

CRITERIA AND STANDARDS, ~~INCLUDING THE INTERPRETIVE GUIDELINES~~, TO BE USED IN CONDUCTING UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES AND ANY SUBSEQUENT REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA AND STANDARDS, ~~INCLUDING INTERPRETIVE GUIDELINES~~, TO BE USED IN CONDUCTING UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES TO THE PERSON OR HEALTH CARE FACILITY MAKING THE REQUEST.

(D) THE PRIVATE REVIEW AGENT MAY CHARGE A REASONABLE FEE FOR A COPY OF THE SPECIFIC CRITERIA AND STANDARDS OR ANY SUBSEQUENT REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA TO ANY PERSON OR HEALTH CARE FACILITY REQUESTING A COPY UNDER SUBSECTION (C) OF THIS SECTION.

19-1305.1.

(a) In this section, "utilization review" means a system for reviewing the appropriate and efficient allocation of health care resources and services given or proposed to be given to a patient or group of patients by a health care provider, including a hospital or an intermediate care facility described under § 8-403(e) of this article.

(b) In addition to any other requirements under this subtitle, a private review agent performing utilization review of services related to the treatment of alcoholism, drug abuse, or mental illness shall meet the requirements of this section.

(c) [Any determination to deny or reduce coverage] ALL ADVERSE DECISIONS shall be made by a physician, or a panel of other appropriate health care providers with at least 1 physician, selected by the private review agent who is:

(1) (i) Board certified or eligible in the same specialty as the treatment under review; or

(ii) Actively practicing, or has demonstrated expertise, in the alcohol, drug abuse, or mental health service or treatment under review; and

(2) Not compensated by the private review agent in a manner that provides a financial incentive directly or indirectly to deny or reduce coverage.

(d) If a course of treatment has been preauthorized or approved for a patient, a private review agent may not revise or modify the specific criteria and standards used for the utilization review to [reduce insurance coverage for] MAKE AN ADVERSE DECISION REGARDING the services delivered to that patient.

(e) (1) 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 made based on the professional judgment of a physician, or a panel of other appropriate health care providers with at least 1 physician, selected by the private review agent who is: