**State of South Dakota**

**NINETY-FOURTH SESSION**

**LEGISLATIVE ASSEMBLY, 2019**

XXXZXXXX

**HOUSE BILL NO. XXXX**

Introduced by: Representatives \_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

FOR AN ACT ENTITLED, An Act specifying coverage requirements for mental health or substance use disorder benefits provided through the psychiatric Collaborative Care service delivery method.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. Terms used in this Act mean:

1. “Director,” the director of the Division of Insurance;
2. “Health Carrier,” an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the director, that contracts or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services;
3. “Mental health and substance use disorder benefits,” 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.

Section 2. That Chapter 58-17 be amended by adding a NEW SECTION to read:

Each health carrier that delivers, issues for delivery, or renews a policy of health insurance that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each health carrier that delivers, issues for delivery, or renews a policy of health insurance that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).

Section 3. That Chapter 58-18 be amended by adding a NEW SECTION to read:

Each health carrier that delivers, issues for delivery, or renews a group health insurance policy that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each health carrier that delivers, issues for delivery, or renews a group health insurance policy that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).

Section 4. That Chapter 58-18B be amended by adding a NEW SECTION to read:

Each health carrier that delivers, issues for delivery, or renews a small employer health benefit plan that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each health carrier that delivers, issues for delivery, or renews a small employer health benefit plan that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).

Section 5. That Chapter 58-38 be amended by adding a NEW SECTION to read:

Each nonprofit medical and surgical service plan corporation that delivers, issues for delivery, or renews a service or indemnity-type contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each nonprofit medical and surgical service plan corporation that delivers, issues for delivery, or renews a service or indemnity-type contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).

Section 6. That Chapter 58-40 be amended by adding a NEW SECTION to read:

Each nonprofit hospital service plan corporation that delivers, issues for delivery, or renews a service or indemnity-type contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each nonprofit hospital service plan corporation that delivers, issues for delivery, or renews a service or indemnity-type contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).

Section 6. That Chapter 58-41 be amended by adding a NEW SECTION to read:

Each health maintenance organization that delivers, issues for delivery, or renews a contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 director shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model;
5. Each health maintenance organization that delivers, issues for delivery, or renews a contract that provides mental health or substance use disorder benefits, except for policies that provide coverage for specified disease or other limited benefit coverage, 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 17H of this Title (58-17H-1 et seq.).