

(2) In the event a patient or health care provider, including a physician, intermediate care facility described under § 8-403(e) of this article, or hospital seeks reconsideration or appeal of an adverse decision by a private review agent, the final determination [to deny or reduce coverage] OF THE APPEAL OF THE ADVERSE DECISION shall be stated in writing and shall reference the specific criteria and standards, including interpretive guidelines, upon which the denial or reduction in coverage is based.

(F) A PRIVATE REVIEW AGENT MAY NOT CHARGE A FEE TO A PATIENT OR HEALTH CARE PROVIDER FOR AN APPEAL OF AN ADVERSE DECISION.

19-1305.2.

(A) EXCEPT AS SPECIFICALLY PROVIDED IN § 19-1305.1 OF THIS SUBTITLE:

(1) ALL ADVERSE DECISIONS SHALL BE MADE BY A PHYSICIAN OR A PANEL OF OTHER APPROPRIATE HEALTH CARE PROVIDERS WITH AT LEAST 1 PHYSICIAN ON THE PANEL.

(2) IN THE EVENT A PATIENT OR HEALTH CARE PROVIDER, INCLUDING A PHYSICIAN, INTERMEDIATE CARE FACILITY DESCRIBED IN § 8-403(E) OF THIS ARTICLE, OR HOSPITAL SEEKS RECONSIDERATION OR APPEAL OF AN ADVERSE DECISION BY A PRIVATE REVIEW AGENT, THE FINAL DETERMINATION OF THE APPEAL OF THE ADVERSE DECISION SHALL BE MADE BASED ON THE PROFESSIONAL JUDGMENT OF A PHYSICIAN OR A PANEL OF OTHER APPROPRIATE HEALTH CARE PROVIDERS WITH AT LEAST 1 PHYSICIAN ON THE PANEL.

(3) IN THE EVENT A PATIENT OR HEALTH CARE PROVIDER, INCLUDING A PHYSICIAN, INTERMEDIATE CARE FACILITY DESCRIBED IN § 8-403(E) OF THIS ARTICLE, OR HOSPITAL SEEKS RECONSIDERATION OR APPEAL OF AN ADVERSE DECISION BY A PRIVATE REVIEW AGENT, THE FINAL DETERMINATION OF THE APPEAL OF THE ADVERSE DECISION SHALL:

(I) BE STATED IN WRITING AND PROVIDE AN EXPLANATION OF THE REASON FOR THE ADVERSE DECISION; AND SHALL

(II) REFERENCE THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES, — INCLUDING INTERPRETIVE GUIDELINES, UPON WHICH THE ADVERSE DECISION IS BASED.

(B) A PRIVATE REVIEW AGENT MAY NOT CHARGE A FEE TO A PATIENT OR HEALTH CARE PROVIDER FOR AN APPEAL OF AN ADVERSE DECISION.