

304.17A-662 Reimbursement for health benefits delivered through psychiatric collaborative care model -- Exception. (Effective July 15, 2026)

- (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.