CHAPTER 673

(House Bill 612)

AN ACT concerning

Health Insurance - Reimbursement for Health Services

the purpose of requiring prohibiting a group or individual FOR health insurance contract or policy issued by an insurer nonprofit health service plan that provides coverage for any diagnostic or surgical procedure involving a bone joint of the skeletal structure to-provide from excluding or denying the same coverage for the same diagnostic surgical procedure involving -a- any other bone or joint of the face, neck, or head skeletal-structure face, neck, under certain conditions; specifying an exception to head the requirement; providing that this Act may not construed to encourage certain procedures over certain other procedures, or to prohibit the continued coverage of a certain procedure; and generally relating to coverage for diagnostic or surgical procedures involving the face, neck, or-head skeletal-structure face, neck, or head.

BY adding to

Article 48A - Insurance Code Section 490K Annotated Code of Maryland (1986 Replacement Volume and 1988 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article 48A - Insurance Code

490K.

(A) EVERY A CONTRACT OR POLICY ISSUED OR DELIVERED IN THIS STATE TO AN EMPLOYER OR AN INDIVIDUAL BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN PROVIDES COVERAGE ON A THAT GROUP BASIS FOR ANY DIAGNOSTIC OR SURGICAL PROCEDURE INVOLVING A BONE OR JOINT OF THE SKELETAL STRUCTURE SHALL-PROVIDE MAY NOT EXCLUDE OR DENY THE SAME COVERAGE FOR THE SAME DIAGNOSTIC OR SURGICAL PROCEDURE, EXCLUDING INTRAORAL PROSTHETIC DEVICES, INVOLVING -A- ANY OTHER BONE OR JOINT OF THE PACE, NECK, OR HEAD, PROVIDED-THAT-IN-THE JUDGMENT--OF--A--bicensee--OF-THE-SAME-PROPESSION-AS IF UNDER THE ACCEPTED STANDARDS OF THE PROFESSION OF THE PROVIDER RENDERING THE SERVICE, THE PROCEDURE IS MEDICALLY NECESSARY TO TREAT A CONDITION CAUSED BY CONGENITAL DEFORMITY, DISEASE, OR INJURY.