

## Article - Insurance

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§15–825.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide inpatient hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide inpatient hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(b) An entity subject to this section shall provide coverage for the expenses incurred in conducting a medically recognized diagnostic examination which shall include a digital rectal examination and a blood test called the prostate-specific antigen (PSA) test:

(1) for men who are between 40 and 75 years of age;

(2) when used for the purpose of guiding patient management in monitoring the response to prostate cancer treatment;

(3) when used for staging in determining the need for a bone scan in patients with prostate cancer; or

(4) when used for male patients who are at high risk for prostate cancer.

(c) An entity subject to this section shall provide the benefits required under this section to the same extent as for any other medical condition under the enrollee's or insured's contract or policy with the entity.

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