SENATE BILL NO.

AN ACT TO AMEND SECTION 83-9-37, MISSISSIPPI CODE OF 1972, TO CLARIFY CERTAIN TERMINOLOGY FOR HEALTH INSURANCE POLICY COVERAGE FOR MENTAL ILLNESS; TO AMEND SECTION 83-9-39, MISSISSIPPI CODE OF 1972, TO ADD HEALTH INSURANCE ISSUER REIMBURSEMENT REQUIREMENTS FOR THE PSYCHIATRIC COLLABORATIVE CARE MODEL.

     BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

 **Section 1.** Section 83-9-37, Mississippi Code of 1972 is amended as follows:

 (a) "Alternative delivery system" means a health maintenance organization (HMO), preferred provider organization (PPO), exclusive provider organization (EPO), individual practice association (IPA), medical staff hospital organization (MESH), physician hospital organization (PHO), and any other plan or organization which provides health care services through a mechanism other than insurance and is regulated by the State of Mississippi.

 (b) "Covered benefits" means the health care services or treatment available to an insured party under a health insurance policy for which the insurer will pay part or all of the costs.

 (c) "Health insurance issuer" means any entity that offers health insurance coverage through a health benefit plan, policy, or certificate of insurance subject to state law that regulates the business of insurance. "Health insurance issuer" also includes a health maintenance organization, as defined and regulated under Section 83-41-301 et seq.

 (\* \* \*d) "Hospital" means a facility licensed as a hospital by the Mississippi Department of Health.

 (\* \* \*e) "Health service provider" means a physician or psychologist who is authorized by the facility in which services are delivered to provide mental health services in an inpatient or outpatient setting, within his or her scope of licensure.

 (\* \* \*f) "Inpatient services" means therapeutic services which are available twenty-four (24) hours a day in a hospital or other treatment facility licensed by the State of Mississippi.

 (\* \* \*g) "Mental illness" means any psychiatric disease identified in the current edition of The International Classification of Diseases or The American Psychiatric Association Diagnostic and Statistical Manual, including substance use disorders.

 (\* \* \*h) "Outpatient services" means therapeutic services which are provided to a patient according to an individualized treatment plan which does not require the patient's full-time confinement to a hospital or other treatment facility licensed by the State of Mississippi. The term "outpatient services" refers to services which may be provided in a hospital, an outpatient treatment facility or other appropriate setting licensed by the State of Mississippi.

 (\* \* \*i) "Outpatient treatment facility" means (i) a clinic or other similar location which is certified by the State of Mississippi as a qualified provider of outpatient services for the treatment of mental illness or (ii) the office of a health service provider.

 (\* \* \*j) "Partial hospitalization" means inpatient treatment, other than full twenty-four-hour programs, in a treatment facility licensed by the State of Mississippi; the term includes day, night and weekend treatment programs.

 (\* \* \*k) "Physician" means a physician licensed by the State of Mississippi to practice therein.

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

 (\* \* \*m) "Psychologist" means a psychologist licensed by the State of Mississippi to practice therein.

**Section 2.** Section 83-9-39, Mississippi Code of 1972, is amended as follows:

 83-9-39. (1) (a) Except as otherwise provided herein, all alternative delivery systems and all group health insurance policies, plans or programs regulated by the State of Mississippi shall provide covered benefits for the treatment of mental illness, except for policies which only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts.

 (b)  Health insurance policies, plans or programs of any employer of one hundred (100) or fewer eligible employees and all individual health insurance policies which are regulated by the State of Mississippi which do not currently offer benefits for treatment of mental illness shall offer covered benefits for the treatment of mental illness, except for policies which only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts.

 (2)  Covered benefits for inpatient treatment of mental illness in insurance policies and other contracts subject to Sections 83-9-37 through 83-9-43 shall be limited to inpatient services certified as necessary by a health service provider.

 (3)  Covered benefits for outpatient treatment of mental illness in insurance policies and other contracts subject to Sections 83-9-37 through 83-9-43 shall be limited to outpatient services certified as necessary by a health service provider.

 (4)  Before an insured party may qualify to receive benefits under Sections 83-9-37 through 83-9-43, a health service provider shall certify that the individual is suffering from mental illness and refer the individual for the appropriate treatment.

 (5)  All mental illness, treatment or services with respect to such treatment eligible for health insurance coverage shall be subject to professional utilization and peer review procedures.

 (6)  The provisions of this section shall apply only to alternative delivery systems and individual and group health insurance policies, plans or programs issued or renewed after July 1, 1991.

 (7)  The exclusion period for coverage of a preexisting mental condition shall be the same period of time as that for other medical illnesses covered under the same plan, program or contract.

 (8) Each health insurance issuer that provides covered benefits for the treatment of mental illness 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.

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

 (9) Each health insurance issuer that provides covered benefits for the treatment of mental illness 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 83 of title 41 (41-83-1 et seq.).

**Section 3.** This act shall take effect and be in force from and after July 1, 2019.