**As Introduced**

**133rd General Assembly**

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**2019-2020**

**Senators \_\_\_\_\_, \_\_\_\_\_\_**

**Cosponsors: Senators \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_**

**A BILL**

To enact sections 1739.28, 1751.90, 3921.47, and 3923.283 of the Revised Code to provide specifications for coverage of the psychiatric Collaborative Care Model service delivery method.

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

 **Section 1.** That sections 1739.28, 1751.90, 3921.47, 3923.283 of the Revised Code be enacted to read as follows:

 **Sec. 1739.28.** (A) As used in this section:

 (1) “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.

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

(B) Every multiple welfare arrangement and every plan offered by a multiple welfare arrangement that provides 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 superintendent of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (C) Every multiple welfare arrangement and every plan offered by a multiple welfare arrangement that provides 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 1751.77 through 1751.87.

 **Sec. 1751.90.** (A) As used in this section:

 (1) “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.

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

(B)Every health insuring company and any health care plan offered by a health insuring company that provides 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 superintendent of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (C) Every health insuring company and any health care plan offered by a health insuring company that provides 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 1751.77 through 1751.87.

 **Sec. 3921.47.** (1) “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.

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

(B)Each fraternal benefit society and its benefit 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):

 (1) 99492.

(2) 99493.

(3) 99494.

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

 (C) Each fraternal benefit society and its benefit 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 1751.77 through 1751.87.

 **Sec. 3923.283.** (A) As used in this section:

 (1) “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.

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

(B)Every insurer and any plan offered by an insurer that provides 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 superintendent of insurance shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (C) Every insurer and any plan offered by an insurer that provides 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 1751.77 through 1751.87.