AN ACT

To enact R.S. 22:1066.2 and R.S. 40:2163, relative to health coverage plans; to provide
relative to the medical assistance program of this state known as Medicaid; to require
reimbursement for mental health and substance abuse benefits provided through the
Psychiatric Collaborative Care Model service delivery method; to provide for
definitions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1066.2 is hereby enacted to read as follows:

§1066.2. Psychiatric Collaborative Care Model; service delivery method

requirements

A. A health coverage plan which is delivered or issued for delivery in this
state that provides mental health and substance abuse benefits shall provide
reimbursement for such benefits that are delivered through the Psychiatric
Collaborative Care Model, which includes current procedural terminology (CPT)
billing codes established by the American Medical Association.

B. Any medical necessity determination made by a health coverage plan
shall be in compliance with the Paul Wellstone and Pete Domenici Mental Health
Parity and Addiction Equity Act of 2008 and its related regulations, and in
accordance with the Internal Claims and Appeals Process and External Review Act,
R.S. 22:2391 et seq.
C. As used in this Section, the following terms apply:

(1) "Health coverage plan" means any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and the Office of Group Benefits programs.

(2) "Mental health or substance abuse 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 Diseases or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

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

Section 2. R.S. 40:2163 is hereby enacted to read as follows:

§2163. Psychiatric Collaborative Care Model in the Louisiana medical assistance program

A. The Louisiana Department of Health shall ensure Medicaid coverage for mental health and substance abuse benefits delivered through the Psychiatric Collaborative Care Model which includes current procedural terminology (CPT) billing codes established by the American Medical Association.

B. Any medical necessity determination made by a Medicaid managed care organization shall be in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its related regulations, and in accordance with the Medicaid Managed Care Independent Claims Review Process, R.S. 46:460.81 et seq.

C. As used in this Section, the following terms apply:

CODING: Words in struck through type are deletions from existing law; words underscored are additions.
(1) "Managed care organization" means the same as the term is defined in R.S. 46:460.31.

(2) "Medicaid" means the same as the term is defined in R.S. 46:460.31.

(3) "Mental health or substance abuse 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 Diseases or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

(4) "Psychiatric Collaborative Care Model" means the evidence-based, integrated behavioral health service delivery method described in 81 FR 80230.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 278 Reengrossed 2022 Regular Session Echols

Abstract: Requires private health coverage and Medicaid coverage for mental health or substance abuse benefits delivered through the Psychiatric Collaborative Care Model.

Proposed law (R.S. 22:1066.2) requires a health coverage plan delivered or issued for delivery in this state that provides mental health and substance abuse benefits to reimburse for services delivered through the Psychiatric Collaborative Care Model, which includes current procedural terminology (CPT) billing codes established by the American Medical Association.

Proposed law (R.S. 40:2163) further requires the La. Dept. of Health to require Medicaid coverage for mental health and substance abuse benefits delivered through the Psychiatric Collaborative Care Model.

Proposed law requires any medical necessity determinations made by a health coverage plan to be made in compliance with certain federal and state law (R.S. 22:2391 et seq.). Further requires any medical necessity determinations made by a Medicaid managed care organization to be made in accordance with certain federal and state law (R.S. 46:460.81 et seq.).

Proposed law defines "health coverage plan", "mental health or substance abuse benefits", "Psychiatric Collaborative Care Model", "managed care organization", and "Medicaid".

(Adds R.S. 22:1066.2 and R.S. 40:2163)
Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Add Medicaid state plans for applicability within proposed law.
2. Delete certain CPT billing codes from specific application in proposed law.
3. Delete language relative to the commissioner of insurance updating CPT billing codes and denial of reimbursement of CPT billing codes.
4. Make technical changes.

The House Floor Amendments to the engrossed bill:

1. Clarify with respect to terminology and applicable present law (R.S. 46:460.81 et seq.) relative to Medicaid coverage.
2. Define "managed care organization" and "Medicaid".
3. Make technical changes.

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