**MENTAL COLLABORATIVE CARE AMENDMENTS**

2019 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: \_\_\_\_\_\_\_\_**

House Sponsor: \_\_\_\_\_\_

**LONG TITLE**

**General Description:**

This bill amends the insurance code to provide specifications for covered mental health and substance use disorder benefits that are provided through the psychiatric Collaborative Care Model service delivery method.

**Highlighted Provisions:**

This bill:

� defines terms

� specifies coverage requirements for Collaborative Care Model

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Codes Affected:**

ENACTS:

31A-22-650

*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section 31A-22-650 is enacted to read:

**31A-22-650. Psychiatric Collaborative Care Model coverage requirements.**

(1) As used in this section:

(a) “Health benefit plan” has the meaning ascribed to it in Section 31A-1-301.

(b) “Insurer” has the meaning ascribed to it in Section 31A-1-301.

(c) “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.

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

(2) All insurers that offer health benefit plans in the individual or group markets that provide 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):

(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.

(3) All insurers that offer health benefit plans in the individual or group markets that provide 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 found at 31A-22-629 and R590-203.

**Legislative Review Note**

**As of x-xx-xx x:xx PM**

**Office of Legislative Research and General Counsel**