

§4304-A. Prior authorization for rehabilitative or habilitative services

1. Prior authorization for new episode of care prohibited for 12 visits. A carrier may not require prior authorization for rehabilitative or habilitative services, including, but not limited to, physical therapy services, occupational therapy services or chiropractic services, for the first 12 visits of each new episode of care. For purposes of this subsection, "new episode of care" means treatment for a new condition or treatment for a recurring condition for which an enrollee has not been treated within the previous 90 days.

[PL 2023, c. 275, §2 (NEW).]

2. Intent. This section does not limit the right of a carrier to deny a claim when an appropriate prospective or retrospective review concludes that the health care services or treatment rendered were not medically necessary.

[PL 2023, c. 275, §2 (NEW).]

SECTION HISTORY

PL 2023, c. 275, §2 (NEW).

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