claim Form
  - Appendix G. West Virginia Workers' Compensation Fund Services Invoice WC-400
  - Appendix H. WMMIS-111 Form for Dental Claims Submitted to Medicaid

114CRS16

TITLE 114  
LEGISLATIVE RULE  
INSURANCE COMMISSIONER

SERIES 16  
STANDARDS FOR UNIFORM HEALTH CARE ADMINISTRATION

§ 114-16-1. General

1.1. Scope. -- This legislative rule applies to all health care providers, applicable state agencies and departments, third-party administrators, and insuring entities in the State. It establishes the acceptance and use throughout the health care system of standard administrative forms, terms and procedures. The rule organizes and streamlines the claims process by establishing standard forms and procedures regarding health care claims. It requires that all insurers, third-party administrators, and health care providers implement and use such standards in a uniform manner.

1.2. Authority. -- West Virginia Code §§ 33-2-10 and 33-15B-3.

1.3. Filing Date. --

1.4. Effective Date. --

1.5. This legislative rule repeals and replaces West Virginia 114CSR16 "Uniform Health Care Claim Forms" filed October 7, 1980 and effective on January 1, 1981.

§ 114-16-2. Definitions

2.1. "Health care facility" means any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic, medical corporation, dental corporation, home health care agency, medical equipment vendor or other facility providing professional health care services, supplies, appliances, devices or equipment to an individual during that individual's health care, treatment or confinement.

2.2. "Health care practitioner" means any medical physician, osteopathic physician, podiatric physician, chiropractic physician, midwife, nurse practitioner, physical therapist, dentist, pharmacist, oral surgeon, or other practitioner who provides health care services, supplies, appliances, devices or equipment.

2.3. "Health care provider" means a person, partnership, corporation, facility, institution, or other legal entity certified or authorized by law to provide professional health care services, supplies, appliances, devices or equipment to an individual during that individual's health care, treatment or confinement. "Health

Insurance Commission  
Legislative Rule  
Title 114, Series 16

care provider" encompasses both "health care facility" and "health care practitioner," as those terms are defined herein.

2.4. "Insuring entity" means any insurer writing or issuing individual or group accident and sickness policies; any hospital service corporation, health service corporation, medical service corporation, or dental service corporation organized in accordance with the provisions of Article One, Chapter 31 or Chapter 33 of the West Virginia Code; any health maintenance organization organized in accordance with the provisions of Article 25A, Chapter 33 of the West Virginia Code; any health care corporation organized in accordance with Article 25, Chapter 33 of the West Virginia Code; any third-party administrator; all applicable state agencies and departments, including, but not limited to, the West Virginia Public Employees Insurance Agency and the West Virginia Workers' Compensation Fund; and Medicaid.

§ 114-16-3. Forms

3.1. All health care practitioners shall submit and all insuring entities shall accept third-party payor claims for services, supplies, appliances, devices or equipment on the form known as the current standard Health Care Financing Administration Fifteen Hundred (HCFA 1500) health insurance claim form, designated Appendix A to this rule, or its successor; provided, that pharmacists and dentists shall submit third-party payor claims in the manner prescribed in Sections 3.3 and 3.4 below, respectively. If practitioners are presently using a HCFA 1500 form other than the most current HCFA 1500 form, they must use and insuring entities must accept the most current HCFA 1500 form by the date prescribed by HCFA.

3.2. All health care facilities shall submit and all insuring entities shall accept third-party payor claims for services, supplies, appliances, devices or equipment on either the current HCFA 1500 form or its successor or the American Hospital Association's current Uniform Billing form, designated Appendix B hereto, or its successor, as required by the insuring entity; provided, however, that when Medicare is the primary payor, secondary claims submitted to Medicaid for medical equipment shall be submitted on the current WVMMIS-091 form, designated Appendix C, or its successor.

3.3. All pharmacists shall submit and all appropriate insuring entities shall accept third-party payor claims for prescription drugs on the current universal pharmacy claim form most recently approved by the National Council for Prescription Drug Programs (NCPDP), designated Appendix D hereto, or its successor, with the exception of prescription drug claims to be submitted to the West Virginia Workers' Compensation Fund and Medicaid, or prescription drug claims to be submitted to an

Insurance Commission  
Legislative Rule  
Title 114, Series 16

insuring entity which requires its participating pharmacists to submit claims exclusively by computerized electronic transmission, i.e., "point-of-sale" submission.

3.3.a. All pharmacists shall submit prescription drug claims to the Workers' Compensation Fund on the Pharmacy Invoice WC-401 form, designated Appendix E hereto, or its successor.

3.3.b. Pharmacists shall submit third-party payor claims for durable medical equipment and disposable medical supplies on the current HCFA 1500 form or its successor.

3.3.c. Prescription drug claims submitted to Medicaid shall be submitted at "point-of-sale", i.e., through electronic transmission, or, when required by Medicaid, on forms prescribed by Medicaid.

3.4. All dentists shall submit and all insuring entities shall accept third-party dental claims for services, supplies, appliances, devices or equipment to the appropriate insuring entity on the dental claim form most recently approved by the American Dental Association, designated Appendix F hereto, or its successor, with the exception of claims submitted to the Workers' Compensation Fund and Medicaid.

3.4.a. For Workers' Compensation claims, all dentists shall submit claims on the form known as Services Invoice WC-400, designated Appendix G hereto, or its successor.

3.4.b. For Medicaid, all dentists shall submit claims on the WVMMIS-111 form prescribed by Medicaid, designated Appendix H hereto, or its successor.

3.4.c. Oral surgeons or dentists who submit claims other than dental claims shall submit and all appropriate insuring entities shall accept the current HCFA 1500 form or its successor.

3.5. Nothing in this rule shall be construed to prohibit voluntary arrangements between insuring entities and health care providers for the submission of claims by computerized electronic transmission.

§ 114-16-4. Coding and Terminology

4.1. If the coding systems in subsections 4.1.a. and 4.1.b. below apply to the services, supplies, appliances, devices or equipment provided by a health care provider, the provider shall use and all insuring entities shall accept the following coding systems:

Insurance Commission  
Legislative Rule  
Title 114, Series 16

4.1.a. The current International Classification of Diseases (ICD-9-CM) codes developed by the World Health Organization, or their successors; and

4.1.b. The current HCFA Common Procedural Coding System (HCPCS), which includes, but is not limited to, the Current Procedural Terminology (CPT) codes developed by the American Medical Association, or its successor.

4.2. All dentists shall use and all appropriate insuring entities shall accept the latest version of the American Dental Association's Code on Dental Procedures and Nomenclature; provided, that oral surgeons and dentists who submit claims other than dental claims shall use and all appropriate insuring entities shall accept the coding systems set forth in Sections 4.1.a. and 4.1.b. above.

4.3. All pharmacists shall use and all insuring entities shall accept the current version of the United States Food and Drug Administration's National Drug Code (NDC), or its successor, for claims for prescription drugs for which NDC codes exist.

**§ 114-16-5. Practices Regarding Reimbursement of Claims and Explanation of Benefits**

Practices regarding reimbursement of claims and explanation of benefits shall be left to the discretion of the insuring entity, depending upon the contractual agreements between the insurer and its insureds and/or participating provider network regarding deductibles, copayments, discounts and the like.

**§ 114-33-6. Additional Information**

Nothing in this rule shall be construed so as to prevent an insuring entity from requesting additional information directly from the insured or covered person, where such additional information is necessary for the determination of coverage or benefits applicable.

**§ 114-16-7. Severability**

If any provision of this rule or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the rule and the application of such provisions to other persons or circumstances shall not be affected thereby.

SENATE BILL NO. 217

(By Senator Manchin)

[Introduced March 1, 1993; referred to the  
Committee on Banking and Insurance; and then  
to the Committee on the Judiciary.

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10 A BILL to amend and reenact section two, article seven, chapter  
11 sixty-four of the code of West Virginia, one thousand nine  
12 hundred thirty-one, as amended, relating to authorizing the  
13 insurance commissioner to promulgate legislative rules  
14 relating to standards for uniform health care administration.

15 **Be it enacted by the Legislature of West Virginia:**

16 That section two, article seven, chapter sixty-four of the  
17 code of West Virginia, one thousand nine hundred thirty-one, as  
18 amended, be amended and reenacted, to read as follows:

19 **ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO**  
20 **PROMULGATE LEGISLATIVE RULES.**

21 ~~§64-7-2. Agency of insurance~~ Insurance commissioner.

22 (a) The legislative rules filed in the state register on the  
23 eighteenth day of October, one thousand nine hundred

1 eighty-three, relating to the insurance commissioner (excess line  
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the  
4 eighteenth day of August, one thousand nine hundred eighty-six,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the twelfth day of December, one thousand nine  
8 hundred eighty-six, relating to the insurance commissioner  
9 (examiners' compensation, qualification and classification), are  
10 authorized.

11 (c) The legislative rules filed in the state register on the  
12 twentieth day of February, one thousand nine hundred  
13 eighty-seven, relating to the insurance commissioner (West  
14 Virginia essential property insurance association), are  
15 authorized.

16 (d) The legislative rules filed in the state register on the  
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,  
18 relating to the insurance commissioner (medical malpractice  
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the  
21 thirty-first day of July, one thousand nine hundred eighty-seven,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the seventh day of November, one thousand nine  
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting  
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the  
4 thirtieth day of November, one thousand nine hundred  
5 eighty-eight, modified by the insurance commissioner to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the twenty-first day of  
8 February, one thousand nine hundred eighty-nine, relating to the  
9 insurance commissioner (transitional requirements for the  
10 conversion of Medicare supplement insurance benefits and premiums  
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the  
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,  
14 modified by the insurance commissioner to meet the objections of  
15 the legislative rule-making review committee and refiled in the  
16 state register on the twenty-eighth day of September, one  
17 thousand nine hundred eighty-nine, relating to the insurance  
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the  
20 second day of February, one thousand nine hundred ninety,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the twenty-ninth day of May, one thousand nine  
24 hundred ninety, relating to the insurance commissioner (accident  
25 and sickness rate filing), are authorized.

1       (i) The legislative rules filed in the state register on the  
2 tenth day of August, one thousand nine hundred ninety, modified  
3 by the insurance commissioner to meet the objections of the  
4 legislative rule-making review committee and refiled in the state  
5 register on the ninth day of October, one thousand nine hundred  
6 ninety, relating to the insurance commissioner (group  
7 coordination of benefits), are authorized.

8       (j) The legislative rules filed in the state register on the  
9 tenth day of August, one thousand nine hundred ninety, modified  
10 by the insurance commissioner to meet the objections of the  
11 legislative rule-making review committee and refiled in the state  
12 register on the seventeenth day of January, one thousand nine  
13 hundred ninety-one, relating to the insurance commissioner (AIDS  
14 regulations), are authorized.

15       (k) The legislative rules filed in the state register on the  
16 third day of December, one thousand nine hundred ninety, relating  
17 to the insurance commissioner (health insurance benefits for  
18 temporomandibular and craniomandibular disorders), are  
19 authorized.

20       (l) The legislative rules filed in the state register on the  
21 twelfth day of August, one thousand nine hundred ninety-one,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the thirteenth day of January, one thousand  
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and  
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the  
4 ninth day of August, one thousand nine hundred ninety-one,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the thirteenth day of January, one thousand  
8 nine hundred ninety-two, relating to the insurance commissioner  
9 (examiners' compensation, qualifications and classification), are  
10 authorized.

11 (n) The legislative rules filed in the state register on the  
12 seventeenth day of July, one thousand nine hundred ninety-one,  
13 modified by the insurance commissioner to meet the objections of  
14 the legislative rule-making review committee and refiled in the  
15 state register on the thirteenth day of January, one thousand  
16 nine hundred ninety-two, relating to the insurance commissioner  
17 (permanent regulations on Medicare supplement insurance), are  
18 authorized.

19 (o) The legislative rules filed in the state register on the  
20 twelfth day of August, one thousand nine hundred ninety-one,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the thirteenth day of January, one thousand  
24 nine hundred ninety-two, relating to the insurance commissioner

1 ("tail" malpractice insurance covering certain medical and allied  
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the  
4 eighteenth day of September, one thousand nine hundred ninety-  
5 two, modified by the insurance commissioner to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the fifteenth day of January,  
8 one thousand nine hundred ninety-three, relating to the insurance  
9 commissioner (standards for uniform health care administration),  
10 are authorized.

11

12 NOTE: The purpose of this bill is to authorize the Insurance  
13 Commissioner to promulgate legislative rules relating to  
14 standards for uniform health care administration.

15

16 Strike-throughs indicate language that would be stricken from  
17 the present law, and underscoring indicates new language that  
18 would be added.

KEN HECHLER  
Secretary of State

MARY P. RATLIFF  
Deputy Secretary of State

A. RENEE COE  
Deputy Secretary of State

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## STATE OF WEST VIRGINIA

### SECRETARY OF STATE

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(Plus all the volunteer  
help we can get)

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May 28, 1993

Linda Gay  
Insurance Commission  
2019 Washington St., E  
Charleston, WV 25305

**HB 100** authorizing, **Title 114, Series 16, Standards for Uniform Health Care Administration**, passed the Legislature on **May 26, 1993**. It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs HB 100, to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office. Authorization for your legislative rule is cited in **HB 100** section **64-7-2(v)**. The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

**\*\*\*IMPORTANT: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A COMPUTER SYSTEM THAT USES A 3 1/2" OR 5 1/4" DISK, PLEASE SUBMIT A CLEAN COPY, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, TO OUR OFFICE WHEN FINAL FILING THE RULE. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL MAKE IT QUICKER FOR US TO ENTER YOUR RULES ON THE LEGISLATIVE DATA BASE. REMEMBER THE TEXT OF THE COMPUTER FILED RULE MUST BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE.**

After the final rule is entered into the legislative data base, the rule will be sent to the agency for review and proofing. Following confirmation or corrections, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to call our office.

Thank You  
Administrative Law Division