

(2) In making a determination under subsection (b)(3)(i) of this section concerning the resources of a health care practitioner necessary to deliver health care services, the Commission:

- (i) Shall ensure that the compensation for health care services is reasonably related to the cost of providing the health care service; and
- (ii) Shall consider:
  1. The cost of professional liability insurance;
  2. The cost of complying with all federal, State, and local regulatory requirements;
  3. The reasonable cost of bad debt and charity care;
  4. The differences in experience or expertise among health care practitioners, including recognition of relative preeminence in the practitioner's field or specialty and the cost of education and continuing professional education;
  5. The geographic variations in practice costs;
  6. The reasonable staff and office expenses deemed necessary by the Commission to deliver health care services;
  7. The costs associated with a faculty practice plan affiliated with a teaching hospital; and
  8. Any other factors deemed appropriate by the Commission.

(3) In making a determination under subsection (b)(3)(ii) of this section concerning the value of a health care service relative to other health care services, the Commission shall consider:

- (i) The relative complexity of the health care service compared to that of other health care services;
- (ii) The cognitive skills associated with the health care service;
- (iii) The time and effort that are necessary to provide the health care service; and
- (iv) Any other factors deemed appropriate by the Commission.

(4) Except as provided under subsection (d) of this section, a conversion modifier shall be:

- (i) A payor's standard for reimbursement;
- (ii) A health care practitioner's standard for reimbursement; or
- (iii) Arrangements agreed upon between a payor [or patient] and a health care practitioner, ~~OR FOR SERVICES NOT COVERED BY A HEALTH BENEFIT PLAN, BETWEEN A PATIENT AND A HEALTH CARE PRACTITIONER.~~