

2023 Kansas Statutes

40-2,225. Payment and reimbursement of dental services by dental benefits plans; definitions.
As used in K.S.A. 2023 Supp. 40-2,225 through 40-2,227, and amendments thereto:

- (a) "Contracting entity" means any person or entity that enters into a direct contract with a provider for the delivery of dental services in the ordinary course of business, including a third-party administrator and a dental carrier.
- (b) "Covered person" means an individual who is covered under a dental benefits or health insurance plan that provides coverage for dental services.
- (c) "Credit card payment" means a type of electronic funds transfer in which a dental benefit plan or such plan's contracted vendor issues a single-use series of numbers associated with the payment of dental services performed by a dentist and chargeable to a predetermined dollar amount and in which the dentist is responsible for processing the payment by a credit card terminal or internet portal. "Credit card payment" includes a virtual or online credit card payment where no physical credit card is presented to the dentist, and the single-use credit card expires upon payment processing.
- (d) "Dental benefit plan" means a benefits plan that pays or provides dental expense benefits for covered dental services and is delivered or issued for delivery by or through a dental carrier on a stand-alone basis. "Dental benefit plan" includes coverage for dental benefits integrated or otherwise incorporated into the terms and coverage of a health benefits plan.
- (e) "Dental carrier" means a dental insurance company, dental service corporation, dental plan organization authorized to provide dental benefits or a health benefits plan that includes coverage for dental services.
- (f) "Dental services" means services for the diagnosis, prevention, treatment or cure of a dental condition, illness, injury or disease. "Dental services" does not include services delivered by a provider that are billed as medical expenses under a health benefits plan.
- (g) "Dental service contractor" means any person who accepts a prepayment from or for the benefit of any other person or group of persons as consideration for providing to such person or group of persons the opportunity to receive dental services at times in the future as such services may be appropriate or required. "Dental service contractor" does not include a dentist or professional dental corporation that accepts prepayment on a fee-for-service basis for providing specific dental services to individual patients for whom such services have been prediagnosed.
- (h) "Dentist" means any dentist licensed or otherwise authorized in this state to provide dental services.
- (i) "Dentist agent" means a person or entity that contracts with a dentist establishing an agency relationship to process bills for services provided by the dentist under the terms and conditions of a contract between the agent and dentist, including contractual relationships that permit the agent to submit bills, request reconsideration and receive reimbursement.
- (j) "Electronic funds transfer payment" means a payment by any method of electronic funds transfer other than through the automated clearing house network, as codified in 45 C.F.R. §§ 162.1601 and 162.1602.
- (k) "Health insurance plan" means any: Hospital or medical insurance policy or certificate; qualified high-deductible health plan; health maintenance organization subscriber contract; contract providing benefits for dental care, whether such contract is pursuant to a medical insurance policy or certificate; stand-alone dental plan; health maintenance provider contract; or managed health care plan.
- (l) "Health insurer" means any entity or person that issues a health insurance plan.
- (m) "Provider" means an individual or entity that, acting within the scope of licensure or certification, provides dental services or supplies defined by the dental benefit plan. "Provider" does not include a physician organization or physician hospital organization that leases or rents the physician organization's or physician hospital organization's network to a third party.
- (n) "Provider network contract" means a contract between a contracting entity and a provider that specifies the rights and responsibilities of the contracting entity and

provides for the delivery and payment of dental services to an enrollee.

(o) "Third party" means a person or entity that enters into a contract with a contracting entity or with another third party to gain access to the dental services or contractual discounts of a provider network contract. "Third party" does not include any employer or other group for whom the dental carrier or contracting entity provides administrative services.

History: L. 2022, ch. 49, § 1; July 1.