

~~1: AS ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION FOR MEDICAL SERVICES; OR~~

~~2: AS ADOPTED BY THE AMERICAN DENTAL ASSOCIATION FOR DENTAL SERVICES;~~

~~(H) OTHER APPLICABLE CODES UNDER A UNIFORM CODING SCHEME REQUIRED BY THE CARRIER, IN EFFECT ON THE DATE THE SERVICE OR GROUP OF SERVICES WERE RENDERED, IN INSTANCES WHERE A CURRENT PROCEDURAL TERMINOLOGY (CPT) CODE IS NOT THE APPLICABLE CODE FOR THE SERVICE PROVIDED; OR~~

~~(I) THE PROVISIONS OF THE HEALTH CARE PROVIDER'S CONTRACT WITH THE CARRIER IN EFFECT ON THE DATE THE SERVICE OR GROUP OF SERVICES WERE RENDERED.~~

(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 reimbursement or attempt in any manner to retroactively collect reimbursement already paid to a health care provider by reducing reimbursements currently owed to the health care provider, withholding future reimbursement, or in any other manner affecting the future reimbursement to the health care provider.

(d) (1) The provisions of subsection (b)(1) of this section do not apply if:

(I) a carrier retroactively denies reimbursement to a health care provider because ~~OF IMPROPER CODING OR~~ the information submitted to the carrier was fraudulent or ~~improperly coded~~ OR IMPROPERLY CODED; AND

(II) IN THE CASE OF IMPROPER CODING, THE CARRIER HAS PROVIDED TO THE HEALTH CARE PROVIDER SUFFICIENT INFORMATION REGARDING