

(2) CLINICALLY VALID;

~~(3) COMPATIBLE WITH ESTABLISHED PRINCIPLES OF PATIENT CARE AND HEALTH CARE SERVICE DELIVERY; AND~~

(3) COMPATIBLE WITH ESTABLISHED PRINCIPLES OF HEALTH CARE; AND OR

(4) FLEXIBLE ENOUGH TO ALLOW DEVIATIONS FROM THE NORMS WHEN JUSTIFIED ON A CASE BY CASE BASIS.

(B) THE COMMISSIONER MAY CONSULT WITH AN INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT THAT MEETS THE REQUIREMENTS OF § 15-10A-05 OF THIS TITLE, THE DEPARTMENT, THE BOARD, OR ANY OTHER APPROPRIATE ENTITY FOR PURPOSES OF TAKING AN ACTION DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

27-303.

It is an unfair claim settlement practice and a violation of this subtitle for an insurer or nonprofit health service plan to:

(1) misrepresent pertinent facts or policy provisions that relate to the claim or coverage at issue;

(2) refuse to pay a claim for an arbitrary or capricious reason based on all available information;

(3) attempt to settle a claim based on an application that is altered without notice to, or the knowledge or consent of, the insured;

(4) fail to include with each claim paid to an insured or beneficiary a statement of the coverage under which payment is being made;

(5) fail to settle a claim promptly whenever liability is reasonably clear under one part of a policy, in order to influence settlements under other parts of the policy;

(6) fail to provide promptly on request a reasonable explanation of the basis for a denial of a claim; [or]

(7) fail to meet the requirements of [Title 19, Subtitle 13 of the Health – General Article] TITLE 15, SUBTITLE 10B OF THIS ARTICLE for preauthorization for a health care service; OR

~~(8) FAIL TO COMPLY WITH THE PROVISIONS OF TITLE 15, SUBTITLE 10A § 15-10A-02(B) OR (E) OR § 15-10A-04(C) OF THIS ARTICLE.~~

(8) FAIL TO COMPLY WITH THE PROVISIONS OF TITLE 15, SUBTITLE 10A OF THIS ARTICLE.