

**441—73.23(249A) Claims payment by the MCP.**

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

- a.* Ninety percent of all clean claims within 30 calendar days of receipt,
- b.* Ninety-nine point five percent of all clean claims within 90 calendar days of receipt, and
- c.* Ninety-five percent of all claims within 45 calendar days of receipt.

**73.23(2)** The PAHP shall pay or deny:

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

**73.23(3)** Managed care limits on payment responsibility for services.

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

*b.* The MCP 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 in rule 441—73.7(249A).

**73.23(4)** Payment to nonparticipating providers. In reimbursing nonparticipating providers, the managed care organization is obligated to pay 80 percent of the payment to participating providers.

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