**SENATE**

**STATE OF MINNESOTA**

**S.F. No. XXXX**

**NINETY-FIRST SESSION**

**(SENATE AUTHORS: \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_ and \_\_\_\_\_\_)**

**Date D-PG OFFICIAL STATUS**

A bill for an act

relating to insurance; requiring reimbursement of alcoholism, mental health, and chemical dependency benefits provided through the psychiatric Collaborative Care Model service delivery method.

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

Section 1. Minnesota Statutes 2018, Section 62Q.47 is amended to read:

62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY SERVICES.

(a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism, mental health, or chemical dependency services, must comply with the requirements of this section.

(b) Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for outpatient medical services.

(c) Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6660, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.

(d) All health plans must meet the requirements of the federal Mental Health Parity Act of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal guidance or regulations issued under, those acts.

(e) Allhealth plan companies, as defined in section 62Q.1, that offer health plansthat provide coverage for alcoholism, mental health, or chemical dependency 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; and

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

(f) Allhealth plan companies, as defined in section 62Q.1, that offer health plansthat provide coverage for alcoholism, mental health, or chemical dependency 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 62Q.53 and the utilization review requirements found in Chapter 62M.

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