

# Title 31 MARYLAND INSURANCE ADMINISTRATION

## Subtitle 01 GENERAL PROVISIONS

### Chapter 02 Emergency Powers

Authority: Health-General Article, §19-706; Insurance Article, §2-115; Annotated Code of Maryland

#### **.03 Definitions.**

A. (text unchanged)

B. Terms Defined.

(1) – (10) (text unchanged)

(11) *"Copayment" means a specified charge that a covered person shall pay each time services of a particular type or in a designated setting are received.*

(12) *"COVID-19" means, interchangeably and collectively, the coronavirus known as COVID-19 or 2019-nCoV and the SARS-CoV-2 virus.*

(13) *"Deductible" means the amount of allowable charges that shall be incurred by an individual or family per year before a carrier begins payment.*

[(11)] (14) – [(23)] (26) (text unchanged)

#### **.06 Life and Health.**

A. The bulletin issued by the Commissioner under Regulation .05 of this chapter may require health carriers to:

(1) – (4) (text unchanged)

(5) *Except as provided in §§J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance and deductibles, for any visit to diagnose or test for COVID-19 regardless of the setting of the testing (for example emergency rooms, urgent care centers, and a primary physician's office);*

(6) *Except as provided in §§J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance, and deductibles, for laboratory fees to diagnose or test for COVID-19; and*

(7) *Except as provided in §§J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance and deductibles, for vaccination for COVID-19.*

B. – E. (text unchanged)

F. *The Commissioner may require a health carrier to make a claims payment for treatment for COVID-19 that the health carrier has denied as experimental.*

G. *A health carrier shall evaluate a request to use an out of network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out of network provider is medically necessary or appropriate.*

H. *The only prior authorization requirements a health carrier may utilize relating to testing for COVID-19 shall relate to the medical necessity of that testing.*

I. *An adverse decision on a request for coverage of diagnostic services for COVID-19 shall be considered an emergency case for which an expedited grievance procedure is required under Insurance Article, §15-10A-02, Annotated Code of Maryland.*

J. *The requirements of §§ A(5), (6), and (7) of this regulation do not apply to a Medicare supplement policy as defined by Insurance Article, §15-901(k), Annotated Code of Maryland.*

K. *A carrier is not required to waive the deductible for an insured covered under a high deductible health plan, as defined in 26 U.S.C. § 223, if the waiver of the deductible would disqualify the plan from being considered a high deductible health plan under federal law.*