HOUSE No. 1176

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 adoption of the accompanying bill:

An Act relative to mental health benefits.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Ruth B. Balser	12th Middlesex	1/20/2011
Frank I. Smizik	15th Norfolk	1/28/2011
Kay Khan	11th Middlesex	2/1/2011
Angelo M. Scaccia	14th Suffolk	2/3/2011
Jennifer L. Flanagan		2/3/2011
Tom Sannicandro	7th Middlesex	2/3/2011
David B. Sullivan	6th Bristol	2/3/2011

HOUSE No. 1176

By Ms. Balser of Newton, a petition (accompanied by bill, House, No. 1176) of Ruth B. Balser and others relative to mental health insurance benefits. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. *3557* OF 2009-2010.]

The Commonwealth of Alassachusetts

In the Year Two Thousand Eleven

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
- 2 Official Edition, is hereby amended by inserting after subsection (h) the following section:-
- 3 (i) "Current procedural terminology code", the listing by the commission that establishes
- 4 by service type the amount that it will pay to credentialed participating providers for clinical
- 5 services rendered to its insured.
- 6 SECTION 2. Section 22 of chapter 32A, as so appearing, is hereby amended by inserting
- 7 after the last paragraph the following paragraphs:-
- 8 For the purposes of this section, psychopharmacological services and neuropsychological
- 9 assessment services shall be treated as a medical benefit and shall be covered in a manner
- 10 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 met.

- 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 establishes by service type the amount that it will pay to credentialed participating providers for clinical services rendered to its insured.
- SECTION 4. Section 55 of chapter 118E, as amended by section 18 of chapter 305 of the acts of 2008, is hereby amended by inserting after subsection (d) the following subsections:-
- (e) Notwithstanding the medical specialty of credentialed participating providers, they shall be paid by the commission for clinical services rendered to its insured's in an amount equal to the amount paid for said service that is the same as, or most similar, to that listed in the 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 met.
- (f) Any carve out entity that provides behavioral health services on behalf of the Commonwealth be required to pay for psychiatric emergency room services in addition to any emergency services program costs provided that services are provided by a provider.

SECTION 5. Section 1 of chapter 175, as so appearing, is hereby amended by
inserting after the definition "Contract on a Variable Basis" the following definition:-

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

SECTION 6. Section 47B of chapter 175, 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 insurer 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 insurer'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 7. Section 8A of chapter 176A, as so appearing, is hereby amended by inserting after the last paragraph the following paragraphs:-

For the purposes of this section, a "Current procedural terminology code" shall mean the listing by each non-profit hospital service corporation that establishes by service type the amount that it will pay to credentialed participating providers for clinical services rendered to its subscribers.

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 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.