

(iv) Preauthorization of certain selected procedures if proposed to be performed on an inpatient basis;

(v) [Before admission, the requirement of an objective second opinion regarding the desirability of performing certain selected surgical procedures on a nonemergency basis;

(vi)] Continued stay review based on recognized objective criteria;

[(vii)] (VI) Discharge planning review; and

[(viii)] (VII) Readmission review.

(4) A patient may not be charged for any days disallowed as a result of retrospective review under paragraph (3) of this subsection unless the patient refuses to leave the hospital when it is medically appropriate to do so and the disallowed days occur:

(i) After the hospital has notified the patient in writing of the potential disallowance; or

(ii) As a direct result of the noncompliance by the patient to treatment or hospital regulations.

(5) A hospital shall be exempt from requiring a utilization review program for a patient if:

(i) 1. The patient is insured by a third-party payor; and

2. The third-party payor has a utilization review program for its subscribers or beneficiaries which meets the minimum standards as adopted in paragraph (3) of this subsection; or

(ii) The patient is a subscriber or member of a health maintenance organization as defined in § 19-701 of this title.

(6) Where federal regulations or guidelines for a federally mandated utilization review program for federally insured patients differ from standards established under paragraph (3) of this subsection, the Secretary may waive a specific standard if the program achieves the same objectives as the standards established by the Secretary.

(7) The Secretary may establish recordkeeping and reporting requirements:

(i) To evaluate the effectiveness of hospitals' utilization review programs; and

(ii) To determine if the utilization review programs are in compliance with the provisions of this section and regulations adopted by the Secretary to administer this section.