SENATE BILL No. XXXX

Introduced by Senator \_\_\_\_\_\_\_\_

January XX, 2019

An Act to add Sections to the Health and Safety Code and to add Sections to the Insurance Code, relating to insurance,

Legislative counsel’s digest

SB XXXX Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts or health insurance policies issued, amended, or renewed on or after July 1, 2000, to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, and of serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions.

This bill would require every health care service plan that provides hospital, medical, or surgical coverage, every specialized mental health care service plan that contracts with a health care service plan to provide mental health services, and every health insurer to reimburse for such services that are provided through the psychiatric Collaborative Care Model service delivery method.

*The people of California do enact as follows:*

SECTION 1. 1374.78 is added to the Health and Safety Code to read:

1374.78. (a) All health care service plans providing mental health and substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model or other behavioral health integration service delivery methods, 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) All health care service plans providing 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 Section 1367.01.

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

SEC. 2. 10144.53 is added to the Insurance Code to read:

10144.53. (a) All health insurers providing 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) All health insurers providing 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 Section 1367.01 of the Health and Safety Code.

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