**HOUSE BILL XXX**

**54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

INTRODUCED BY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH INSURANCE; SPECIFYING PSYCHIATRIC COLLABORATIVE CARE MODEL COVERAGE REQUIREMENTS FROM INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH CARE CORPORATIONS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] COLLABORATIVE CARE MODEL REQUIREMENTS.--

A. An insurer that delivers, issues for delivery, or renews an individual health insurance policy, health care plan or certificate of health insurance or an insurer that offers, issues or renews an individual health insurance policy, plan or certificate in connection with a health insurance policy, plan or certificate of health insurance 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 superintendent shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model; and

(5) An insurer that delivers, issues for delivery, or renews an individual health insurance policy, health care plan or certificate of health insurance or an insurer that offers, issues or renews an individual health insurance policy, plan or certificate in connection with a health insurance policy, plan or certificate of health insurance 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 57 of this Chapter.

B. As used in this section:

(1) “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

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

SECTION 2. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] COLLABORATIVE CARE MODEL REQUIREMENTS.--

A. An insurer that delivers, issues for delivery, or renews a group health insurance policy, health care plan or certificate of health insurance or an insurer that offers, issues or renews a group health insurance policy, plan or certificate in connection with a health insurance policy, plan or certificate of health insurance 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 superintendent shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model; and

(5) An insurer that delivers, issues for delivery, or renews a group health insurance policy, health care plan or certificate of health insurance or an insurer that offers, issues or renews a group health insurance policy, plan or certificate in connection with a health insurance policy, plan or certificate of health insurance 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 57 of this Chapter.

B. As used in this section:

(1) “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

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

SECTION 3. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] COLLABORATIVE CARE MODEL REQUIREMENTS.--

A. A health maintenance organization that delivers, issues for delivery, or renews an individual or group contract or a health maintenance organization that offers, issues or renews individual or group coverage in connection with a contract 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 superintendent shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model; and

(5) A health maintenance organization that delivers, issues for delivery, or renews an individual or group contract or a health maintenance organization that offers, issues or renews individual or group coverage in connection with a contract 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 57 of this Chapter.

B. As used in this section:

(1) “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

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

SECTION 4. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"[NEW MATERIAL] COLLABORATIVE CARE MODEL REQUIREMENTS.--

A. A corporation that delivers, issues for delivery, or renews an individual or group nonprofit health care plan or a corporation that offers, issues or renews individual or group coverage in connection with a nonprofit health care 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 superintendent shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model; and

(5) A corporation that delivers, issues for delivery, or renews an individual or group nonprofit health care plan or a corporation that offers, issues or renews individual or group coverage in connection with a nonprofit health care 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 57 of this Chapter.

B. As used in this section:

(1) “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

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