

(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.

19-1305.3.

(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, A PRIVATE REVIEW AGENT SHALL:

(1) MAKE ALL INITIAL DETERMINATIONS ON WHETHER TO AUTHORIZE OR CERTIFY A NONEMERGENCY COURSE OF TREATMENT FOR A PATIENT WITHIN 2 WORKING DAYS OF RECEIPT OF THE INFORMATION NECESSARY TO MAKE THE DETERMINATION; AND

(2) PROMPTLY NOTIFY THE ATTENDING HEALTH CARE PROVIDER AND PATIENT OF THE DETERMINATION.

(B) A PRIVATE REVIEW AGENT SHALL:

(1) MAKE ALL DETERMINATIONS ON WHETHER TO AUTHORIZE OR CERTIFY AN EXTENDED STAY IN A HEALTH CARE FACILITY OR ADDITIONAL HEALTH CARE SERVICES WITHIN 1 WORKING DAY OF RECEIPT OF THE INFORMATION NECESSARY TO MAKE THE DETERMINATION; AND

(2) PROMPTLY NOTIFY THE ATTENDING HEALTH CARE PROVIDER OF THE DETERMINATION.

(C) IF AN INITIAL DETERMINATION IS MADE BY THE PRIVATE REVIEW AGENT NOT TO AUTHORIZE OR CERTIFY A COURSE OF TREATMENT, AN EXTENDED STAY IN A HEALTH CARE FACILITY, OR ADDITIONAL HEALTH CARE SERVICES AND THE ATTENDING HEALTH CARE PROVIDER BELIEVES THE DETERMINATION WARRANTS AN IMMEDIATE RECONSIDERATION, THE PRIVATE REVIEW AGENT SHALL PROVIDE THE ATTENDING HEALTH CARE PROVIDER AN OPPORTUNITY TO SEEK A RECONSIDERATION OF THAT DETERMINATION BY TELEPHONE ON AN EXPEDITED BASIS NOT TO EXCEED 24 HOURS OF THE HEALTH CARE PROVIDER SEEKING THE RECONSIDERATION.

(D) FOR EMERGENCY INPATIENT ADMISSIONS, A PRIVATE REVIEW AGENT MAY NOT RENDER AN ADVERSE DECISION OR DENY COVERAGE FOR MEDICALLY NECESSARY COVERED SERVICES SOLELY BECAUSE THE HOSPITAL DID NOT NOTIFY THE PRIVATE REVIEW AGENT OF THE EMERGENCY ADMISSION WITHIN 24 HOURS OR OTHER PRESCRIBED PERIOD OF TIME AFTER THAT ADMISSION IF THE PATIENT'S MEDICAL CONDITION PREVENTED THE HOSPITAL FROM DETERMINING: