

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by adding  
5 Section 356z.33 as follows:

6 (215 ILCS 5/356z.33 new)

7 Sec. 356z.33. Coverage of the psychiatric Collaborative  
8 Care Model.

9 (a) As used in this Section, "psychiatric Collaborative  
10 Care Model" means the evidence-based, integrated behavioral  
11 health service delivery method, which includes a formal  
12 collaborative arrangement among a primary care team consisting  
13 of a primary care provider, a care manager, and a psychiatric  
14 consultant, and includes, but is not limited to, the following  
15 elements:

16 (1) care directed by the primary care team;

17 (2) structured care management;

18 (3) regular assessments of clinical status using  
19 validated tools; and

20 (4) modification of treatment as appropriate.

21 (b) An individual or group policy of accident and health  
22 insurance amended, delivered, issued, or renewed on or after  
23 the effective date of this amendatory Act of the 101st General

1 Assembly or managed care organization that provides mental  
2 health benefits shall provide reimbursement for benefits that  
3 are delivered through the psychiatric Collaborative Care  
4 Model. The following American Medical Association 2018 current  
5 procedural terminology codes and Healthcare Common Procedure  
6 Coding System code shall be used to bill for benefits delivered  
7 through the psychiatric Collaborative Care Model:

8 (1) 99492;

9 (2) 99493;

10 (3) 99494; and

11 (4) G0512.

12 (c) The Director of Insurance shall update the billing  
13 codes in subsection (b) if there are any alterations or  
14 additions to the billing codes for the psychiatric  
15 Collaborative Care Model.

16 (d) An individual or group policy or managed care  
17 organization that provides benefits under this Section may deny  
18 reimbursement of any billing code listed in this Section on the  
19 grounds of medical necessity if such medical necessity  
20 determinations are in compliance with the Paul Wellstone and  
21 Pete Domenici Mental Health Parity and Addiction Equity Act of  
22 2008 and its implementing and related regulations and that such  
23 determinations are made in accordance with the utilization  
24 review requirements under Section 85 of the Managed Care Reform  
25 and Patient Rights Act.

1 Section 10. The Illinois Public Aid Code is amended by  
2 changing Section 5-16.8 as follows:

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical  
5 assistance program shall (i) provide the post-mastectomy care  
6 benefits required to be covered by a policy of accident and  
7 health insurance under Section 356t and the coverage required  
8 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, ~~and~~  
9 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code  
10 and (ii) be subject to the provisions of Sections 356z.19,  
11 364.01, 370c, and 370c.1 of the Illinois Insurance Code.

12 On and after July 1, 2012, the Department shall reduce any  
13 rate of reimbursement for services or other payments or alter  
14 any methodologies authorized by this Code to reduce any rate of  
15 reimbursement for services or other payments in accordance with  
16 Section 5-5e.

17 To ensure full access to the benefits set forth in this  
18 Section, on and after January 1, 2016, the Department shall  
19 ensure that provider and hospital reimbursement for  
20 post-mastectomy care benefits required under this Section are  
21 no lower than the Medicare reimbursement rate.

22 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;  
23 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; 100-863, eff.  
24 8-14-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
25 10-4-18.)

1           Section 99. Effective date. This Act takes effect upon  
2 becoming law.