

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017
4

A Bill

HOUSE BILL 2022

5 By: Representative Leding
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For An Act To Be Entitled

8 AN ACT CONCERNING MAMMOGRAMS UNDER AN INSURANCE
9 POLICY; TO DEFINE "BREAST ULTRASOUND"; AND FOR OTHER
10 PURPOSES.
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Subtitle

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13 CONCERNING MAMMOGRAMS UNDER AN INSURANCE
14 POLICY; AND TO DEFINE "BREAST
15 ULTRASOUND".
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code § 23-79-140 is amended to read as follows:

22 23-79-140. Mammograms – Breast ultrasounds – Definitions.

23 (a)~~(1)~~ As used in this section:

24 (1) "Breast ultrasound" means an imaging technique that uses
25 harmless, high-frequency sound waves to produce detailed images of the breast
26 in order to screen for and diagnose breast disease, such as cancer;

27 (2) "Diagnostic mammography" means a problem-solving radiologic
28 procedure of higher intensity than screening mammography provided to women
29 who are suspected to have breast pathology usually characterized by the
30 following medical events:

31 (A) Patients are usually referred for analysis of palpable
32 abnormalities or for further evaluation of mammographically detected
33 abnormalities;

34 (B) All images are immediately reviewed by the physician
35 interpreting the study, and additional views are obtained as needed; and

36 (C) A physical examination of the breast by the



1 interpreting physician to correlate the radiologic findings is often
 2 performed as part of the study;

3 (3) "Mammography" means radiography of the breast; and
 4 ~~(2)-(4)(A)~~ "Screening mammography" is means a radiologic
 5 procedure provided to a woman, who has no signs or symptoms of breast cancer,
 6 for the purpose of early detection of breast cancer.

7 (B) The procedure entails two (2) views of each breast and
 8 includes a physician's interpretation of the results of the procedure.

9 ~~(3) "Diagnostic mammography" is a problem-solving radiologic~~
 10 ~~procedure of higher intensity than screening mammography provided to women~~
 11 ~~who are suspected to have breast pathology. Patients are usually referred~~
 12 ~~for analysis of palpable abnormalities or for further evaluation of~~
 13 ~~mammographically detected abnormalities. All images are immediately reviewed~~
 14 ~~by the physician interpreting the study, and additional views are obtained as~~
 15 ~~needed. A physical examination of the breast by the interpreting physician~~
 16 ~~to correlate the radiologic findings is often performed as part of the study.~~

17 (b) Every accident and health insurance company, hospital service
 18 corporation, health maintenance organization, or other accident and health
 19 insurance provider in the State of Arkansas shall offer, after January 1,
 20 1990, to each master group contract holder as an optional benefit, coverage
 21 for at least the following mammogram screening or breast ultrasound screening
 22 of occult breast cancer:

23 (1) A baseline mammogram for a woman covered by such a policy
 24 who is thirty-five to forty (35-40) years of age;

25 (2) A mammogram for a woman covered by such a policy who is
 26 forty to forty-nine (40-49) years of age, inclusive, every one to two (1-2)
 27 years based on the recommendation of the woman's physician;

28 (3) A mammogram each year for a woman covered by such a policy
 29 who is at least fifty (50) years of age;

30 (4) Upon recommendation of a woman's physician, without regard
 31 to age, when the woman has had a prior history of breast cancer, ~~or~~ when the
 32 woman's mother or sister has had a history of breast cancer, positive genetic
 33 testing, or other risk factors; and

34 (5) A comprehensive ultrasound screening of an entire breast or
 35 breasts if a mammogram screening demonstrates heterogeneous or dense breast
 36 tissue when the woman's physician determines a comprehensive ultrasound

1 screening is medically necessary; and

2 (c) Insurance coverage for screening mammograms and breast ultrasounds
3 will shall not prejudice coverage for diagnostic mammograms or breast
4 ultrasounds as recommended by the woman's physician.

5 ~~(e)(1) The insurers shall pay not less than fifty dollars (\$50.00) for~~
6 ~~each screening mammogram, which shall include payment for both the~~
7 ~~professional and technical components~~

8 ~~(2) In case of hospital out-patient screening mammography, and~~
9 ~~comparable situations, when there is a claim for professional services~~
10 ~~separate from the claim for technical services, the claim for the~~
11 ~~professional component will not be less than forty percent (40%) of the total~~
12 ~~fee.~~

13 (d) Benefits under this section are subject to any policy provisions
14 that apply to other services covered by the policy, except that an insurance
15 policy shall not impose a copayment for a mammogram screening or a breast
16 ultrasound screening that exceeds fifty dollars (\$50.00).

17 ~~(d)(e) Furthermore, no insurer shall pay for mammographies or breast~~
18 ~~ultrasounds performed in an unaccredited facility after January 1, 1990.~~

19 ~~(e)(f) After January 1, 2014, an accident and health insurance~~
20 ~~company, hospital service corporation, health maintenance organization, or~~
21 ~~other accident and health insurance provider shall use the Healthcare Common~~
22 ~~Procedure Coding System G code for digital mammography and reimburse those~~
23 ~~codes at a minimum of one and five-tenths (1.5) times the Medicare~~
24 ~~reimbursement rate for those codes until a Current Procedural Terminology~~
25 ~~code is established.~~

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