

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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 access to psychiatric collaborative care.

PETITION OF:

NAME:

Julian Cyr

DISTRICT/ADDRESS:

Cape and Islands

SENATE No.

[Pin Slip]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to access to psychiatric collaborative care.

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

1 SECTION 1. Chapter 177 of the acts of 2022 is hereby amended by striking out Section
2 84 and inserting in place thereof the following section:-

3 Section 84. For the purposes of section 22A of chapter 32A of the General Laws, section
4 10P of chapter 118E of the General Laws, section 47QQ of chapter 175 of the General Laws,
5 section 8RR of chapter 176A of the General Laws, section 4RR of chapter 176B of the General
6 Laws and section 4JJ of chapter 176G of the General Laws, reimbursement for the psychiatric
7 collaborative care model shall include, but not be limited to, the following current procedural
8 terminology billing codes: (i) 99492; (ii) 99493; (iii) 99494; and (iv) G2214.

9 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
10 section 13L the following section:-

11 Section 13M. (a) For the purposes of this section, “psychiatric collaborative care model”
12 shall mean the evidence-based, integrated behavioral health service delivery method in which a
13 primary care team consisting of a primary care provider and a care manager provides structured

14 care management to a patient, and that works in collaboration with a psychiatric consultant that
15 provides regular consultations to the primary care team to review the clinical status and care of
16 patients and to make recommendations.

17 “Managed care entity”, all contracted health insurers, health plans, health maintenance
18 organizations, behavioral health management firms and third party administrators under contract
19 to a Medicaid managed care organization or primary care clinician plan, and accountable care
20 organizations.

21 “Minimum payment rates”, rates of payment for services below which managed care
22 entities may not enter into provider agreements.

23 (b) The division shall increase minimum payment rates for psychiatric collaborative care
24 model billing codes such that they are equal to or greater than the current Medicare Resource-
25 Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

26 (c) Notwithstanding applicable state and federal laws, the division shall direct its
27 managed care entities to increase minimum payment rates for psychiatric collaborative care
28 model billing codes such that they are equal to or greater than the current Medicare Resource-
29 Based Relative Value Scale physician fee schedule for such codes and adjusted annually.

30 (d) Pursuant to sections 13C and 13D, and notwithstanding applicable state and federal
31 laws, the division shall ensure that psychiatric collaborative care model billing codes are
32 removed from the defined set of billing codes included in the division’s accountable care
33 organization primary care sub-capitation per-member per-month rate and that said codes shall be
34 paid on a fee-for-service basis.

35 SECTION 3. Section 22A of Chapter 32A of the General Laws, as appearing in the 2022
36 Official Edition, is hereby amended by inserting after the second paragraph the following
37 paragraphs:-

38 (c) The commission shall increase minimum payment rates for psychiatric collaborative
39 care model billing codes such that they are equal to or greater than the current Medicare
40 Resource-Based Relative Value Scale physician fee schedule for such codes and adjusted
41 annually.

42 SECTION 4. Section 47QQ of Chapter 175 of the General Laws, as so appearing, is
43 hereby amended by inserting after the second paragraph the following paragraph:-

44 (c) An individual policy of accident and sickness insurance issued pursuant to section 108
45 that provides hospital expense and surgical expense insurance or a group blanket or general
46 policy of accident and sickness insurance issued pursuant to section 110 that provides hospital
47 expense and surgical expense insurance that is issued or renewed within or without the
48 commonwealth shall increase minimum payment rates for psychiatric collaborative care model
49 billing codes such that they are equal to or greater than the current Medicare Resource-Based
50 Relative Value Scale physician fee schedule for such codes and adjusted annually.

51 SECTION 5. Section 8RR of Chapter 176A of the General Laws, as so appearing, is
52 hereby amended by inserting after the second paragraph the following paragraph:-

53 (c) A contract between a subscriber and the corporation under an individual or group
54 hospital service plan which is delivered, issued or renewed within the commonwealth shall
55 increase minimum payment rates for psychiatric collaborative care model billing codes such that

56 they are equal to or greater than the current Medicare Resource-Based Relative Value Scale
57 physician fee schedule for such codes and adjusted annually.

58 SECTION 6. Section 4RR of Chapter 176B of the General Laws, as so appearing, is
59 hereby amended by inserting after the second paragraph the following paragraph:-

60 (c) A subscription certificate under an individual or group medical service agreement that
61 is issued or renewed within the commonwealth shall increase minimum payment rates for
62 psychiatric collaborative care model billing codes such that they are equal to or greater than the
63 current Medicare Resource-Based Relative Value Scale physician fee schedule for such codes
64 and adjusted annually.

65 SECTION 7. Section 4JJ of Chapter 176G of the General Laws, as so appearing, is
66 hereby amended by inserting after the second paragraph the following paragraph:-

67 (c) Any individual or group health maintenance contract that is issued or renewed within
68 the commonwealth shall increase minimum payment rates for psychiatric collaborative care
69 model billing codes such that they are equal to or greater than the current Medicare Resource-
70 Based Relative Value Scale physician fee schedule for such codes and adjusted annually.