

SECOND REGULAR SESSION

SENATE BILL NO. 930

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR LEWIS.

4785S.01I

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to anesthesia services.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto
2 one new section, to be known as section 376.1245, to read as
3 follows:

376.1245. 1. As used in this section, the following
2 terms mean:

3 (1) "Anesthesia time", the period during which an
4 anesthesia practitioner is present with the patient,
5 starting when the anesthesia practitioner begins to prepare
6 the patient for anesthesia services in the operating room or
7 an equivalent area and ending when the anesthesia
8 practitioner is no longer furnishing anesthesia services to
9 the patient because the patient may be placed safely under
10 postoperative or postanesthesia care. The term "anesthesia
11 time" includes, if counted by the anesthesia practitioner,
12 blocks of time around an interruption in anesthesia time
13 provided the anesthesia practitioner is furnishing
14 continuous anesthesia care within the time periods around
15 the interruption;

16 (2) "Anesthesia time units", time units recognized
17 with appropriate time intervals that do not exceed fifteen
18 minutes in length for each interval and that, taken

19 together, represent the total anesthesia time for a
20 particular anesthesia service;

21 (3) "Excepted benefit plan", the same meaning given to
22 the term in section 376.998;

23 (4) "Health benefit plan", the same meaning given to
24 the term in section 376.1350. The term "health benefit
25 plan" shall also include the Missouri consolidated health
26 care plan established under chapter 103;

27 (5) "Health carrier", the same meaning given to the
28 term in section 376.1350;

29 (6) "Payment of anesthesia services", an amount paid
30 for anesthesia services:

31 (a) Determined by using prevailing medical coding and
32 billing standards in the professional medical billing
33 community, such as the Current Procedural Terminology code
34 book published by the American Medical Association, the
35 Medicare Claims Processing Manual, or guidance from
36 nationally recognized anesthesia organizations; and

37 (b) Calculated as the product obtained by multiplying
38 the following together:

39 a. The sum of the base units for the appropriate
40 medical code plus anesthesia time units and modifying units;
41 and

42 b. An anesthesia conversion factor that is defined in
43 the individual contract between the health carrier or health
44 benefit plan and the anesthesia practitioner or group.

45 2. No health carrier or health benefit plan shall
46 establish, implement, or enforce any policy, practice, or
47 procedure that imposes a time limit for the payment of
48 anesthesia services provided during a medical or surgical
49 procedure.

50 3. No health carrier or health benefit plan shall
51 establish, implement, or enforce any policy, practice, or
52 procedure that restricts or excludes all anesthesia time in
53 calculating the payment of anesthesia services.

54 4. Excepted benefit plans shall be subject to the
55 requirements of this section.

56 5. The provisions of this section shall apply to
57 health carriers that offer or issue health benefit plans
58 that are delivered, issued for delivery, continued, or
59 renewed in this state on or after August 28, 2026.

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