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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70]** ( *Division 2 enacted by Stats. 1939, Ch. 60.* )

**CHAPTER 2.2. Health Care Service Plans [1340 - 1399.874]** ( *Chapter 2.2 added by Stats. 1975, Ch. 941.* )

**ARTICLE 9.5. Claims Reviewers [1399.55 - 1399.57]** ( *Article 9.5 added by Stats. 1992, Ch. 544, Sec. 1.* )

**1399.55.** Health care service plans shall, upon rejecting a claim from a health care provider or a patient, and upon their demand, disclose the specific rationale used in determining why the claim was rejected. Nothing in this section is intended to expand or restrict the ability of a health care provider or a patient from having health care coverage approved in advance of services.

(*Added by Stats. 1992, Ch. 544, Sec. 1. Effective January 1, 1993.*)

**1399.56.** Compensation of a person retained by a health care service plan to review claims for health care services shall not be based on either of the following:

- (a) A percentage of the amount by which a claim is reduced for payment.
- (b) The number of claims or the cost of services for which the person has denied authorization or payment.

(*Amended by Stats. 1995, Ch. 787, Sec. 2. Effective January 1, 1996.*)

**1399.57.** This article does not apply to services or benefits provided pursuant to Medi-Cal, including services or benefits provided under Chapters 7 (commencing with Section 14000) and 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.

(*Added by Stats. 1992, Ch. 544, Sec. 1. Effective January 1, 1993.*)