

(2) Describes the geographic variation in the utilization of those health care services.

(g) In developing the medical care data base, the Commission shall consult with:

(1) Representatives of health care practitioners, payors, and hospitals; and

(2) Representatives of the Health Services Cost Review Commission and the Health Resources Planning Commission to ensure that the medical care data base is compatible with, may be merged with, and does not duplicate information collected by the Health Services Cost Review Commission hospital discharge data base, or data collected by the Health Resources Planning Commission as authorized in § 19-107 of this title.

(h) (1) If a physician's bill or request for payment for a physician's services includes a charge to a patient for a diagnostic test for which payment may be made by a payor, the amount payable with respect to the test shall be determined as follows:

(i) If the bill or request for payment indicates that the physician who submitted the bill, or for whose services the request for payment was made, personally performed or supervised the performance of the test or that another physician with whom the physician shares the practice personally performed or supervised the test, the payment shall be the reasonable charge for the test less the applicable deductible and coinsurance amounts; or

(ii) If the bill or request for payment indicates that the test was performed by another provider or an office facility, identifies the provider or office facility, and indicates the amount the provider or office facility charged the physician who submitted the bill or for whose services the request for payment was made, payment for the test shall be the lower of:

1. The provider's or office facility's usual, customary and reasonable charge for the test; or

2. The amount the provider or office facility charged the physician for the test, plus a fee not to exceed \$5, where the physician bills for such a service, to cover the physician's costs in collecting and handling the sample on which the test was performed less the applicable deductible and coinsurance amounts.

(2) A payor may refuse payment of a bill, if the bill or request for a payment:

(i) As provided under paragraph (1)(i)1 of this subsection, does not indicate who performed the test; or

(ii) As provided under paragraph (1)(i)2 of this subsection, indicates that the test was performed by a provider or office facility but does not identify the provider or office facility or include the amount charged by the provider or office facility.

(3) A physician may not bill:

(i) For any amount: