

Article - Insurance

§15–860.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide 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 hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(b) (1) An entity subject to this section shall provide coverage for recommended follow–up diagnostic imaging to assist in the diagnosis of lung cancer for individuals for which lung cancer screening is recommended by the U.S. Preventative Services Task Force.

(2) The coverage required under paragraph (1) of this subsection shall include diagnostic ultrasound, magnetic resonance imaging, computed tomography, and image–guided biopsy.

(c) (1) Except as provided in paragraph (2) of this subsection, an entity subject to this section may not impose a copayment, coinsurance, or deductible requirement on coverage for lung cancer screening and diagnosis that is greater than the copay, coinsurance, or deductible requirement for breast cancer screening and diagnosis.

(2) If an insured or enrollee is covered under a high–deductible health plan, as defined in 26 U.S.C. § 223, an entity subject to this section may subject follow–up diagnostic lung imaging to the deductible requirement of the high–deductible health plan.