

HOUSE BILL No. 4899

June 12, 2007, Introduced by Reps. Wojno, Accavitti, Miller and Polidori and referred to the Committee on Insurance.

A bill to amend 1980 PA 350, entitled
"The nonprofit health care corporation reform act,"
by amending section 415 (MCL 550.1415) and by adding section 415a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 415. ~~(1) Not later than 12 months after the effective
date of this act, a health care corporation shall offer or include
coverage, in all group and nongroup certificates, to provide
benefits for prosthetic devices to maintain or replace the body
part of an individual whose covered illness or injury has required
the removal of that body part. However, certificates resulting from
collective bargaining agreements shall be exempted from this
subsection. This coverage shall provide that reasonable charges for
medical care and attendance for an individual fitted with a
prosthetic device shall be covered benefits after the individual's
attending physician has certified the medical necessity or~~

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~~desirability for a proposed course of rehabilitative treatment.~~
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~~(2) Not later than 12 months after the effective date of this~~
~~act, a~~ **A** health care corporation shall include coverage, ~~in all~~
~~group and nongroup certificates , to provide benefits for~~
prosthetic devices to maintain or replace the body part of an
individual who has undergone a mastectomy. This coverage shall
provide that reasonable charges for medical care and attendance for
an individual who receives reconstructive surgery following a
mastectomy or who is fitted with a prosthetic device shall be
covered benefits after the individual's attending ~~TREATING~~
physician has certified the medical necessity or desirability of a
proposed course of rehabilitative treatment. The cost and fitting
of a prosthetic device following a mastectomy is included within
the type of coverage intended by this ~~subsection~~ **SECTION**.

**SEC. 415A. (1) A HEALTH CARE CORPORATION SHALL INCLUDE IN ALL
GROUP AND NONGROUP CERTIFICATES BENEFITS FOR PROSTHETICS AND
ORTHOTICS THAT, AT A MINIMUM, EQUAL THE PROSTHETICS AND ORTHOTICS
COVERAGE PROVIDED FOR UNDER 42 USC 1395K, 1395I, AND 1395M AND 42
CFR 410.100, 414.202, 414.210, AND 414.228. BENEFITS SHALL INCLUDE
REPLACEMENT FOR THE PROSTHETIC OR ORTHOTIC IF REQUIRED BECAUSE OF A
CHANGE IN THE MEMBER'S PHYSICAL CONDITION AND FOR REPAIR OR
REPLACEMENT IF DETERMINED APPROPRIATE BY THE MEMBER'S TREATING
PHYSICIAN. BENEFITS MAY BE LIMITED TO THE MOST APPROPRIATE MODEL
THAT ADEQUATELY MEETS THE MEDICAL NEEDS OF THE MEMBER AS DETERMINED
BY THE MEMBER'S TREATING PHYSICIAN.**

**(2) A HEALTH CARE CORPORATION MAY REQUIRE PRIOR AUTHORIZATION
FOR PROSTHETICS AND ORTHOTICS IN THE SAME MANNER THAT PRIOR**

AUTHORIZATION IS REQUIRED FOR ANY OTHER COVERED BENEFIT. A HEALTH CARE CORPORATION MAY IMPOSE COPAYMENTS AND COINSURANCE AMOUNTS ON PROSTHETICS AND ORTHOTICS NOT TO EXCEED THE COPAYMENT AND COINSURANCE AMOUNTS IMPOSED FOR PROSTHETICS AND ORTHOTICS UNDER PART B OF MEDICARE, 42 USC 1395J TO 1395W-4. A HEALTH CARE CORPORATION SHALL REIMBURSE FOR PROSTHETICS AND ORTHOTICS AT NO LESS THAN THE FEE SCHEDULE FOR PROSTHETICS AND ORTHOTICS UNDER THE MEDICARE REIMBURSEMENT FEE SCHEDULE ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES BASED ON THE HEALTH CARE COMMON PROCEDURE CODING SYSTEM. A HEALTH CARE CORPORATION SHALL NOT IMPOSE ANY ANNUAL OR LIFETIME DOLLAR MAXIMUM ON PROSTHETICS AND ORTHOTICS BENEFITS OTHER THAN AN ANNUAL OR LIFETIME DOLLAR MAXIMUM THAT APPLIES IN THE AGGREGATE TO ALL TERMS AND SERVICES COVERED UNDER THE CERTIFICATE.

(3) AS USED IN THIS SECTION:

(A) "ORTHOTICS" MEANS ALL SERVICES REQUIRING CUSTOM ORTHOSES.

(B) "PROSTHETICS" MEANS EXTERNAL EXTREMITY PROSTHETICS FOR THE APPENDICULAR SKELETON.

Enacting section 1. This amendatory act takes effect 180 days after the date it is enacted.