

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. KRS 304.17A-660 is amended to read as follows:

4 As used in KRS 304.17A-660 to 304.17A-669, unless the context requires otherwise:

- 5 (1) "Classification of benefits" means the classification of benefits set forth in 45  
6 C.F.R. sec. 146.136(c)(2)(ii)(A);
- 7 (2) "Mental health condition" means any condition or disorder that involves mental  
8 illness or substance use disorder as defined in KRS 222.005 and that falls under any  
9 of the diagnostic categories listed in the most recent version of the Diagnostic and  
10 Statistical Manual of Mental Disorders or that is listed in the mental disorders  
11 section of the most recent version of the International Classification of Disease;
- 12 (3) "Nonquantitative treatment limitation" means any limitation that is not expressed  
13 numerically but otherwise limits the scope or duration of benefits for treatment;
- 14 (4) **"Psychiatric collaborative care model" means the evidence-based, integrated**  
15 **behavioral health service delivery method described in 81 Fed. Reg. 80230;**
- 16 (5) "Terms or conditions" includes day or visit limits, episodes of care, any lifetime or  
17 annual payment limits, deductibles, copayments, prescription coverage,  
18 coinsurance, out-of-pocket limits, and any other cost-sharing requirements; and
- 19 (6)~~(5)~~ "Treatment of a mental health condition" includes but is not limited to any  
20 necessary outpatient, inpatient, residential, partial hospitalization, day treatment,  
21 emergency detoxification, or crisis stabilization services.

22 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 304.17A-660 TO  
23 304.17A-669 IS CREATED TO READ AS FOLLOWS:

- 24 **(1) (a) All insurers that issue, deliver, or renew any health benefit plan that**  
25 **provides coverage for treatment of a mental health condition shall provide**  
26 **reimbursement for those benefits that are delivered through the psychiatric**  
27 **collaborative care model, which shall include the following Current**

1           *Procedural Terminology billing codes maintained by the American Medical*

2           *Association:*

3           *1. 99492;*

4           *2. 99493; and*

5           *3. 99494.*

6           *(b) The commissioner shall update the list of billing codes to be included under*  
7           *this subsection if there are any alterations or additions to the billing codes*  
8           *used for the psychiatric collaborative care model.*

9           *(2) All insurers that issue, deliver, or renew any health benefit plan that provides*  
10           *coverage for treatment of a mental health condition may deny reimbursement of*  
11           *any billing code referenced in this section on the grounds of medical necessity,*  
12           *provided that the medical necessity determinations are in compliance with the*  
13           *provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and*  
14           *Addiction Equity Act of 2008, codified at 42 U.S.C. sec. 300gg-26, as amended,*  
15           *and any related federal regulations, as amended, and that the determinations are*  
16           *made in accordance with the utilization review requirements in KRS 304.17A-600*  
17           *to 304.17A-633.*

18           ➔Section 3. Section 2 of this Act applies to health benefit plans issued, delivered,  
19           or renewed on or after January 1, 2026.