62J.805 DEFINITIONS.

Subdivision 1. **Application.** For purposes of sections 62J.805 to 62J.808, the following terms have the meanings given.

- Subd. 2. **Billing error.** "Billing error" means an error in a bill from a health care provider to a patient for health treatment or services that affects the amount owed by the patient according to that bill. Billing error includes but is not limited to (1) miscoding a health treatment or service, (2) an error in determining whether a health treatment or service is covered under the patient's health plan, or (3) an error in determining the cost-sharing owed by the patient.
- Subd. 3. **Group practice.** "Group practice" has the meaning given to health care provider group practice in section 145D.01, subdivision 1.
 - Subd. 4. **Health care provider.** "Health care provider" means:
- (1) a health professional who is licensed or registered by the state to provide health treatment and services within the professional's scope of practice and in accordance with state law;
 - (2) a group practice; or
 - (3) a hospital.
 - Subd. 5. **Health plan.** "Health plan" has the meaning given in section 62A.011, subdivision 3.
- Subd. 6. **Hospital.** "Hospital" means a health care facility licensed as a hospital under sections 144.50 to 144.56.
 - Subd. 7. **Medically necessary.** "Medically necessary" means:
 - (1) safe and effective;
- (2) not experimental or investigational, except as provided in Code of Federal Regulations, title 42, section 411.15 (o);
- (3) furnished in accordance with acceptable medical standards of medical practice to diagnose or treat the patient's condition, or to improve the function of a malformed body member;
 - (4) furnished in a setting appropriate to the patient's medical need and condition;
 - (5) ordered and furnished by qualified personnel;
 - (6) meets, but does not exceed, the patient's medical need; and
 - (7) is at least as beneficial as an existing and available medically appropriate alternative.
- Subd. 8. **Payment.** "Payment" includes co-payments and coinsurance and deductible payments made by a patient.

History: 2024 c 114 art 3 s 25