

**304.17-3163 Coverage for medical and surgical benefits with respect to mastectomy, diagnosis and treatment of endometrioses and endometritis, and bone density testing -- Duties of insurer.**

- (1) All insurers issuing individual health insurance policies in this Commonwealth providing coverage on an expense-incurred basis shall make available and offer to the purchaser coverage for:
  - (a) The following, if an insurer 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 a 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 insurer 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 insurer under this section shall offer medical and surgical benefits with respect to a mastectomy that requires the procedure to be performed on an outpatient basis.
- (3) An insurer 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) An insurer 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. 1, effective July 15, 2002. -- Created 1998 Ky. Acts ch. 427, sec. 1, effective July 15, 1998.