HOUSE BILL NO. XXXX

Psychiatric Collaborative Care Model Service Delivery Method.

Sponsored by: Representative(s) \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_

A BILL

for

AN ACT relating to health insurance; specifying reimbursement requirements for mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method; and providing for an effective date.

*Be it enacted by the Legislature of the State of Wyoming:*

**Section 1.** W.S. 26-20-701 is created to read:

Article 7

Psychiatric Collaborative Care Model Reimbursement

**26-20-701. Required reimbursement for mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method in individual and group policies or contracts.**

 (a) Each insurer, nonprofit corporation, and health maintenance organization that issue individual or group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type health insurance contracts, and individual and group service contracts 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):

 (i) 99492;

 (ii) 99493;

 (iii) 99494; and

 (iv) 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) Each insurer, nonprofit corporation, and health maintenance organization that issue individual or group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type health insurance contracts, and individual and group service contracts 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 insert relevant Title, Chapter, subchapter, or section of state code pertaining to utilization review.

 (c) “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.

 (d) “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 only apply to any individual or group health insurance policy or plan that is delivered, issued, renewed, modified, amended or extended on or after July 1, 2019.

**Section 3.** This shall is effective July 1, 2019.

(END)