86RXXXX

By:  \_\_\_\_\_\_\_\_ H.B. No XXXX

A BILL TO BE ENTITLED

AN ACT

relating to access to and benefits for mental health conditions and substance use disorders.

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

SECTION 1.  Chapter 1355, Insurance Code, is amended by adding Subchapter G to read as follows:

SUBCHAPTER G. PSYCHIATRIC COLLABORATIVE CARE MODEL SERVICE DELIVERY METHOD

 Sec. 1355.351. DEFINITIONS. In this subchapter:

 (1) “Issuer” means:

 (A) an insurance company;

 (B) a group hospital service corporation operating under Chapter 842;

 (C) a fraternal benefit society operating under Chapter 885;

 (D) a stipulated premium company operating under Chapter 884;

 (E) a health maintenance organization operating under Chapter 843;

 (F) a reciprocal exchange operating under Chapter 942;

 (G) a Lloyd's plan operating under Chapter 941;

 (H) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844; or

 (I) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846.

 (2) “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

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

 Sec. 1355.352. COLLABORATIVE CARE COVERAGE. (a) All issuers that offer individual or group health benefit plans that provide benefits for mental health and substance use disorders 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 department shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

 (b) All issuers that offer individual or group health benefit plans that provide benefits for mental health and substance use disorders 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 4201 of Title 14 of the Insurance Code (4201.001 et seq.).

SECTION 2.  This Act takes effect September 1, 2019.