

AN ACT relating to health insurance coverage of prosthetic devices.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

- (1) As used in this section the term "prosthetic device" means an artificial limb that is not surgically implanted and that is used to replace a missing limb or appendage including an arm, leg, foot, or hand. The term does not include artificial eyes, ears, noses, dental appliances, ostomy products, or devices such as eyelashes or wigs.*
- (2) A health benefit plan issued or renewed on or after January 1, 2009, shall provide coverage for prosthetic devices that, at a minimum equals coverage for prosthetic devices provided under federal laws for the aged and disabled pursuant to 42 U.S.C. sections 1395K, 1395L, and 1395M, subject to all applicable copayments, coinsurance, deductibles, and out-of-pocket limits of the health benefit plan but which shall not be any greater than that applicable to any other coverage provided by the health benefit plan.*
- (3) A health benefit plan may require prior authorization for prosthetic devices in the same manner that prior authorization is required for any other covered benefit under the health benefit plan.*
- (4) Covered benefits for prosthetic devices shall be limited to the most appropriate model that adequately meets the medical needs of the patient as determined by the insured's treating physician.*
- (5) The health benefit plan shall cover repair or replacement of such prosthetic device if repair or replacement is determined appropriate by the insured's treating physician, but repair or replacement shall not be required to be covered upon loss or misuse of the device.*