

SENATE, No. 1962

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 25, 2020

Sponsored by:
Senator NILSA CRUZ-PEREZ
District 5 (Camden and Gloucester)

SYNOPSIS

Provides that routine foot care services covered under certain insurance policies include coverage of services provided by podiatric physicians.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning foot care and supplementing Titles 17 and 26
2 of the Revised Statutes and Title 17B of the New Jersey Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

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7 1. A hospital service corporation contract that is delivered,
8 issued, executed, or renewed in this State pursuant to P.L.1938,
9 c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in
10 this State by the Commissioner of Banking and Insurance on or
11 after the effective date of this act, that provides hospital or medical
12 expense benefits that include foot care services shall be deemed to
13 include foot care services provided by a podiatric physician.

14 If the contract excludes coverage for routine foot care services,
15 the term routine foot care services shall mean the treatment or
16 removal of asymptomatic corns, asymptomatic calluses, or
17 asymptomatic toenails; except that the treatment or removal of
18 asymptomatic corns, asymptomatic calluses, or asymptomatic
19 toenails in the presence of metabolic disease shall not be considered
20 routine foot care services. The hospital service corporation shall
21 make available to a participating health care provider, upon request,
22 a list specifying the types of foot care services, and their related
23 diagnostic and procedure codes, that are excluded under the
24 contract.

25 Reimbursement for covered services shall be equal for all
26 providers performing the same services as indicated by the
27 procedure code assigned to the service.

28 This section shall apply to those hospital service corporation
29 contracts in which the hospital service corporation has reserved the
30 right to change the premium.

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32 2. A medical service corporation contract that is delivered,
33 issued, executed, or renewed in this State pursuant to P.L.1940, c.74
34 (C.17:48A-1 et seq.), or approved for issuance or renewal in this
35 State by the Commissioner of Banking and Insurance on or after the
36 effective date of this act, that provides hospital or medical expense
37 benefits that include foot care services shall be deemed to include
38 foot care services provided by a podiatric physician.

39 If the contract excludes coverage for routine foot care services,
40 the term routine foot care services shall mean the treatment or
41 removal of asymptomatic corns, asymptomatic calluses, or
42 asymptomatic toenails; except that the treatment or removal of
43 asymptomatic corns, asymptomatic calluses, or asymptomatic
44 toenails in the presence of metabolic disease shall not be considered
45 routine foot care services. The medical service corporation shall
46 make available to a participating health care provider, upon request,
47 a list specifying the types of foot care services, and their related

1 diagnostic and procedure codes, that are excluded under the
2 contract.

3 Reimbursement for covered services shall be equal for all
4 providers performing the same services as indicated by the
5 procedure code assigned to the service.

6 This section shall apply to those medical service corporation
7 contracts in which the medical service corporation has reserved the
8 right to change the premium.

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10 3. A health service corporation contract that is delivered,
11 issued, executed, or renewed in this State pursuant to P.L.1985,
12 c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in
13 this State by the Commissioner of Banking and Insurance on or
14 after the effective date of this act, that provides hospital or medical
15 expense benefits that include foot care services shall be deemed to
16 include foot care services provided by a podiatric physician.

17 If the contract excludes coverage for routine foot care services,
18 the term routine foot care services shall mean the treatment or
19 removal of asymptomatic corns, asymptomatic calluses, or
20 asymptomatic toenails; except that the treatment or removal of
21 asymptomatic corns, asymptomatic calluses, or asymptomatic
22 toenails in the presence of metabolic disease shall not be considered
23 routine foot care services. The health service corporation shall
24 make available to a participating health care provider, upon request,
25 a list specifying the types of foot care services, and their related
26 diagnostic and procedure codes, that are excluded under the
27 contract.

28 Reimbursement for covered services shall be equal for all
29 providers performing the same services as indicated by the
30 procedure code assigned to the service.

31 This section shall apply to those health service corporation
32 contracts in which the health service corporation has reserved the
33 right to change the premium.

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35 4. An individual health insurance policy that is delivered,
36 issued, executed, or renewed in this State pursuant to chapter 26 of
37 Title 17B of the New Jersey Statutes, or approved for issuance or
38 renewal in this State by the Commissioner of Banking and
39 Insurance on or after the effective date of this act, that provides
40 hospital or medical expense benefits that include foot care services
41 shall be deemed to include foot care services provided by a
42 podiatric physician.

43 If the policy excludes coverage for routine foot care services, the
44 term routine foot care services shall mean the treatment or removal
45 of asymptomatic corns, asymptomatic calluses, or asymptomatic
46 toenails; except that the treatment or removal of asymptomatic
47 corns, asymptomatic calluses, or asymptomatic toenails in the
48 presence of metabolic disease shall not be considered routine foot

1 care services. The insurer shall make available to a participating
2 health care provider, upon request, a list specifying the types of foot
3 care services, and their related diagnostic and procedure codes, that
4 are excluded under the policy.

5 Reimbursement for covered services shall be equal for all
6 providers performing the same services as indicated by the
7 procedure code assigned to the service.

8 This section shall apply to those policies in which the insurer has
9 reserved the right to change the premium.

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11 5. A group health insurance policy that is delivered, issued,
12 executed, or renewed in this State pursuant to chapter 27 of Title
13 17B of the New Jersey Statutes, or approved for issuance or renewal
14 in this State by the Commissioner of Banking and Insurance on or
15 after the effective date of this act, that provides hospital or medical
16 expense benefits that include foot care services shall be deemed to
17 include foot care services provided by a podiatric physician.

18 If the policy excludes coverage for routine foot care services, the
19 term routine foot care services shall mean the treatment or removal
20 of asymptomatic corns, asymptomatic calluses, or asymptomatic
21 toenails; except that the treatment or removal of asymptomatic
22 corns, asymptomatic calluses, or asymptomatic toenails in the
23 presence of metabolic disease shall not be considered routine foot
24 care services. The insurer shall make available to a participating
25 health care provider, upon request, a list specifying the types of foot
26 care services, and their related diagnostic and procedure codes, that
27 are excluded under the policy.

28 Reimbursement for covered services shall be equal for all
29 providers performing the same services as indicated by the
30 procedure code assigned to the service.

31 This section shall apply to those policies in which the insurer has
32 reserved the right to change the premium.

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34 6. An individual health benefits plan that is delivered, issued,
35 executed, or renewed in this State pursuant to P.L.1992, c.161
36 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this
37 State by the Commissioner of Banking and Insurance on or after the
38 effective date of this act, that provides hospital or medical expense
39 benefits that include foot care services shall be deemed to include
40 foot care services provided by a podiatric physician.

41 If the health benefits plan excludes coverage for routine foot care
42 services, the term routine foot care services shall mean the
43 treatment or removal of asymptomatic corns, asymptomatic
44 calluses, or asymptomatic toenails; except that the treatment or
45 removal of asymptomatic corns, asymptomatic calluses, or
46 asymptomatic toenails in the presence of metabolic disease shall not
47 be considered routine foot care services. The carrier shall make
48 available to a participating health care provider, upon request, a list

1 specifying the types of foot care services, and their related
2 diagnostic and procedure codes, that are excluded under the plan.

3 Reimbursement for covered services shall be equal for all
4 providers performing the same services as indicated by the
5 procedure code assigned to the service.

6 This section shall apply to those individual health benefits plans
7 in which the carrier has reserved the right to change the premium.

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9 7. A small employer health benefits plan that is delivered,
10 issued, executed, or renewed in this State pursuant to P.L.1992,
11 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
12 in this State by the Commissioner of Banking and Insurance on or
13 after the effective date of this act, that provides hospital or medical
14 expense benefits that include foot care services shall be deemed to
15 include foot care services provided by a podiatric physician.

16 If the health benefits plan excludes coverage for routine foot care
17 services, the term routine foot care services shall mean the
18 treatment or removal of asymptomatic corns, asymptomatic
19 calluses, or asymptomatic toenails; except that the treatment or
20 removal of asymptomatic corns, asymptomatic calluses, or
21 asymptomatic toenails in the presence of metabolic disease shall not
22 be considered routine foot care services. The carrier shall make
23 available to a participating health care provider, upon request, a list
24 specifying the types of foot care services, and their related
25 diagnostic and procedure codes, that are excluded under the plan.

26 Reimbursement for covered services shall be equal for all
27 providers performing the same services as indicated by the
28 procedure code assigned to the service.

29 This section shall apply to those small employer health benefits
30 plans in which the carrier has reserved the right to change the
31 premium.

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33 8. Every certificate of authority to establish and operate a
34 health maintenance organization issued or continued in this State
35 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
36 issuance or renewal in this State, by the Commissioner of Banking
37 and Insurance, on or after the effective date of this act, for a health
38 maintenance organization which provides health care services for
39 foot care shall be deemed to include foot care services provided by
40 a podiatric physician.

41 If the contract excludes coverage for routine foot care services,
42 the term routine foot care services shall mean the treatment or
43 removal of asymptomatic corns, asymptomatic calluses, or
44 asymptomatic toenails; except that the treatment or removal of
45 asymptomatic corns, asymptomatic calluses, or asymptomatic
46 toenails in the presence of metabolic disease shall not be considered
47 routine foot care services. The health maintenance organization
48 shall make available to a participating health care provider, upon

1 request, a list specifying the types of foot care services, and their
2 related diagnostic and procedure codes, that are excluded under the
3 contract.

4 Reimbursement for covered services shall be equal for all
5 providers performing the same services as indicated by the
6 procedure code assigned to the service.

7 The provisions of this section shall apply to those contracts for
8 health care services by health maintenance organizations under
9 which the health maintenance organization has reserved the right to
10 change the schedule of charges for enrollee coverage.

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12 9. This act shall take effect on the first day of the fourth month
13 next following the date of enactment and shall apply to policies,
14 contracts, or plans issued or renewed on or after the effective date.

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STATEMENT

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19 This bill would require that a health benefits plan of a hospital,
20 medical or health service corporation, individual, small employer or
21 large group commercial insurer, or health maintenance organization
22 that provides coverage for foot care services would be deemed to
23 include foot care services provided by a podiatric physician.

24 If the health benefits plan excludes coverage for routine foot care
25 services, the term "routine foot care services" would mean the
26 treatment or removal of asymptomatic corns, asymptomatic
27 calluses, or asymptomatic toenails; except that the treatment or
28 removal of asymptomatic corns, asymptomatic calluses, or
29 asymptomatic toenails in the presence of metabolic disease would
30 not be considered routine foot care services. The bill would also
31 require the carrier to make available to a participating health care
32 provider, upon request, a list specifying the types of foot care
33 services, and their related diagnostic and procedure codes, that are
34 excluded under the plan.

35 The bill would additionally require that reimbursement for a
36 covered service be equal for all providers performing the same
37 service, as indicated by the procedure code assigned to the service.