

62A.59 COVERAGE OF SERVICE; PRIOR AUTHORIZATION.

Subdivision 1. **Service for which prior authorization not required.** A health carrier must not retrospectively deny or limit coverage of a health care service for which prior authorization was not required by the health carrier, unless there is evidence that the health care service was provided based on fraud or misinformation.

Subd. 2. **Service for which prior authorization required but not obtained.** A health carrier must not deny or limit coverage of a health care service which the enrollee has already received solely on the basis of lack of prior authorization if the service would otherwise have been covered had the prior authorization been obtained.

History: *2024 c 127 art 57 s 7*

NOTE: This section, as added by Laws 2024, chapter 127, article 57, section 7, is effective January 1, 2026, and applies to health plans offered, sold, issued, or renewed on or after that date. Laws 2024, chapter 127, article 57, section 7, the effective date.