

(3) WHEN THE LEGITIMACY OR APPROPRIATENESS OF THE HEALTH CARE SERVICE IS DISPUTED, AN INSURER MAY REQUEST ADDITIONAL MEDICAL INFORMATION THAT DESCRIBES AND SUMMARIZES THE DIAGNOSIS, TREATMENT, AND SERVICES RENDERED TO THE INSURED.

(4) WHEN NECESSARY TO DETERMINE ELIGIBILITY FOR BENEFITS OR FOR DETERMINATION OF COVERAGE, AN INSURER MAY OBTAIN ADDITIONAL INFORMATION FROM ITS INSURED, THE EMPLOYER OF THE INSURED, OR ANY OTHER NON-PROVIDER THIRD PARTY, PROVIDED THAT ANY DELAYS IN PAYING A UNIFORM CLAIM RESULTING FROM OBTAINING THIS INFORMATION ARE SUBJECT TO THE PROVISIONS OF SUBSECTION (B)(2)(I)2 OF THIS SECTION.

~~(4)~~ (5) THE COMMISSIONER MAY IMPOSE A PENALTY NOT TO EXCEED \$500 ON ANY INSURER THAT VIOLATES THE PROVISIONS OF THIS SECTION.

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(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) EXCEPT AS OTHERWISE PROVIDED IN THIS PARAGRAPH, "HEALTH CARE PRACTITIONER" MEANS ANY PERSON LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE AND REIMBURSED BY A THIRD PARTY PAYOR.

(II) SUBJECT TO THE PROVISIONS OF SUBPARAGRAPH (II) OF THIS PARAGRAPH, "HEALTH CARE PRACTITIONER" DOES NOT INCLUDE A PHYSICIAN OR OTHER PERSON LICENSED OR CERTIFIED UNDER THIS ARTICLE WHO IS COMPENSATED BY A HEALTH MAINTENANCE ORGANIZATION ON A SALARIED OR CAPITATED BASIS.

(III) THE EXCLUSION PROVIDED UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH ONLY APPLIES WHEN THE PHYSICIAN OR OTHER LICENSED OR CERTIFIED PERSON IS RENDERING CARE TO A MEMBER OR SUBSCRIBER OF THE HEALTH MAINTENANCE ORGANIZATION UNDER A SALARIED OR CAPITATED SYSTEM.

(3) "HOSPITAL" MEANS HOSPITAL AS DEFINED IN § 19-301(F) OF THE HEALTH - GENERAL ARTICLE.

(B) THE COMMISSIONER SHALL ADOPT BY REGULATION AS THE UNIFORM CLAIMS FORM FOR REIMBURSEMENT OF HOSPITAL SERVICES IN THIS STATE THE UNIFORM CLAIMS FORM ADOPTED BY THE NATIONAL UNIFORM BILLING COMMITTEE AND APPROVED BY THE HEALTH CARE FINANCING ADMINISTRATION FOR HOSPITAL PAYMENTS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT.