

1 State of Arkansas  
2 89th General Assembly  
3 Regular Session, 2013  
4

As Engrossed: S4/8/13

# A Bill

SENATE BILL 888

5 By: Senators Bledsoe, Irvin  
6 By: Representative Ferguson  
7

## For An Act To Be Entitled

9 AN ACT TO PROVIDE PARITY FOR MAMMOGRAPHY SERVICES  
10 REIMBURSEMENT; TO REQUIRE PAYMENT OF AT LEAST THE  
11 MEDICARE RELATIVE VALUE UNIT RATE FOR DIGITAL  
12 MAMMOGRAPHY UNTIL A CPT CODE IS ESTABLISHED; AND FOR  
13 OTHER PURPOSES.  
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### Subtitle

16 TO PROVIDE PARITY FOR MAMMOGRAPHY  
17 SERVICES REIMBURSEMENT.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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23 SECTION 1. DO NOT CODIFY. Legislative findings.

24 The General Assembly finds that:

25 (a) The General Assembly finds that:

26 (1) Health insurance payments to healthcare providers are  
27 primarily driven by Current Procedural Terminology (CPT) codes;

28 (2) If a Current Procedural Terminology code is not available  
29 for a healthcare procedure, temporary Healthcare Common Procedure Coding  
30 System (HCPCS) G codes are used until a Current Procedural Terminology code  
31 is established;

32 (3) In the struggle against breast cancer, digital mammography  
33 provides a powerful proven tool for early detection of disease, facilitating  
34 early intervention and increasing the chances for a complete recovery; and

35 (4) There is limited access to digital mammography service  
36 particularly in rural areas of the state because of the significant increase



1 in the cost of equipment and time and the lack of adjustment of payment.

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3 SECTION 2. Arkansas Code § 23-79-140, concerning insurance coverage  
4 for mammograms, is amended to add an additional subsection to read as  
5 follows:

6 (e) After January 1, 2014, an accident and health insurance company,  
7 hospital service corporation, health maintenance organization, or other  
8 accident and health insurance provider shall use the Healthcare Common  
9 Procedure Coding System G code for digital mammography and reimburse those  
10 codes at a minimum of one and five tenths (1.5) times the Medicare  
11 reimbursement rate for those codes until a Current Procedural Terminology  
12 code is established.

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14 /s/Bledsoe

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