

1 AN ACT relating to the psychiatric collaborative care model.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 304.17A-660 TO
4 304.17A-669 IS CREATED TO READ AS FOLLOWS:

5 (1) (a) As used in this section, "psychiatric collaborative care model":

6 1. Means the evidence-based, integrated behavioral health service delivery
7 method described in 81 Fed. Reg. 80230; and

8 2. Includes services that are billed under:

9 a. Except as provided in paragraph (b) of this subsection, the
10 following Current Procedural Terminology billing codes
11 maintained by the American Medical Association:

12 i. 99492;

13 ii. 99493; and

14 iii. 99494; and

15 b. Any other Current Procedural Terminology billing codes
16 maintained by the American Medical Association that are used for
17 the evidence-based, integrated behavioral health service delivery
18 method described in 81 Fed. Reg. 80230.

19 (b) The commissioner shall promulgate and maintain an administrative
20 regulation in accordance with KRS Chapter 13A that lists any:

21 1. Alterations to the billing codes set forth in paragraph (a)2.a. of this
22 subsection; and

23 2. Other billing codes that satisfy the requirements of paragraph (a)2.b. of
24 this subsection.

25 (2) Except as provided in subsection (3) of this section, all health benefit plans that
26 provide coverage for treatment of a mental health condition shall provide
27 reimbursement for those benefits that are delivered through the psychiatric

1 collaborative care model.

2 (3) An insurer may deny reimbursement under a health benefit plan that provides
3 coverage for treatment of a mental health condition for any benefit billed under a
4 billing code referenced in subsection (1)(a)2. of this section on the grounds of
5 medical necessity, if the medical necessity determination is:

6 (a) In compliance with the Paul Wellstone and Pete Domenici Mental Health
7 Parity and Addiction Equity Act of 2008, codified at 42 U.S.C. sec. 300gg-26,
8 as amended, and any related federal regulations, as amended; and

9 (b) Made in accordance with the utilization review requirements set forth in KRS
10 304.17A-600 to 304.17A-633.

11 ➔Section 2. This Act applies to health benefit plans issued, delivered, or renewed
12 on or after January 1, 2027.