

(I) THE APPLICABLE CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE, AS ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION;

(II) IF FOR A DENTAL SERVICE, THE APPLICABLE CODE ADOPTED BY THE AMERICAN DENTAL ASSOCIATION; OR

(III) ANOTHER APPLICABLE CODE UNDER AN APPROPRIATE UNIFORM CODING SCHEME USED BY A CARRIER IN ACCORDANCE WITH THIS SECTION.

(4) "CODING GUIDELINES" MEANS THOSE STANDARDS OR PROCEDURES USED OR APPLIED BY A PAYOR TO DETERMINE THE MOST ACCURATE AND APPROPRIATE CODE OR CODES FOR PAYMENT BY THE PAYOR FOR A SERVICE OR SERVICES.

~~(3)~~ (5) "Health care provider" means a person or entity licensed, certified or otherwise authorized under the Health Occupations Article or the Health - General Article to provide health care services.

~~(4) "IMPROPER CODING" MEANS THE USE OF A PROCEDURAL CODE FOR A PROCEDURE OR SERVICE DELIVERED, IN A SUBMISSION OF CLAIM INFORMATION, THAT DOES NOT CONFORM WITH:~~

~~(I) THE VERSION OF THE AMERICAN MEDICAL ASSOCIATION'S CLINICAL PROCEDURAL TERMINOLOGY CODE BOOK IN EFFECT ON THE DATE A CLAIM WAS SUBMITTED TO A CARRIER FOR REIMBURSEMENT; OR~~

~~(II) THE CODING GUIDELINES THAT A CARRIER HAS PROVIDED IN WRITING TO THE HEALTH CARE PROVIDER THAT ARE IN EFFECT ON THE DATE THAT THE CLAIM WAS SUBMITTED TO THE CARRIER FOR REIMBURSEMENT.~~

(b) (1) If a carrier retroactively denies reimbursement to a health care provider, the carrier:

(i) may only retroactively deny reimbursement for services subject to coordination of benefits with another carrier, the Maryland Medical Assistance Program, or the Medicare Program during the 18-month period after the date that the carrier paid the claim submitted by the health care provider; and

(ii) except as provided in item (i) of this paragraph, may only retroactively deny reimbursement during the 6-month period after the date that the carrier paid the claim submitted by the health care provider.

(2) (i) A carrier that retroactively denies reimbursement to a health care provider under paragraph (1) of this subsection shall provide the health care provider with a written statement specifying the basis for the retroactive denial.

(ii) If the retroactive denial of reimbursement results from coordination of benefits, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.

(c) Except as provided in subsection (d) of this section, a carrier that does not comply with the provisions of subsection (b) of this section may not retroactively deny