AN ACT

Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws,"; adding provisions relating to the insurance coverage of mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The Act is amended by adding a section to read:

Section 635.8. Psychiatric Collaborative Care Model.

 (a) Each insurer that offers health insurance policies that provide mental health and substance use disorder benefits shall provide reimbursement for such 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 department shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (b) Each insurer that offers health insurance policies that provide mental health and substance use disorder benefits 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 at sections 2151 and 2152 of this act.

 (c) As used in this section:

 (1) "Health insurance policy" means any individual or group health, sickness or accident policy, or subscriber contract or certificate offered, issued or renewed by an entity subject to one of the following:

 (i) This act.

 (ii) The act of December 29, 1972 (P.L.1701, No.364), known as the "Health Maintenance Organization Act."

 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

 (2) "Insurer" means any entity offering a health insurance policy as defined in this section.

 (3) “Mental health and substance use disorder benefits” means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

 (4) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

Section 2. This act shall take effect immediately