

304.17-316 Coverage for mammograms.

- (1) The term "mammogram" shall mean an X-ray examination of the breast using equipment dedicated specifically for mammography, including, but not limited to, the X-ray tube, filter, compression device, screens, film, and cassettes, with two (2) views of each breast and with an average radiation exposure at the current recommended level as set forth in guidelines of the American College of Radiology, and digital mammography including breast tomosynthesis. The term "breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.
- (2)
 - (a) All insurers issuing individual health insurance policies in this Commonwealth that provide coverage on an expense-incurred basis for surgical services for a mastectomy and that are delivered, issued for delivery, amended, or renewed on or after October 15, 1990, shall also provide coverage for low-dose mammography screening for persons who have no sign or symptom of breast cancer and when performed on dedicated equipment which meets the guidelines established by the American College of Radiology and upon self-referral or on referral by a health care practitioner acting within the scope of the practitioner's licensure. The coverage shall make available one (1) screening mammogram to persons age thirty-five (35) through thirty-nine (39); one (1) mammogram every two (2) years for persons ages forty (40) through forty-nine (49); and one (1) mammogram per year for a person fifty (50) years of age and over and may be limited to a benefit of fifty dollars (\$50) per screening mammogram. Any deductibles and coinsurance factors shall be no less favorable than for coverage for physical illness generally.
 - (b) All insurers issuing individual health insurance policies in this Commonwealth that provide coverage on an expense-incurred basis for surgical services for a mastectomy and that are delivered, issued for delivery, amended, or renewed on or after July 14, 2000, shall also provide coverage for mammograms, performed on dedicated equipment that meets the guidelines established by the American College of Radiology, for any covered person, regardless of age, who has been diagnosed with breast disease upon referral by a health care practitioner acting within the scope of the practitioner's licensure. The coverage provided under this paragraph shall be subject to the same annual deductibles or coinsurance established for other coverages within the policy.
- (3) The mammogram shall be performed by a Kentucky State Certified General Certificate Radiographer or an American Registry of Radiologic Technology Registered Radiographer, interpreted by a qualified radiologist, and performed under the direction of a person licensed to practice medicine and certified by the American Board of Radiology. The facility performing the examination and the health care practitioner who ordered it shall follow federal laws relating to the notification of mammography exam results and maintaining medical records.
- (4) Effective July 15, 1990, any facility in which mammograms are performed for

reimbursement under this section, KRS 304.18-098, 304.32-1591, or 304.38-1935 shall meet current criteria of the American College of Radiology Mammography Accreditation Program.

Effective: June 29, 2017

History: Amended 2017 Ky. Acts ch. 183, sec. 2, effective June 29, 2017. -- Amended 2000 Ky. Acts ch. 18, sec. 1, effective July 14, 2000. -- Created 1990 Ky. Acts ch. 46, sec. 1, effective July 13, 1990.