

§ 1367.65. Coverage for mammography for screening and diagnostic purposes

(a) On or after January 1, 2000, each health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

(b) This section does not prevent application of copayment or deductible provisions in a plan, nor shall this section be construed to require that a plan be extended to cover any other procedures under an individual or a group health care service plan contract. This section does not authorize a plan enrollee to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the plan enrollee is referred to that provider by a participating physician, nurse practitioner, or certified nurse-midwife providing care.

HISTORY:

Added Stats 1987 ch 550 § 1. Amended Stats 1988 ch 1598 § 1; Stats 1990 ch 733 § 1 (AB 3117); Stats 1991 ch 239 § 1 (AB 137); Stats

1999 ch 537 § 3 (SB 5); Stats 2012 ch 436 § 1 (AB 137), effective January 1, 2013; Stats 2013 ch 76 § 108 (AB 383), effective January 1, 2014.