

~~(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 payer to determine the most accurate and appropriate code or codes for payment by the payer for a service or services.~~

~~(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.~~

~~(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 the information submitted to the carrier was fraudulent or improperly coded; and~~

~~(ii) in the case of improper coding, the carrier has provided to the health care provider sufficient information regarding the coding guidelines used by the carrier at least 30 days prior to the date the services subject to the retroactive denial were rendered.~~

~~(2) Information submitted to the carrier may be considered to be improperly coded under paragraph (1) of this subsection if the information submitted to the carrier by the health care provider:~~