

304.17A-134 Coverage for medical and surgical benefits with respect to mastectomy, diagnosis and treatment of endometrioses and endometritis, and bone density testing -- Requirements for health benefit plan.

- (1) A health benefit plan shall make available and offer to the purchaser coverage for:
 - (a) The following, if a health benefit plan provides medical and surgical benefits with respect to mastectomy, in a manner determined in consultation with the attending physician and the covered person, and subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the coverage:
 1. All stages of breast reconstruction surgery of the breast on which the mastectomy has been performed;
 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas;
 - (b) Diagnosis and treatment of endometriosis and endometritis if the health benefit plan also covers hysterectomies; and
 - (c) Bone density testing for women age thirty-five (35) years and older, as indicated by the health-care provider, in accordance with standard medical practice, to obtain baseline data for the purpose of early detection of osteoporosis.
- (2) No health benefit plan under this section shall offer medical and surgical benefits with respect to a mastectomy that requires the procedure be performed on an outpatient basis.
- (3) A health benefit plan shall provide written notice to a covered person of the availability of medical and surgical benefits with respect to a mastectomy upon enrollment and annually thereafter.
- (4) A health benefit plan shall not:
 - (a) Deny eligibility, or continued eligibility, to an individual to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of 42 U.S.C. sec. 300gg-52; and
 - (b) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives to an attending provider, to induce the provider to provide care to an individual in a manner inconsistent with 42 U.S.C. sec. 300gg-52.

Effective: July 15, 2002

History: Amended 2002 Ky. Acts ch. 181, sec. 2, effective July 15, 2002. -- Created 1998 Ky. Acts ch. 427, sec. 2, effective July 15, 1998.