

WEST VIRGINIA LEGISLATURE

REGULAR SESSION, 1990



ENROLLED

HOUSE BILL No. 4467

(By ~~MR.~~ Del. Berry)



Passed March 8, 1990

In Effect ninety days from Passage

ENROLLED
H. B. 4467

(By DELEGATE BERRY)

[Passed March 8, 1990; in effect ninety days from passage.]

AN ACT to amend article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new section, designated section four-d; to amend article sixteen, chapter thirty-three of said code by adding thereto a new section, designated section three-h; to amend article twenty-four of said chapter thirty-three by adding thereto a new section, designated section seven-c; to amend article twenty-five of said chapter by adding thereto a new section, designated section eight-b; and to amend article twenty-five-a of said chapter by adding thereto a new section, designated section eight-b, all relating to insurance; and requiring third party reimbursement for rehabilitation services.

Be it enacted by the Legislature of West Virginia:

That article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new section, designated section four-d; that article sixteen, chapter thirty-three of said code be amended by adding thereto a new section, designated section three-h; that article twenty-four of chapter thirty-three of said code be amended by adding thereto a new section, designated section seven-c; that article twenty-five of chapter thirty-three of said code be amended by adding thereto a new section, designated section eight-b; that article twenty-five-a of said chapter be amended by adding thereto a new section,

designated section eight-b, all to read as follows:

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4d. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article, shall
4 on or after the first day of July, one thousand nine
5 hundred ninety, make available as benefits to all
6 subscribers and members coverage for rehabilitation
7 services as hereinafter set forth.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

17 (1) Stroke;

18 (2) Spinal cord injury;

19 (3) Congenital deformity;

20 (4) Amputation;

21 (5) Major multiple trauma;

22 (6) Fracture of femur;

23 (7) Brain injury;

24 (8) Polyarthritis, including rheumatoid arthritis;

25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;

28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,

32 valvular heart disease;

33 (11) Burns. Rehabilitation services do not include
34 services for mental health, chemical dependency,
35 vocational rehabilitation, long-term maintenance or
36 custodial services.

37 (c) Rehabilitation services includes care rendered by
38 any of the following:

39 (1) A hospital duly licensed by the state of West
40 Virginia that meets the requirements for rehabilitation
41 hospitals as described in Section 2803.2 of the Medicare
42 Provider Reimbursement Manual, Part 1, as published
43 by the U. S. Health Care Financing Administration;

44 (2) A distinct part rehabilitation unit in a hospital
45 duly licensed by the state of West Virginia. The distinct
46 part unit must meet the requirements of Section 2803.61
47 of the Medicare Provider Reimbursement Manual, Part
48 1, as published by the U. S. Health Care Financing
49 Administration;

50 (3) A hospital duly licensed by the state of West
51 Virginia which meets the requirements for cardiac
52 rehabilitation as described in Section 35-25, Transmittal
53 41, dated August, 1989, as promulgated by the U. S.
54 Health Care Financing Administration.

55 (d) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3h. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall,
4 on or after the first day of July, one thousand nine
5 hundred ninety, make available as benefits to all
6 subscribers and members coverage for rehabilitation
7 services as hereinafter set forth.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthritis, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;
- 33 (11) Burns. Rehabilitation services do not include
34 services for mental health, chemical dependency,
35 vocational rehabilitation, long-term maintenance or
36 custodial services.

37 (c) Rehabilitative services includes care rendered by
38 any of the following:

- 39 (1) A hospital duly licensed by the state of West
40 Virginia that meets the requirements for rehabilitation
41 hospitals as described in Section 2803.2 of the Medicare
42 Provider Reimbursement Manual, Part 1, as published
43 by the U. S. Health Care Financing Administration;

44 (2) A distinct part rehabilitation unit in a hospital
 45 duly licensed by the state of West Virginia. The distinct
 46 part unit must meet the requirements of Section 2803.61
 47 of the Medicare Provider Reimbursement Manual, Part
 48 1, as published by the U. S. Health Care Financing
 49 Administration;

50 (3) A hospital duly licensed by the state of West
 51 Virginia which meets the requirements for cardiac
 52 rehabilitation as described in Section 35-25, Transmittal
 53 41, dated August, 1989, as promulgated by the U. S.
 54 Health Care Financing Administration.

55 (d) A policy, provision, contract, plan or agreement
 56 may apply to rehabilitation services the same deducti-
 57 bles, coinsurance and other limitations as apply to other
 58 covered services.

**ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL
 SERVICE CORPORATIONS, DENTAL SERVICE
 CORPORATIONS AND HEALTH SERVICE
 CORPORATIONS.**

**§33-24-7c. Third party reimbursement for rehabilitation
 services.**

1 (a) Notwithstanding any provision of any policy,
 2 provision, contract, plan or agreement to which this
 3 article applies, any entity regulated by this article shall,
 4 on or after the first day of July, one thousand nine
 5 hundred ninety, make available as benefits to all
 6 subscribers and members coverage for rehabilitation
 7 services as hereinafter set forth.

8 (b) For purposes of this article and section, "rehabil-
 9 itation services" includes those services which are
 10 designed to remediate patient's condition or restore
 11 patients to their optimal physical, medical, psychologi-
 12 cal, social, emotional, vocational and economic status.
 13 Rehabilitative services include by illustration and not
 14 limitation diagnostic testing, assessment, monitoring or
 15 treatment of the following conditions individually or in
 16 a combination:

17 (1) Stroke;

18 (2) Spinal cord injury;

- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthritis, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;
- 33 (11) Burns. Rehabilitation services do not include
34 services for mental health, chemical dependency,
35 vocational rehabilitation, long-term maintenance or
36 custodial services.
- 37 (c) Rehabilitative services includes care rendered by
38 any of the following:
 - 39 (1) A hospital duly licensed by the state of West
40 Virginia that meets the requirements for rehabilitation
41 hospitals as described in Section 2803.2 of the Medicare
42 Provider Reimbursement Manual, Part 1, as published
43 by the U. S. Health Care Financing Administration;
 - 44 (2) A distinct part rehabilitation unit in a hospital
45 duly licensed by the state of West Virginia. The distinct
46 part unit must meet the requirements of Section 2803.61
47 of the Medicare Provider Reimbursement Manual, Part
48 1, as published by the U. S. Health Care Financing
49 Administration;
 - 50 (3) A hospital duly licensed by the state of West
51 Virginia which meets the requirements for cardiac
52 rehabilitation as described in Section 35-25, Transmittal
53 41, dated August, 1989, as promulgated by the U. S.
54 Health Care Financing Administration.

55 (d) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8b. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall
4 on or after the first day of July, one thousand nine
5 hundred ninety, make available as benefits to all
6 subscribers and members coverage for rehabilitation
7 services as hereinafter set forth.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthritis, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,

29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;

33 (11) Burns. Rehabilitation services do not include
34 services for mental health, chemical dependency,
35 vocational rehabilitation, long-term maintenance or
36 custodial services.

37 (c) Rehabilitative services includes care rendered by
38 any of the following:

39 (1) A hospital duly licensed by the state of West
40 Virginia that meets the requirements for rehabilitation
41 hospitals as described in Section 2803.2 of the Medicare
42 Provider Reimbursement Manual, Part 1, as published
43 by the U. S. Health Care Financing Administration;

44 (2) A distinct part rehabilitation unit in a hospital
45 duly licensed by the state of West Virginia. The distinct
46 part unit must meet the requirements of Section 2803.61
47 of the Medicare Provider Reimbursement Manual, Part
48 1, as published by the U. S. Health Care Financing
49 Administration;

50 (3) A hospital duly licensed by the state of West
51 Virginia which meets the requirements for cardiac
52 rehabilitation as described in Section 35-25, Transmittal
53 41, dated August, 1989, as promulgated by the U. S.
54 Health Care Financing Administration.

55 (d) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

**§33-25A-8b. Third party reimbursement for rehabilita-
tion services.**

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall,
4 on or after the first day of July, one thousand nine
5 hundred ninety, make available as benefits to all

6 subscribers and members coverage for rehabilitation
7 services as hereinafter set forth.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthritis, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;
- 33 (11) Burns. Rehabilitation services do not include
34 services for mental health, chemical dependency,
35 vocational rehabilitation, long-term maintenance or
36 custodial services.

37 (c) Rehabilitative services includes care rendered by
38 any of the following:

- 39 (1) A hospital duly licensed by the state of West
40 Virginia that meets the requirements for rehabilitation

41 hospitals as described in Section 2803.2 of the Medicare
42 Provider Reimbursement Manual, Part 1, as published
43 by the U. S. Health Care Financing Administration;

44 (2) A distinct part rehabilitation unit in a hospital
45 duly licensed by the state of West Virginia. The distinct
46 part unit must meet the requirements of Section 2803.61
47 of the Medicare Provider Reimbursement Manual, Part
48 1, as published by the U. S. Health Care Financing
49 Administration;

50 (3) A hospital duly licensed by the state of West
51 Virginia which meets the requirements for cardiac
52 rehabilitation as described in Section 35-25, Transmittal
53 41, dated August, 1989, as promulgated by the U. S.
54 Health Care Financing Administration.

55 (d) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Frederick L. Penner
Chairman Senate Committee

Bernard V. Kelly
Chairman House Committee

Originating in the House.

Takes effect ninety days from passage.

Garrett E. Almon
Clerk of the Senate

Donald V. Kopp
Clerk of the House of Delegates

Will Switzer
President of the Senate

Paul Chubb
Speaker of the House of Delegates

The within is approved this the 14th day of March 1990.

Gaston Caperton
Governor

PRESENTED TO THE
GOVERNOR

Date 3/13/90
Time 4:42 PM

RECEIVED

1990 MAR 19 PM 4:49

OFFICE OF THE GOVERNOR
SECRETARY OF STATE

FILED IN THE OFFICE OF
SECRETARY OF STATE OF
WEST VIRGINIA

~~3/19/90~~
THIS DATE