

State of Wisconsin



2013 Assembly Bill 109

Date of enactment: **July 5, 2013**
Date of publication*: **July 6, 2013**

2013 WISCONSIN ACT 26

AN ACT *to create* 632.873 of the statutes; **relating to:** fees for dental services.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 632.873 of the statutes is created to read:
632.873 Restrictions relating to fees for dental services. (1) **DEFINITIONS.** In this section, unless the context requires otherwise:

(a) "Covered service" means, with respect to dental or related services specified in a policy or plan that provides coverage for those services, a service provided by a dentist or at the direction of a dentist to an insured under the policy or an enrollee of the plan for which the policy or plan makes payment, administered consistently with policies traditionally governing covered services, or for which the policy or plan would make payment but for the application of contractual limitations of deductibles, copayments, coinsurance, waiting periods, annual maximums, lifetime maximums applicable to the same course of treatment, frequency limitations, or alternative benefit payments.

(b) "Policy" means a policy, certificate, or contract of insurance that provides only limited-scope dental benefits.

(c) "Related service" means a service that is commonly provided, by a dentist or at the direction of a dentist, in conjunction with a dental service.

(2) **PROHIBITIONS ON SETTING FEES.** (a) 1. A contract between an insurer offering a policy that provides coverage for dental and related services and a dentist for the

provision of dental and related services to an insured under the policy may not require the dentist to provide a service to an insured under the policy at a fee set by the insurer unless the service is a covered service under the policy.

2. A policy that provides coverage for dental and related services may not provide nominal or de minimis coverage for a dental or related service for the sole purpose of avoiding the requirements under subd. 1.

(b) An administrator providing 3rd-party administration services or a provider network for a plan that provides coverage for dental and related services may not require any dentist in the administrator's provider network that is eligible to provide services under the plan to charge set fees for dental or related services provided to enrollees of the plan that are not covered services under the plan.

(3) **PROHIBITION ON CHARGES.** A dentist who, under a contract with an insurer offering a policy that provides coverage for dental and related services, provides dental or related services to an insured under the policy may not charge the insured more than the dentist's usual nondiscounted fee for a dental or related service that is not a covered service under the policy.

SECTION 2. Initial applicability.

(1) The treatment of section 632.873 (2) (a) 1. and (3) of the statutes first applies to a contract between an insurer offering a limited-scope dental policy and a den-

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

2013 Wisconsin Act 26

2013 Assembly Bill 109

tist that is entered into, modified, or renewed on the effective date of this subsection.

(2) The treatment of section 632.873 (2) (b) of the statutes first applies to a contract between an administrator providing 3rd-party administration services or a provider network for a plan and a dentist that is entered into, modified, or renewed on the effective date of this subsection.

(3) The treatment of section 632.873 (2) (a) 2. of the statutes first applies to a limited-scope dental policy that is newly issued or renewed on the effective date of this subsection.

SECTION 3. Effective date.

(1) This act takes effect on January 1, 2014.
