

IC 16-48

**ARTICLE 48. OTHER HEALTH CARE PROVIDERS
AND SERVICES**

IC 16-48-1

Chapter 1. Anatomic Pathology Services

IC 16-48-1-0.5

Application and construction of chapter

Sec. 0.5. (a) This chapter may not be construed to apply to an anatomic pathology service that is:

- (1) billed to a hospital by a clinical laboratory; or
- (2) billed by the hospital for an inpatient or outpatient facility of the hospital.

(b) This chapter may not be construed to prohibit a physician who has performed the anatomic pathology service on a patient sample from billing a patient or payer for the histological processing of the sample if the histological processing is performed by another physician or a clinical laboratory. The physician who performed the anatomic pathology service may combine the cost for the histological processing of the sample and for the anatomic pathology service for billing purposes, but may not add a fee for the histological processing of the sample.

As added by P.L.3-2013, SEC.1.

IC 16-48-1-1

"Anatomic pathology service"

Sec. 1. As used in this chapter, "anatomic pathology service" means any of the following performed by a physician or under the supervision of a physician on a sample taken from a human body:

- (1) Histopathology or surgical pathology, meaning the gross and microscopic examination and histologic processing of organ tissue.
- (2) Cytopathology, meaning the microscopic examination of cells from the following:
 - (A) Fluids.
 - (B) Aspirates.
 - (C) Washings.
 - (D) Brushings.
 - (E) Smears.
- (3) Hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies, and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist.
- (4) Subcellular pathology and molecular pathology, meaning the assessment of a specimen for detection, localization, measurement, or analysis of protein or nucleic acid targets.

(5) Blood banking services performed by pathologists.
As added by P.L.222-2011, SEC.1.

IC 16-48-1-2

"Physician"

Sec. 2. As used in this chapter, "physician" includes a physician group practice.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-3

"Provider"

Sec. 3. As used in this chapter, "provider" means a health care provider or a clinical laboratory.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-4

"Second opinion"

Sec. 4. As used in this chapter, "second opinion" means consultation, histologic processing, or additional testing performed on a sample by a second provider after an anatomic pathology service is performed on the sample by a first provider.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-5

Billing, claims, demand for payment for anatomic pathology service; second opinion

Sec. 5. (a) Except as provided in subsection (b), a provider shall not present a bill, claim, or other demand for payment for an anatomic pathology service unless the anatomic pathology service was performed:

- (1) within the provider's office;
- (2) by a physician or under the direct supervision of a physician; and
- (3) in accordance with Section 353 of the federal Public Health Service Act (42 U.S.C. 263a).

(b) If a sample taken from a human body is sent:

- (1) by a provider that has performed an anatomic pathology service; and
- (2) to a second provider for a second opinion;

the provider described in subdivision (1) may present a bill, claim, or other demand for payment for the second opinion.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-6

Recipient of bill, claim, other demand for payment for anatomic pathology service

Sec. 6. (a) Except as provided in subsection (b), a bill, claim, or other demand for payment permitted by section 5 of this chapter may

be presented only to the following:

- (1) The patient.
- (2) The patient's insurer or other third party payer.
- (3) A government agency, or another agency or organization, that serves as a payment source on behalf of the patient.
- (4) The hospital, health clinic, public health clinic, or rural health clinic.

(b) If a provider described in section 5(b)(1) of this chapter presents a bill, claim, or other demand for payment for a second opinion as permitted by section 5(b) of this chapter, the second provider may bill the provider described in section 5(b)(1) for the second opinion.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-7

Violations

Sec. 7. A person is not required to reimburse a provider for charges or claims submitted in violation of this chapter.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-8

License or certification; consequences for violation

Sec. 8. If a provider violates this chapter, the state entity that has jurisdiction over licensing or certification of the provider may revoke, suspend, or refuse to renew the license or certification of the provider.

As added by P.L.222-2011, SEC.1.

IC 16-48-1-9

Assignment of benefits not required

Sec. 9. This chapter does not require assignment of benefits for an anatomic pathology service.

As added by P.L.222-2011, SEC.1.