2019 SENATE BILL XXX

January XX, 2019 – Introduced by Senators \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, cosponsored by Representatives \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, Referred to Committee on Insurance.

AN ACT to amend 632.89 of the statutes; relating to the psychiatric Collaborative Care Model.

*Analysis by the Legislative Reference Bureau*

Under current law, health benefit plans and group health benefit plans must provide coverage of nervous and mental disorders and alcoholism and other drug abuse problems.

This bill would require insurers to provide reimbursement for such covered benefits that are provided through the psychiatric Collaborative Care Model service delivery method.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

**Section 1.** 63289)1)(em) of the statutes is renumbered 632.89(1)(f).

**Section 2**. 632.89(1)(f) of the statutes is renumbered 632.89(1)(fm).

**Section 3.** 632.89(1)(em) of the statutes is created to read:

632.89(1)(g) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

**Section 4.** 632.89(3b) of the statutes s created to read:

632.89(3b) Psychiatric Collaborative Care Model. (a) A group health benefit plan and a self-insured health plan that provide coverage of the treatment of nervous and mental disorders and alcoholism and other drug abuse problems, and an individual health benefit plan that provides coverage of the treatment of nervous and mental disorders or alcoholism and other drug abuse problems, shall provide coverage of such treatment that is 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) A group health benefit plan and a self-insured health plan that provide coverage of the treatment of nervous and mental disorders and alcoholism and other drug abuse problems, and an individual health benefit plan that provides coverage of the treatment of nervous and mental disorders or alcoholism and other drug abuse problems 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.

(END)