H. B. XXXX

(By Delegates \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_)

[Introduced January XX, 2019; referred to the Committee on Banking and Insurance.]



A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §33-15-4q; to amend said code by adding thereto a new section, designated §33-16-3cc, all relating to health insurance coverage of mental health and substance use disorders.

*Be it enacted by the Legislature of West Virginia:*

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §33-15-4q; that said code be amended by adding thereto a new section, designated §33-16-3cc, all to read as follows:

**CHAPTER 33. INSURANCE.**

**ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE**

**§33-15-4q. Coverage requirements for mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method.**

 (a) Each insurer that issues, delivers, or renews any policy of accident and sickness insurance coverage 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 commissioner shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (b) Each insurer that issues, delivers, or renews any policy of accident and sickness insurance coverage 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 Article 16H of this Chapter and Series 95 of Title 114 of West Virginia Administrative Law.

 (c) As used in this section:

 (1) "Accident and sickness insurance coverage" means benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under any hospital or medical service policy of certificate, hospital or medical service plan contract, or health maintenance organization contract offered by an insurer, but does not include short-term limited duration insurance.

 (2) "Insurer" means an entity licensed by the commissioner to transact accident and sickness insurance in this state and subject to this chapter, but does not include a group health plan or short term limited duration insurance.

 (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.

**CHAPTER 33**

**ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.**

**§33-16-3cc. Coverage requirements for mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method.**

(a) Each health insurer that issues, delivers, or renews any 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):

 (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) Each health insurer that issues, delivers, or renews any 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 Article 16H of this Chapter and Series 95 of Title 114 of West Virginia Administrative Law.

(c) As used in this section:

(1) "Health benefit plan" means benefits consisting of medical care provided directly, through insurance or reimbursement, or indirectly, including items and services paid for as medical care, under any hospital or medical expense incurred policy or certificate; hospital, medical or health service corporation contract; health maintenance organization contract; or plan provided by a multiple-employer trust or a multiple-employer welfare arrangement. "Health benefit plan" does not include excepted benefits.

(2) "Health insurer" means an entity licensed by the commissioner to transact accident and sickness in this state and subject to this chapter. "Health insurer" does not include a group health plan.

(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.

NOTE: The purpose of this bill is to require specify coverage requirements for mental health and substance use disorder benefits provided through the psychiatric Collaborative Care Model service delivery method. The bill also defines terms.

These sections are new; therefore, they have been completely underscored.