

## 15-10B-07.

(a) Except as specifically provided in [§ 19-1305.1] § 15-10B-06 of this subtitle:

(1) ~~ALL EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,~~ 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) WHEN THE HEALTH CARE SERVICE UNDER REVIEW IS A DENTAL SERVICE, THE ADVERSE DECISION SHALL BE MADE BY A LICENSED DENTIST OR A PANEL OF OTHER APPROPRIATE HEALTH CARE PROVIDERS WITH AT LEAST 1 LICENSED DENTIST ON THE PANEL.

(2) (3) In the event a patient or health care provider, including a physician, intermediate care facility described in § 8-403(e) of [this article] THE HEALTH - GENERAL 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:

(I) A physician or a panel of other appropriate health care providers with at least 1 physician on the panel WHO IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE TREATMENT UNDER REVIEW; OR

(II) WHEN THE ADVERSE DECISION INVOLVES A DENTAL SERVICE, A LICENSED DENTIST OR A PANEL OF APPROPRIATE HEALTH CARE PROVIDERS WITH AT LEAST 1 DENTIST ON THE PANEL WHO IS A DENTIST LICENSED IN THIS STATE AND WHO IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE DENTIST PROVIDING THE SERVICE UNDER REVIEW LICENSED DENTIST WHO SHALL CONSULT WITH A DENTIST WHO IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE SERVICE UNDER REVIEW.

(3) (4) In the event a patient or health care provider, including a physician, intermediate care facility described in § 8-403(e) of [this article] THE HEALTH - GENERAL 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

(ii) Reference the specific criteria and standards, including interpretive guidelines, upon which the adverse decision is based.

## 15-10B-09.

(e) (1) The private review agent or health maintenance organization may not require additional documentation from, require additional utilization review of, or otherwise provide financial disincentives for an attending provider who orders care for which coverage is required to be provided under this section, § 19-703 of [this article] THE HEALTH - GENERAL ARTICLE, or § 15-811 of [the Insurance Article] THIS ARTICLE.