HOUSE DOCKET, NO.

FILED ON: 1/7/2009

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Ruth B. Balser

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to mental health benefits

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Ruth B. Balser	12th Middlesex
Barbara A. L'Italien	18th Essex

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO MENTAL HEALTH BENEFITS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 2 of chapter 32A of the General Laws, as appearing in the 2006 Official Edition, is hereby amended by inserting after subsection (h) the following section:-

- (i) "Current procedural terminology code", the listing by the commission that establishes by service type the amount that it will pay to credentialed participating providers for clinical services rendered to its insured.
- SECTION 2. Section 22 of chapter 32A, as so appearing, is hereby amended by inserting after the last paragraph the following paragraphs:-
- For the purposes of this section, psychopharmacological services and neuropsychological assessment services shall be treated as a medical benefit and shall be covered in a manner identical to all other services.
- Notwithstanding the medical specialty of a credentialed participating providers, they shall be
- paid by the commission for clinical services rendered to its insured in an amount equal to the
- amount paid for said service that is the same as, or most similar, to that listed in the
- commission's Current procedural terminology code as determined by said provider; provided
- further, use of said codes shall not guarantee payment unless all other contractual conditions are
- 16 met.

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SECTION 3. Section 8 of chapter 118E, as so appearing, is hereby amended by inserting after subsection a. the following subsection:-

a.1/4 "Current procedural terminology code", the listing by the commission that 19 establishes by service type the amount that it will pay to credentialed participating providers for 20 clinical services rendered to its insured. 21 22 SECTION 4. Section 55 of chapter 118E, as amended by section 18 of chapter 305 of the 23 acts of 2008, is hereby amended by inserting after subsection (d) the following subsections:-(e) Notwithstanding the medical specialty of credentialed participating providers, they 24 25 shall be paid by the commission for clinical services rendered to its insured's in an amount equal 26 to the amount paid for said service that is the same as, or most similar, to that listed in the 27 division's Current Procedural Terminology code as determined by said provider; provided further, use of said codes shall not guarantee payment unless all other contractual conditions are 28 29 met. (f) Any carve out entity that provides behavioral health services on behalf of the Commonwealth 30 be required to pay for psychiatric emergency room services in addition to any emergency 31 32 services program costs provided that services are provided by a provider. 33 SECTION 5. Section 1 of chapter 175, as so appearing, is hereby amended by inserting 34 after the definition "Contract on a Variable Basis" the following definition:-"Current procedural terminology code", the listing by each insurer that establishes by 35 service type the amount that it will pay to credentialed participating providers for clinical 36 services rendered to its insured. 37 SECTION 6. Section 47B of chapter 175, as so appearing, is hereby amended by 38 39 inserting after the last paragraph the following paragraph:-Notwithstanding the medical specialty of credentialed participating providers, they shall 40 be paid by the insurer for clinical services rendered to its insured in an amount equal to the 41 amount paid for said service that is the same as, or most similar, to that listed in the insurer's 42 Current procedural terminology code as determined by said provider; provided further, use of 43 said codes shall not guarantee payment unless all other contractual conditions are met. 44 45 SECTION 7. Section 8A of chapter 176A, as so appearing, is hereby amended by 46 inserting after the last paragraph the following paragraphs:-For the purposes of this section, a "Current procedural terminology code" shall mean the 47 listing by each non-profit hospital service corporation that establishes by service type the amount 48 that it will pay to credentialed participating providers for clinical services rendered to its 49 subscribers. 50 51 Notwithstanding the medical specialty of credentialed participating providers, they shall be paid

by a non-profit hospital service corporation for clinical services rendered to its subscribers in an

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amount equal to the amount paid for said service that is the same as, or most similar, to that listed in the non-profit hospital service corporation's Current procedural terminology code as determined by said provider; provided further, use of said codes shall not guarantee payment unless all other contractual conditions are met.

 SECTION 8. Section 1 of chapter 176B, as so appearing, is hereby amended by inserting after the definition "Covered dependent" the following definition:-

"Current procedural terminology code", the listing by each medical service corporation that establishes by service type the amount that it will pay to credentialed participating providers for clinical services rendered to its subscribers.

SECTION 9. Section 4A of chapter 176B, as so appearing, is hereby amended by inserting after the last paragraph the following paragraph:-

Notwithstanding the medical specialty of credentialed participating providers, they shall be paid by the medical service corporation for clinical services rendered to its subscribers in an amount equal to the amount paid for said service that is the same as, or most similar, to that listed in the medical service corporation's Current procedural terminology code as determined by said provider; provided further, use of said codes shall not guarantee payment unless all other contractual conditions are met.

SECTION 11. Section 1 of chapter 176G, as so appearing, is hereby amended by inserting after the definition "Control" the following definition:-

"Current procedural terminology code", the listing by each health maintenance organization that establishes by service type the amount that it will pay to credentialed participating providers for clinical services rendered to its members.

SECTION 12. Section 4M of chapter 176G, as so appearing, is hereby amended by inserting after the last paragraph the following paragraph:-

Notwithstanding the medical specialty of credentialed participating providers, they shall be paid by the health maintenance organization for clinical services rendered to its members in an amount equal to the amount paid for said service that is the same as, or most similar, to that listed in the health maintenance organization's Current procedural terminology code as determined by said provider; provided further, use of said codes shall not guarantee payment unless all other contractual conditions are met.

SECTION 13. All policies, contracts and certificates of health insurance subject to the provisions of section 22 of chapter 32A, section 47B of chapter 175, section 8A of chapter 176A, section 4A of chapter 176B, and section 4M of chapter 176G of the General Laws which are delivered, issued, or renewed on or after January 1, 2009 shall conform with the provisions of this act.