

(1) EACH INDIVIDUAL OR GROUP HOSPITAL OR MAJOR MEDICAL INSURANCE POLICY OR CERTIFICATE THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE BY AN INSURER AND IS WRITTEN ON AN EXPENSE-INCURRED BASIS; AND

(2) EACH INDIVIDUAL OR GROUP MEDICAL OR MAJOR MEDICAL CONTRACT, POLICY, OR CERTIFICATE THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE BY A NONPROFIT HEALTH SERVICE PLAN.

(B) BENEFITS REQUIRED.

A POLICY, CONTRACT, OR CERTIFICATE SUBJECT TO THIS SECTION SHALL INCLUDE BENEFITS FOR INPATIENT OR OUTPATIENT EXPENSES ARISING FROM ORTHODONTICS, ORAL SURGERY, AND OTOLOGIC, AUDIOLOGICAL, AND SPEECH/LANGUAGE TREATMENT INVOLVED IN THE MANAGEMENT OF THE BIRTH DEFECTS KNOWN AS CLEFT LIP AND CLEFT PALATE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 354X, 470R, and 477X.

In subsection (a)(1) of this section, the references to each individual or "group" hospital or major medical insurance policy or certificate that is delivered or issued for delivery in the State "by an insurer" are added to clarify the applicability of this section.

Defined terms: "Insurer" § 1-101

"Policy" § 1-101

15-819. COVERAGE FOR OUTPATIENT SERVICES AND SECOND OPINIONS.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO:

(1) EACH INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICY THAT IS ISSUED OR DELIVERED IN THE STATE BY AN INSURER; AND

(2) EACH CONTRACT OR CERTIFICATE THAT IS ISSUED OR DELIVERED IN THE STATE BY A NONPROFIT HEALTH SERVICE PLAN.

(B) COVERAGE REQUIRED.

A POLICY, CONTRACT, OR CERTIFICATE SUBJECT TO THIS SECTION THAT PROVIDES COVERAGE FOR AN INPATIENT SERVICE IN AN ACUTE GENERAL HOSPITAL SHALL PROVIDE COVERAGE FOR:

(1) A CORRESPONDING OUTPATIENT SERVICE THAT IS PROVIDED TO THE INSURED INSTEAD OF THE INPATIENT SERVICE BECAUSE OF THE DENIAL, AFTER REVIEW UNDER A UTILIZATION REVIEW PROGRAM, OF A REQUEST BY THE ATTENDING PHYSICIAN FOR AN INPATIENT ADMISSION; AND