
DIGEST

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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.