

641.3156 Treatment authorization; payment of claims

This statute addresses treatment authorization denials. Insurance companies still deny payment on the basis of an expired insurance benefit. It would be interesting to find out how many Florida psychologists are having problems with this and the prompt payment statute.

(1) A health maintenance organization must pay any hospital-service or referral-service claim for treatment for an eligible subscriber which was authorized by a provider empowered by contract with the health maintenance organization to authorize or direct the patient's utilization of health care services and which was also authorized in accordance with the health maintenance organization's current and communicated procedures, unless the provider provided information to the health maintenance organization with the willful intention to misinform the health maintenance organization.

(2) A claim for treatment may not be denied if a provider follows the health maintenance organization's authorization procedures and receives authorization for a covered service for an eligible subscriber, unless the provider provided information to the health maintenance organization with the willful intention to misinform the health maintenance organization.

(3) Emergency services are subject to the provisions of s. [641.513](#) and are not subject to the provisions of this section.

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