2019 Regular Session

HOUSE BILL NO. XXX

BY REPRESENTATIVE \_\_\_\_\_\_\_\_\_\_\_

INSURANCE/HEALTH: Provides requirements for the psychiatric collaborative care model

AN ACT

To enact R.S. 22:1066.1, relative to reimbursement for mental health and substance abuse benefits provided through the psychiatric Collaborative Care Model service delivery method; to provide for definitions.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1066.1 is hereby enacted to read as follows:

§1066.1. Psychiatric Collaborative Care Model service delivery method requirements

A. All insurers or other issuers of health coverage plans that provide mental health and substance abuse 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 commissioner shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

B. All insurers or other issuers of health coverage plans that provide mental health and substance abuse 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 R.S. 22:2391 et seq.

C. As used in this section:

(1) "Health coverage plan" means any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and the Office of Group Benefits programs.

(2) “Mental health or substance abuse 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.

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