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MASTECTOMIES AND RECONSTRUCTIVE SURGERY

During the 1983 Legislative Session, the following statutes concerning coverages for mastectomies and reconstructive surgery in individual health policies, group health policies, and contracts issued by nonprofit medical service corporations and health maintenance organizations were passed: NRS 689A.041, 689B.0375, 695B.191, and 695C.171.

These provisions describe the mandatory coverages to be provided by these types of insurers or providers of health care for mastectomies, the commensurate coverage for at least two prosthetic devices, and "for reconstructive surgery incident to the mastectomy." The statutes further provide for benefits for reconstructive surgery for three years after the original surgery.

Some policies or contracts have excluded or limited benefits for cosmetic surgery and this language has been used to limit the types of reconstruction done in relation to a mastectomy. The intent of the legislature concerning the mastectomy statutes indicates that they were intended to assist the return of patients to normal functions after a mastectomy and to ease the trauma of this form of surgery. Coverage is required to be provided for the mastectomy, certain prosthetic devices, and reconstructive surgery incident to the mastectomy.

Any attempt by an insurer to limit the benefits described in NRS 689A.041, 689B.0375, 695B.191, or 695C.171, by use of an exclusion for cosmetic surgery will be rejected by the division. The division, in reviewing any consumer complaints, will require that coverage be provided for all stages of a breast reduction on a nondiseased breast, if that reduction or reconstruction is performed to make it equal in size to the diseased breast after a mastectomy or reconstructive surgery on the diseased breast has been performed.

DAVID A. GATES

Commissioner of Insurance