HOUSE BILL XXXX

By \_\_\_\_\_\_\_\_\_\_\_

SENATE BILL XXX

By \_\_\_\_\_\_\_\_

AN ACT to amend Tennessee Code Annotated, Title 56, relative to coverage for mental health illnesses and substance use disorders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding the following as a new section:

(a)

(1) As used in this section, unless context otherwise requires:

(A) "Health benefit plan" means any hospital or medical expense policy, health, hospital, or medical service corporation contract, a policy or agreement entered into by a health insurer or a health maintenance organization contract offered by an employer, other plans administered by the state government, or any certificate issued under the policies, contracts, or plans;

(B) "Health insurance carrier" means any entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the commissioner of commerce and insurance, that contracts with healthcare providers in connection with a plan of health insurance, health benefits, or health services;

(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; and

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

(2) Any health insurance carrier that issues a health benefit plan 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):

(A) 99492;

(B) 99493;

(C) 99494; and

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

(3) Any health insurance carrier that issues a health benefit plan 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 in Part 7 of Chapter 6 of this Title (56-6-701 et seq.).

SECTION 2. This act shall take effect January 1, 2020, the public welfare requiring it. This act shall apply to policies and contracts entered into or renewed on and after January 1, 2020.