

441—73.23 (249A) Claims payment by the managed care organization.

73.23(1) The managed care organizations shall pay or deny:

- a.* Ninety percent of all clean claims within 14 calendar days of receipt,
- b.* Ninety-nine point five percent of all clean claims within 21 calendar days of receipt, and
- c.* One hundred percent of all claims within 90 calendar days of receipt.

73.23(2) Limits on payment responsibility for services.

a. The managed care organization is not required to reimburse providers for the provision of services that do not meet the criteria of medical necessity.

b. The managed care organization has the right to require prior authorization of covered services and to deny reimbursement to providers that do not comply with such requirements.

c. Payment responsibilities for emergency room services are as provided at rule 441—73.7(249A).

73.23(3) Payment to nonparticipating providers. In reimbursing nonparticipating providers, the managed care organization is obligated to pay 90 percent of the payment to participating providers.

[ARC 2358C, IAB 1/6/16, effective 1/1/16]