

SENATE BILL 815

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2000 Regular Session  
Olr2937  
CF HB 579

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By: **Senator Bromwell**

Introduced and read first time: February 16, 2000

Assigned to: Rules

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Uniform Claims Form**

3 FOR the purpose of authorizing certain health insurers, nonprofit service plans, and  
4 health maintenance organizations to require certain information to be  
5 submitted with a uniform claims form; specifying certain exceptions to a certain  
6 requirement; and generally relating to the uniform claims form.

7 BY repealing and reenacting, with amendments,  
8 Article - Health - General  
9 Section 19-712.3  
10 Annotated Code of Maryland  
11 (1996 Volume and 1999 Supplement)

12 BY repealing and reenacting, with amendments,  
13 Article - Insurance  
14 Section 15-1004  
15 Annotated Code of Maryland  
16 (1997 Volume and 1999 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article - Health - General**

20 19-712.3.

21 (a) Except as provided in [subsection (d)] SUBSECTIONS (D), (E), AND (F) of  
22 this section, for services rendered to its members or subscribers, a health  
23 maintenance organization shall accept as a properly filed claim and the sole  
24 instrument for reimbursement the uniform claims form submitted by a hospital or  
25 health care practitioner in accordance with § 15-1003 of the Insurance Article.

26 (b) The uniform claims form submitted under this section:

27 (1) Shall be properly completed; and

1 (2) May be submitted by electronic transfer.

2 (c) A health maintenance organization may not impose as a condition of  
3 payment any requirements on a hospital or health care practitioner to:

4 (1) Modify the uniform claims form or its content; or

5 (2) Submit additional claims forms.

6 (d) When the legitimacy or appropriateness of the health care service is  
7 disputed, a health maintenance organization may request additional medical  
8 information that describes and summarizes the diagnosis, treatment, and services  
9 rendered to the member or subscriber.

10 (e) When necessary to determine eligibility for benefits or for determination of  
11 coverage, a health maintenance organization may obtain additional information from  
12 its subscriber or member, the employer of the subscriber or member, or any other  
13 non-provider third party, provided that any delays in paying a uniform claim  
14 resulting from obtaining this information are subject to the provisions of [§  
15 19-712.1(b) of this subtitle] § 15-1005 OF THE INSURANCE ARTICLE.

16 (F) A HEALTH MAINTENANCE ORGANIZATION MAY REQUIRE:

17 (1) FOR CLAIMS REGARDING EMERGENCY SERVICES PROVIDED IN  
18 ACCORDANCE WITH § 19-712.5 OF THIS SUBTITLE, MEDICAL INFORMATION TO BE  
19 SUBMITTED SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM, RELATED TO THE  
20 SCREENING, DIAGNOSIS, TREATMENT, AND SERVICES RENDERED TO THE MEMBER  
21 OR SUBSCRIBER;

22 (2) FOR ALL CLAIMS, AN ITEMIZED BILL TO BE SUBMITTED  
23 SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM; AND

24 (3) IF APPROVED BY THE COMMISSIONER, ANY ADDITIONAL  
25 INFORMATION THAT RELATES TO SERVICES RENDERED TO A MEMBER OR  
26 SUBSCRIBER.

27 [(f)] (G) The Commissioner may impose a penalty not to exceed \$500 on any  
28 health maintenance organization that violates the provisions of this section.

29 **Article - Insurance**

30 15-1004.

31 (a) For services rendered by a person entitled to reimbursement under §  
32 15-701(a) of this title or by a hospital, as defined in § 19-301 of the Health - General  
33 Article, an insurer or nonprofit health service plan:

34 (1) except as provided in [subsection (c)] SUBSECTIONS (C), (D), AND (E)  
35 of this section, shall accept the uniform claims form adopted by the Commissioner  
36 under § 15-1003 of this subtitle:

1 (i) as a properly filed claim with all necessary documentation; and

2 (ii) as the sole instrument for reimbursement; and

3 (2) may not impose as a condition of reimbursement a requirement to:

4 (i) modify the uniform claims form or its content; or

5 (ii) submit additional claims forms.

6 (b) (1) A uniform claims form submitted under this section shall be  
7 completed properly and may be submitted by electronic transfer.

8 (2) If the health care practitioner rendering the service is a certified  
9 registered nurse anesthetist or certified nurse midwife, the uniform claims form shall  
10 include identification modifiers for the certified registered nurse anesthetist or  
11 certified nurse midwife that indicate whether the service is provided with or without  
12 medical direction by a physician.

13 (c) If the legitimacy or appropriateness of a health care service is disputed, an  
14 insurer or nonprofit health service plan may request additional medical information  
15 that describes and summarizes the diagnosis, treatment, and services rendered to the  
16 insured.

17 (d) (1) If necessary to determine eligibility for benefits or to determine  
18 coverage, an insurer or nonprofit health service plan may obtain additional  
19 information from its insured, the insured's employer, or any other nonprovider third  
20 party.

21 (2) If obtaining additional information results in a delay in paying a  
22 claim, the insurer or nonprofit health service plan shall pay interest in accordance  
23 with the provisions of § 15-1005(d) of this subtitle.

24 (E) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY REQUIRE:

25 (1) FOR CLAIMS REGARDING EMERGENCY SERVICES AS DEFINED IN §  
26 19-701(D) OF THE HEALTH - GENERAL ARTICLE, MEDICAL INFORMATION TO BE  
27 SUBMITTED SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM, RELATED TO THE  
28 SCREENING, DIAGNOSIS, TREATMENT, AND SERVICES RENDERED TO AN INSURED;

29 (2) FOR ALL CLAIMS, AN ITEMIZED BILL TO BE SUBMITTED  
30 SIMULTANEOUSLY WITH THE UNIFORM CLAIMS FORM; AND

31 (3) IF APPROVED BY THE COMMISSIONER, ANY ADDITIONAL  
32 INFORMATION THAT RELATES TO SERVICES RENDERED TO AN INSURED.

33 [(e)] (F) The Commissioner may impose a penalty not exceeding \$500 on an  
34 insurer or nonprofit health service plan that violates this section.

35 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
36 October 1, 2000.

