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§13–314.

(a) This State shall pay the incurred cost of all treatment related to kidney disease that a certified patient is given, for any cause, on or after the date of certification of that patient, if the treatment is given in:

(1) A certified dialysis or transplant center that is in this State;

(2) A dialysis or transplant center that is in a contiguous state and is approved by that contiguous state and the Commission; or

(3) A home dialysis program that is approved by the Commission.

(b) The State shall pay the incurred cost of all approved hospital services provided in any Maryland hospital, other than routine chronic maintenance dialysis, which a certified patient may require as a direct result of end stage renal disease.

(c) The State shall pay the incurred costs of all prescription drugs and other pharmaceutical products that are determined to be medically necessary by the recipient's physician for treatment related to kidney disease in accordance with rates established by the Department.

(d) The Secretary may not pay for any treatment that an individual receives at a facility or program that is not certified or otherwise approved.

(e) (1) Except for an invoice submitted to a Medicare intermediary or any other insurance provider, the Secretary may not make any payment for an invoice that the Secretary receives more than 6 months after the dates of the services given.

(2) An invoice shall be submitted to the Secretary within 3 months after payment or rejection by the Medicare intermediary or other insurance providers.

(3) A provider who fails to submit an invoice within the required time may not recover the amount later from either the patient or the Secretary.

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