

(ii) that, IN ACCORDANCE WITH § 15-1003(D)(1)(II) OF THIS SUBTITLE, THE LEGITIMACY OF THE CLAIM OR THE APPROPRIATE AMOUNT OF REIMBURSEMENT IS IN DISPUTE AND additional information is necessary [to determine if all or part of the claim will be reimbursed] FOR THE CLAIM TO BE CONSIDERED A CLEAN CLAIM and what specific additional information is necessary; OR

(III) THAT THE CLAIM IS NOT CLEAN AND THE SPECIFIC ADDITIONAL INFORMATION NECESSARY FOR THE CLAIM TO BE CONSIDERED A CLEAN CLAIM.

(d) An insurer, nonprofit health service plan, or health maintenance organization shall permit a provider a minimum of 6 months from the date a covered service is rendered to submit a claim for reimbursement for the service.

~~(e) (1) If an insurer, nonprofit health service plan, or health maintenance organization notifies a provider that additional documentation is necessary [to adjudicate a claim] FOR THE CLAIM TO BE CONSIDERED A CLEAN CLAIM, the insurer, nonprofit health service plan, or health maintenance organization shall reimburse the provider for covered services within 30 days after receipt of all reasonable and necessary documentation.~~

~~(2) If an insurer, nonprofit health service plan, or health maintenance organization fails to comply with the requirements of paragraph (1) of this subsection, the insurer, nonprofit health service plan, or health maintenance organization shall pay interest in accordance with the requirements of subsection (f) of this section.~~

(E) (1) IF AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION PROVIDES NOTICE UNDER SUBSECTION (C)(2)(I) OF THIS SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL PAY ANY UNDISPUTED PORTION OF THE CLAIM WITHIN 30 DAYS OF RECEIPT OF THE CLAIM, IN ACCORDANCE WITH THIS SECTION.

(2) IF AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION PROVIDES NOTICE UNDER SUBSECTION (C)(2)(II) OF THIS SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL:

(I) PAY ANY UNDISPUTED PORTION OF THE CLAIM IN ACCORDANCE WITH THIS SECTION; AND

(II) COMPLY WITH SUBSECTION (C)(1) OR (2)(I) OF THIS SECTION WITHIN 30 DAYS AFTER RECEIPT OF THE REQUESTED ADDITIONAL INFORMATION.

(3) IF AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION PROVIDES NOTICE UNDER SUBSECTION (C)(2)(III) OF THIS SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL COMPLY WITH SUBSECTION (C)(1) OR (2)(I) OF THIS SECTION WITHIN 30 DAYS AFTER RECEIPT OF THE REQUESTED ADDITIONAL INFORMATION.