

HOUSE No. 3557

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
Kay Khan	11th Middlesex
Jennifer M. Callahan	18th Worcester

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:

1 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.

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

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

19 a.1/4 “Current procedural terminology code”, the listing by the commission that
20 establishes by service type the amount that it will pay to credentialed participating providers for
21 clinical services rendered to its insured.

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:-

24 (e) Notwithstanding the medical specialty of credentialed participating providers, they
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
28 further, use of said codes shall not guarantee payment unless all other contractual conditions are
29 met.

30 (f) Any carve out entity that provides behavioral health services on behalf of the Commonwealth
31 be required to pay for psychiatric emergency room services in addition to any emergency
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:-

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

38 SECTION 6. Section 47B of chapter 175, as so appearing, is hereby amended by
39 inserting after the last paragraph the following paragraph:-

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

45 SECTION 7. Section 8A of chapter 176A, as so appearing, is hereby amended by
46 inserting after the last paragraph the following paragraphs:-

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

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

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

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

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

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

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

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

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

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

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