



Sen. William R. Haine

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09800SB1630sam003

LRB098 08625 MGM 44294 a

1 AMENDMENT TO SENATE BILL 1630

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1630, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Illinois Clinical Laboratory and Blood Bank  
6 Act is amended by adding Section 7-105 as follows:

7 (210 ILCS 25/7-105 new)

8 Sec. 7-105. Direct billing of anatomic pathology services.

9 (a) A clinical laboratory that provides anatomic pathology  
10 services for patients in this State shall present or cause to  
11 be presented a claim, bill, or demand for payment for these  
12 services only to:

13 (1) the patient directly;

14 (2) the responsible insurer or other third-party  
15 payor;

16 (3) the hospital, public health clinic, or nonprofit

1 health clinic ordering such services;

2 (4) the referring laboratory, excluding a laboratory  
3 of a physician's office or group practice that does not  
4 perform the professional component of the anatomic  
5 pathology service for which the claim, bill, or demand is  
6 presented;

7 (5) governmental agencies, specified public or private  
8 agents of government agencies, or organizations, working  
9 on behalf of the recipient of the services.

10 (b) Clinical laboratories shall not, directly or  
11 indirectly, charge, bill, or otherwise solicit payment for  
12 anatomic pathology services unless the services were rendered  
13 by the clinical laboratory or by the laboratory's employee or  
14 agent in accordance with Section 353 of the Public Health  
15 Service Act (42 U.S.C. 263a).

16 (c) No patient, insurer, third-party payor, hospital,  
17 public health clinic, or nonprofit health clinic shall be  
18 required to reimburse any clinical laboratory for charges or  
19 claims submitted in violation of this Section.

20 (d) Nothing in this Section shall be construed to mandate  
21 the assignment of benefits for anatomic pathology services as  
22 defined in this Section.

23 (e) For purposes of this Section, the term "anatomic  
24 pathology services" means:

25 (1) histopathology or surgical pathology, meaning the  
26 gross and microscopic examination performed by a physician

1 or under the supervision of a physician, including  
2 histologic processing;

3 (2) cytopathology, meaning the microscopic examination  
4 of cells from the following: (i) fluids, (ii) aspirates,  
5 (iii) washings, (iv) brushings, or (v) smears, including  
6 the Pap test examination performed by a physician or under  
7 the supervision of a physician;

8 (3) hematology, meaning the microscopic evaluation of  
9 bone marrow aspirates and biopsies performed by a  
10 physician, or under the supervision of a physician, and  
11 peripheral blood smears when the attending or treating  
12 physician or technologist requests that a blood smear be  
13 reviewed by a pathologist;

14 (4) sub-cellular pathology or molecular pathology,  
15 meaning the assessment of a patient specimen for the  
16 detection, localization, measurement, or analysis of one  
17 or more protein or nucleic acid targets; and

18 (5) blood-banking services performed by pathologists.

19 (f) The provisions of this Section do not prohibit billing  
20 of a referring laboratory for anatomic pathology services in  
21 instances where a sample or samples must be sent to another  
22 laboratory for consultation or histologic processing. For  
23 purposes of this subsection (f), the term "referring  
24 laboratory" does not include a laboratory of a physician's  
25 office or group practice that does not perform the professional  
26 component of the anatomic pathology service involved.

1       (g) The Department may revoke, suspend, or deny renewal of  
2 the license of any clinical laboratory who violates the  
3 provisions of this Section.

4       (h) A person who receives a bill for an anatomic pathology  
5 service made in knowing and willful violation of this Section  
6 may maintain an action to recover the actual amount paid for  
7 the bill.

8       (i) This Section does not prohibit a referring physician  
9 who takes a patient specimen from charging a patient or a payor  
10 an acquisition or processing charge when:

11           (1) the charge is limited to actual costs incurred for  
12 specimen collection and transportation; and

13           (2) the charge is separately coded or denoted as a  
14 service distinct from the performance of the anatomic  
15 pathology service, in conformance with the coding policies  
16 of the American Medical Association.

17       (j) Nothing in this Section shall be construed to prohibit  
18 a referring physician from sending a patient's specimen to any  
19 laboratory providing anatomic pathology services.

20       (k) This Section does not apply to facilities licensed  
21 under the Hospital Licensing Act or the University of Illinois  
22 Hospital Act or clinical laboratories owned, operated by, or  
23 operated within facilities licensed under the Hospital  
24 Licensing Act or the University of Illinois Hospital Act, when  
25 billing:

26           (1) for inpatient services or outpatient services from

1       those facilities; or

2           (2) any other facility licensed under the Hospital  
3       Licensing Act or University of Illinois Hospital Act.

4       (1) A physician who orders and who does not perform a  
5       component of anatomic pathology services shall notify in  
6       writing a clinical laboratory or physician who performs or  
7       supervises those services for a patient that the laboratory  
8       performing the services is not participating in the patient's  
9       insurance or third-party payor network.

10       (m) When a physician or laboratory receives written  
11       notification as provided under subsection (l), notwithstanding  
12       the prohibitions of this Section, the laboratory or physician  
13       providing the anatomic pathology service shall bill the  
14       physician that refers the patient specimen.

15       (n) A physician that receives a bill for services in  
16       accordance with subsection (m) may bill an insurer or other  
17       third-party payor, provided that:

18           (1) the physician discloses in a bill for the services  
19       presented to insurer or other third-party payor:

20           (A) the name and address of the physician or  
21       laboratory that provided the anatomic pathology  
22       service; and

23           (B) the actual amount paid or to be paid for each  
24       anatomic pathology service provided to the patient by  
25       the physician or laboratory that performed the  
26       service;

1           (2) the bill for anatomic pathology services is not  
2           directly or indirectly increased from the amount required  
3           to be disclosed under subparagraph (B) of paragraph (1) of  
4           this subsection (n) in any bill presented to the  
5           third-party payor; and

6           (3) the billing by a referring physician as provided  
7           under subsection (m) is not contrary to the terms,  
8           contract, or policies upon which the insurer or other  
9           third-party payor provides payment to the billing  
10           physician.

11           Section 10. The Medical Practice Act of 1987 is amended by  
12           adding Section 70 as follows:

13           (225 ILCS 60/70 new)

14           Sec. 70. Direct billing of anatomic pathology services.

15           (a) A physician that provides anatomic pathology services  
16           for patients in this State shall present or cause to be  
17           presented a claim, bill, or demand for payment for these  
18           services only to:

19                   (1) the patient directly;

20                   (2) the responsible insurer or other third-party  
21           payor;

22                   (3) the hospital, public health clinic, or nonprofit  
23           health clinic ordering such services;

24                   (4) the referring laboratory, excluding a laboratory

1 of a physician's office or group practice that does not  
2 perform the professional component of the anatomic  
3 pathology service for which the claim, bill, or demand is  
4 presented;

5 (5) governmental agencies, specified public or private  
6 agents of government agencies, or organizations, working  
7 on behalf of the recipient of the services.

8 (b) Except for a physician at a referring laboratory that  
9 has been billed pursuant to subsection (f), physicians shall  
10 not, directly or indirectly, charge, bill, or otherwise solicit  
11 payment for anatomic pathology services unless the services  
12 were rendered personally by the physician or under the  
13 physician's direct supervision in accordance with Section 353  
14 of the Public Health Service Act (42 U.S.C. 263a).

15 (c) No patient, insurer, third-party payor, hospital,  
16 public health clinic, or nonprofit health clinic shall be  
17 required to reimburse any physician for charges or claims  
18 submitted in violation of this Section.

19 (d) Nothing in this Section shall be construed to mandate  
20 the assignment of benefits for anatomic pathology services as  
21 defined in this Section.

22 (e) For purposes of this Section, the term "anatomic  
23 pathology services" means:

24 (1) histopathology or surgical pathology, meaning the  
25 gross and microscopic examination performed by a physician  
26 or under the supervision of a physician, including

1 histologic processing;

2 (2) cytopathology, meaning the microscopic examination  
3 of cells from the following: (i) fluids, (ii) aspirates,  
4 (iii) washings, (iv) brushings, or (v) smears, including  
5 the Pap test examination performed by a physician or under  
6 the supervision of a physician;

7 (3) hematology, meaning the microscopic evaluation of  
8 bone marrow aspirates and biopsies performed by a  
9 physician, or under the supervision of a physician, and  
10 peripheral blood smears when the attending or treating  
11 physician or technologist requests that a blood smear be  
12 reviewed by a pathologist;

13 (4) sub-cellular pathology or molecular pathology,  
14 meaning the assessment of a patient specimen for the  
15 detection, localization, measurement, or analysis of one  
16 or more protein or nucleic acid targets; and

17 (5) blood-banking services performed by pathologists.

18 (f) The provisions of this Section do not prohibit billing  
19 of a referring laboratory for anatomic pathology services in  
20 instances where a sample or samples must be sent to another  
21 physician or laboratory for consultation or histologic  
22 processing. For purposes of this subsection (f), the term  
23 "referring laboratory" does not include a laboratory of a  
24 physician's office or group practice that does not perform the  
25 professional component of the anatomic pathology service  
26 involved.



1       (g) The Department may revoke, suspend, or deny renewal of  
2 the license of any physician who violates the provisions of  
3 this Section.

4       (h) A person who receives a bill for an anatomic pathology  
5 service made in knowing and willful violation of this Section  
6 may maintain an action to recover the actual amount paid for  
7 the bill.

8       (i) This Section does not prohibit a referring physician  
9 who takes a patient specimen from charging a patient or a payor  
10 an acquisition or processing charge when:

11           (1) the charge is limited to actual costs incurred for  
12 specimen collection and transportation; and

13           (2) the charge is separately coded or denoted as a  
14 service distinct from the performance of the anatomic  
15 pathology service, in conformance with the coding policies  
16 of the American Medical Association.

17       (j) Nothing in this Section shall be construed to prohibit  
18 a referring physician from sending a patient's specimen to any  
19 laboratory providing anatomic pathology services.

20       (k) A physician who orders and who does not perform a  
21 component of anatomic pathology services shall notify in  
22 writing a clinical laboratory or physician who performs or  
23 supervises those services for a patient that the laboratory  
24 performing the services is not participating in the patient's  
25 insurance or third-party payor network.

26       (l) When a physician or laboratory receives written

1 notification as provided under subsection (k), notwithstanding  
2 the prohibitions of this Section, the laboratory or physician  
3 providing the anatomic pathology service shall bill the  
4 physician that refers the patient specimen.

5 (m) A physician that receives a bill for services in  
6 accordance with subsection (l) may bill an insurer or other  
7 third-party payor, provided that:

8 (1) the physician discloses in a bill for the services  
9 presented to insurer, or other third-party payor:

10 (A) the name and address of the physician or  
11 laboratory that provided the anatomic pathology  
12 service; and

13 (B) the actual amount paid or to be paid for each  
14 anatomic pathology service provided to the patient by  
15 the physician or laboratory that performed the  
16 service;

17 (2) the bill for anatomic pathology services is not  
18 directly or indirectly increased from the amount required  
19 to be disclosed under subparagraph (B) of paragraph (1) of  
20 this subsection (m) in any bill presented to the  
21 third-party payor; and

22 (3) the billing by a referring physician as provided  
23 under subsection (l) is not contrary to the terms,  
24 contract, or policies upon which the insurer or other  
25 third-party payor provides payment to the billing  
26 physician.

1           Section 99. Effective date. This Act takes effect December  
2    31, 2013."