304.17A-662 Reimbursement for health benefits delivered through psychiatric collaborative care model -- Exception.

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

1. Means the evidence-based, integrated behavioral health service delivery method described in 81 Fed. Reg. 80230 (November 15, 2016); and
2. Includes services that are billed under:
   a. Except as provided in paragraph (b) of this subsection, the following Current Procedural Terminology billing codes maintained by the American Medical Association:
      i. 99492;
      ii. 99493; and
      iii. 99494; and
   b. Any other Current Procedural Terminology billing codes maintained by the American Medical Association that are used for the evidence-based, integrated behavioral health service delivery method described in 81 Fed. Reg. 80230 (November 15, 2016).

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

1. Alterations to the billing codes set forth in paragraph (a)2.a. of this subsection; and
2. Other billing codes that satisfy the requirements of paragraph (a)2.b. of this subsection.

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

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

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

(b) Made in accordance with any applicable utilization review requirements set forth in this subtitle, including but not limited to KRS 304.17A-600 to 304.17A-633.

Effective: July 15, 2026

History: Created 2026 Ky. Acts ch. 103, sec. 1, effective July 15, 2026.

Legislative Research Commission Note (7/15/2026). 2026 Ky. Acts ch. 103, sec. 2, provides that this statute applies to health benefit plans issued, delivered, or renewed on or after January 1, 2027.