APPROVED BY THE HEALTH CARE FINANCING ADMINISTRATION FOR HOSPITAL PAYMENTS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT.

(C) HEALTH CARE PRACTITIONERS' SERVICES.

THE COMMISSIONER SHALL ADOPT BY REGULATION A UNIFORM CLAIMS FORM FOR REIMBURSEMENT OF HEALTH CARE PRACTITIONERS' SERVICES.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490P.

Defined terms: "Commissioner" § 1–101
"Person" § 1–101

15–1004. ACCEPTANCE OF UNIFORM CLAIMS FORMS REQUIRED.

(A) IN GENERAL.

FOR SERVICES RENDERED BY A PERSON ENTITLED TO REIMBURSEMENT UNDER § 15–701(A) OF THIS TITLE OR BY A HOSPITAL, AS DEFINED IN § 19–301 OF THE HEALTH – GENERAL ARTICLE, AN INSURER OR NONPROFIT HEALTH SERVICE PLAN:

(1) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, SHALL ACCEPT THE UNIFORM CLAIMS FORM ADOPTED BY THE COMMISSIONER UNDER § 15–1003 OF THIS SUBTITLE:

(I) AS A PROPERLY FILED CLAIM WITH ALL NECESSARY DOCUMENTATION; AND

(II) AS THE SOLE INSTRUMENT FOR REIMBURSEMENT; AND

(2) MAY NOT IMPOSE AS A CONDITION OF REIMBURSEMENT A REQUIREMENT TO:

(I) MODIFY THE UNIFORM CLAIMS FORM OR ITS CONTENT; OR

(II) SUBMIT ADDITIONAL CLAIMS FORMS.

(B) COMPLETION AND SUBMISSION OF FORMS.

A UNIFORM CLAIMS FORM SUBMITTED UNDER THIS SECTION SHALL BE COMPLETED PROPERLY AND MAY BE SUBMITTED BY ELECTRONIC TRANSFER.

(C) ADDITIONAL MEDICAL INFORMATION FOR DISPUTED CLAIMS.

IF THE LEGITIMACY OR APPROPRIATENESS OF A HEALTH CARE SERVICE IS DISPUTED, AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY REQUEST ADDITIONAL MEDICAL INFORMATION THAT DESCRIBES AND SUMMARIZES THE DIAGNOSIS, TREATMENT, AND SERVICES RENDERED TO THE INSURED.

(D) ADDITIONAL INFORMATION TO DETERMINE ELIGIBILITY OR COVERAGE.

(1) IF NECESSARY TO DETERMINE ELIGIBILITY FOR BENEFITS OR TO DETERMINE COVERAGE, AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY