

Article - Insurance

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§15–832.1.

(a) In this section, “mastectomy” means the surgical removal of all or part of a breast as a result of breast cancer.

(b) 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.

(c) An entity subject to this section shall provide coverage for the cost of inpatient hospitalization services for a patient for a minimum of 48 hours following a mastectomy.

(d) A patient may request a shorter length of stay than that provided in subsection (c) of this section if the patient decides, in consultation with the patient’s attending physician, that less time is needed for recovery.

(e) (1) For a patient who receives less than 48 hours of inpatient hospitalization following a mastectomy or who undergoes a mastectomy on an outpatient basis, an entity subject to this section shall provide coverage for:

(i) one home visit scheduled to occur within 24 hours after discharge from the hospital or outpatient health care facility; and

(ii) an additional home visit if prescribed by the patient’s attending physician.

(2) For a patient who remains in the hospital for at least the length of time provided under subsection (c) of this section, an entity subject to this section shall provide coverage for a home visit if prescribed by the attending physician.

(f) An entity subject to this section may not deny, limit, or otherwise impair the participation of an attending physician under contract with the entity in providing health care services to enrollees or insureds for:

(1) advocating the interest of a mastectomy patient through the entity’s utilization review or appeals system;

(2) advocating more than 48 hours of inpatient hospital care for a patient with complications related to a mastectomy; or

(3) prescribing a home visit under subsection (e)(1)(ii) or (2) of this section.

(g) An entity subject to this section may not refuse reimbursement under subsection (e)(1) of this section if the services do not occur within the time specified.

(h) An entity subject to this section shall provide notice annually to insureds and enrollees about the coverage provided by this section.

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