



## ADMINISTRATIVE RULES OF MONTANA

### 6.6.5503 DEFINITIONS

For the purposes of this sub-chapter, the following terms have the following meanings:

- (1) "ASC X12N standard format" means the standards for electronic data interchange within the health care industry developed by the accredited standards committee X12N insurance subcommittee of the American national standards institute.
- (2) "CDT-1 codes" means the current dental terminology prescribed by the American dental association.
- (3) "CPT-4 codes" means the Physicians' Current Procedural Terminology, Fourth Edition published by the American medical association.
- (4) "HCFA" means the health care financing administration of the U.S. department of health and human services.
- (5) "HCFA Form 1450 (UB-92) " means the health insurance claim form maintained by HCFA for use by institutional care practitioners.
- (6) "HCFA Form 1500" means the health insurance claim form maintained by HCFA for use by health care practitioners.
- (7) "HCPCS" means HCFA's common procedure coding system, a coding system which describes products, supplies, procedures and health professional services and includes, the American medical association's (AMA's) Physicians' Current Procedural Terminology, Fourth Edition (CPT-4) codes, alpha-numeric codes, and related modifiers. This includes:
  - (a) "HCPCS level 1 codes" which are the AMA's CPT-4 codes and modifiers for professional services and procedures;
  - (b) "HCPCS level 2 codes" which are national alpha-numeric codes and modifiers for health care products and supplies, as well as some codes and modifiers for professional services not included in the AMA's CPT-4; and
  - (c) "HCPCS level 3 codes" which are local alpha-numeric codes and modifiers for items and services not included in HCPCS level 1 or HCPCS level 2.
- (8) "Health care practitioner" means a person licensed or certified to provide health care services.
- (9) "ICD-9-CM codes" means the diagnosis and procedure codes in the International Classification Of Diseases, Ninth Revision, clinical modifications published by the U.S. department of health and human services.

- (10) "Institutional care practitioner" means a facility or institution that is licensed to provide health care services.
- (11) "Issuer" means an insurance company, fraternal benefit society, health care service corporation, or health maintenance organization. This includes third party administrators and any other entity reimbursing the costs of health care expenses at the direction of an issuer. The term "issuer" does not include any insurer or self-insurer providing coverage pursuant to the Workers' Compensation and Occupational Disease Act. This definition does not include recipients of medicaid.
- (12) "Administrator" means a person who collects charges or premiums from residents of this state in connection with life, disability, property, or casualty insurance or annuities or who adjusts or settles claims on such coverage as defined in 33-17-102 (3) , MCA.
- (13) "J512 Form" means the uniform dental claim form approved by the American dental association for use by dentists.
- (14) "Revenue codes" means the codes established for use by institutional care practitioners by the national uniform billing committee.
- (15) The updated versions of the above-referenced codes will be in use within 90 days of adoption of this rule.

**Authorizing statute(s):** Sec. 50-4-501, MCA

**Implementing statute(s):** 50-4-305 and 50-4-501, MCA

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**History:** NEW, 1995 MAR p. 923, Eff. 5/26/95.