By Mr. \_\_\_\_\_\_, a petition (accompanied by bill, Senate, No. XXX) of \_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_ and other members of the General Court for legislation relative to the psychiatric Collaborative Care Model. Financial Services

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court**

**(2019-2020)**

An Act relative to collaborative care.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

 SECTION 1. Section 22 of Chapter 32A of the General Laws is hereby amended by adding the following new subsection at the end thereof: -

 (j) Any health plan offered by the commission shall provide reimbursement for mental health or substance abuse disorder benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494.

 (4) The commissioner of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (k) Any health plan offered by the commission may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found in section 12 of Chapter 176O.

 For the purposes of this section, “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

SECTION 2. Section 47B of Chapter 175 of the General Laws is hereby amended by adding the following new subsection at the end thereof: -

(k) Any individual policy of accident and sickness insurance issued pursuant to section 108, which provides hospital expense and surgical expense insurance, and a group blanket or general policy of accident and sickness insurance issued pursuant to section 110, which provides hospital expense and surgical expense insurance, which is issued or renewed within or without the commonwealth shall provide reimbursement for mental health benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494.

 (4) The commissioner of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (l) Any individual policy of accident and sickness insurance issued pursuant to section 108, which provides hospital expense and surgical expense insurance, and a group blanket or general policy of accident and sickness insurance issued pursuant to section 110, which provides hospital expense and surgical expense insurance, which is issued or renewed within or without the commonwealth may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found in section 12 of Chapter 176O.

 For the purposes of this section, “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

SECTION 3. Section 8A of Chapter 176A of the General Laws is hereby amended by adding the following new subsection at the end thereof: -

(j) Any contract between a subscriber and the corporation under an individual or group hospital service plan which is issued or renewed within or without the commonwealth shall provide reimbursement for mental health benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494.

 (4) The commissioner of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (k) Any contract between a subscriber and the corporation under an individual or group hospital service plan which is issued or renewed within or without the commonwealth may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found in section 12 of Chapter 176O.

 For the purposes of this section, “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

SECTION 4. Section 4A of Chapter 176B of the General Laws is hereby amended by adding the following new subsection at the end thereof: -

(j) Any subscription certificate under an individual or group medical service agreement which is issued or renewed within or without the commonwealth shall provide reimbursement for mental health benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494.

 (4) The commissioner of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (k) Any subscription certificate under an individual or group medical service agreement which is issued or renewed within or without the commonwealth may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found in section 12 of Chapter 176O.

 For the purposes of this section, “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

SECTION 5. Section 4M of Chapter 176G of the General Laws is hereby amended by adding the following new subsection at the end thereof: -

(j) Any health maintenance contract issued or renewed within or without the commonwealth shall provide reimbursement for mental health benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

 (1) 99492.

 (2) 99493.

 (3) 99494

 (4) The commissioner of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (k) Any health maintenance contract issued or renewed within or without the commonwealth may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found in section 12 of Chapter 176O.

 For the purposes of this section, “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.