**South Carolina General Assembly**

123rd Session, 20019-2020

**AXX, RXX, SXX**

**STATUS INFORMATION**

General Bill

Sponsors:

Document Path:

Companion/Similar bill(s):

Introduced in the Senate on \_\_\_\_\_\_\_\_\_\_\_\_\_

Introduced in the House on \_\_\_\_\_\_\_\_\_\_\_\_\_

Summary: Psychiatric Collaborative Care Model reimbursement

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

**VERSIONS OF THIS BILL**

(AXX, RXX, SXX)

**AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑885 SO AS TO REQUIRE HEALTH INSURANCE ISSUERS THAT PROVIDE MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS TO PROVIDE REIMBURSEMENT FOR SUCH BENEFITS PROVIDED THROUGH THE PSYCHIATRIC COLLABORATIVE CARE MODEL SERVICE DELIVERY METHOD.**

Be it enacted by the General Assembly of the State of South Carolina:

**Insurance, psychiatric collaborative care model**

SECTION 1. Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑295. (A) All health insurance issuers that provide health insurance coverage 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 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 health insurance issuers that provide health insurance coverage 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 in Chapter 70 of this Title.

(C) For the purposes of this section:

(1) "Health insurance coverage" shall be defined as it is in Section 38-71-840(14).

(2) "Health insurance issuer" or "issuer" shall be defined as it is in Section 38-71-840(16).

(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.

**Time effective**

SECTION 2. This act takes effect June 30, 2019, and applies to health insurance issuers on or after the effective date of this act.