

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/Senate Bill No. 1, Page 1, Section Title, Line 5,

2 by striking "reimbursement allowance taxes" and inserting in  
3 lieu thereof the following: "MO HealthNet"; and

4 Further amend said bill, page 2, Section 198.439, line  
5 2, by inserting after all of said line the following:

6 "208.152. 1. MO HealthNet payments shall be made on  
7 behalf of those eligible needy persons as described in  
8 section 208.151 who are unable to provide for it in whole or  
9 in part, with any payments to be made on the basis of the  
10 reasonable cost of the care or reasonable charge for the  
11 services as defined and determined by the MO HealthNet  
12 division, unless otherwise hereinafter provided, for the  
13 following:

14 (1) Inpatient hospital services, except to persons in  
15 an institution for mental diseases who are under the age of  
16 sixty-five years and over the age of twenty-one years;  
17 provided that the MO HealthNet division shall provide  
18 through rule and regulation an exception process for  
19 coverage of inpatient costs in those cases requiring  
20 treatment beyond the seventy-fifth percentile professional  
21 activities study (PAS) or the MO HealthNet children's  
22 diagnosis length-of-stay schedule; and provided further that  
23 the MO HealthNet division shall take into account through  
24 its payment system for hospital services the situation of  
25 hospitals which serve a disproportionate number of low-  
26 income patients;

27           (2) All outpatient hospital services, payments  
28 therefor to be in amounts which represent no more than  
29 eighty percent of the lesser of reasonable costs or  
30 customary charges for such services, determined in  
31 accordance with the principles set forth in Title XVIII A  
32 and B, Public Law 89-97, 1965 amendments to the federal  
33 Social Security Act (42 U.S.C. Section 301, et seq.), but  
34 the MO HealthNet division may evaluate outpatient hospital  
35 services rendered under this section and deny payment for  
36 services which are determined by the MO HealthNet division  
37 not to be medically necessary, in accordance with federal  
38 law and regulations;

39           (3) Laboratory and X-ray services;

40           (4) Nursing home services for participants, except to  
41 persons with more than five hundred thousand dollars equity  
42 in their home or except for persons in an institution for  
43 mental diseases who are under the age of sixty-five years,  
44 when residing in a hospital licensed by the department of  
45 health and senior services or a nursing home licensed by the  
46 department of health and senior services or appropriate  
47 licensing authority of other states or government-owned and -  
48 operated institutions which are determined to conform to  
49 standards equivalent to licensing requirements in Title XIX  
50 of the federal Social Security Act (42 U.S.C. Section 301,  
51 et seq.), as amended, for nursing facilities. The MO  
52 HealthNet division may recognize through its payment  
53 methodology for nursing facilities those nursing facilities  
54 which serve a high volume of MO HealthNet patients. The MO  
55 HealthNet division when determining the amount of the  
56 benefit payments to be made on behalf of persons under the  
57 age of twenty-one in a nursing facility may consider nursing  
58 facilities furnishing care to persons under the age of

59 twenty-one as a classification separate from other nursing  
60 facilities;

61 (5) Nursing home costs for participants receiving  
62 benefit payments under subdivision (4) of this subsection  
63 for those days, which shall not exceed twelve per any period  
64 of six consecutive months, during which the participant is  
65 on a temporary leave of absence from the hospital or nursing  
66 home, provided that no such participant shall be allowed a  
67 temporary leave of absence unless it is specifically  
68 provided for in his plan of care. As used in this  
69 subdivision, the term "temporary leave of absence" shall  
70 include all periods of time during which a participant is  
71 away from the hospital or nursing home overnight because he  
72 is visiting a friend or relative;

73 (6) Physicians' services, whether furnished in the  
74 office, home, hospital, nursing home, or elsewhere;

75 (7) Subject to appropriation, up to twenty visits per  
76 year for services limited to examinations, diagnoses,  
77 adjustments, and manipulations and treatments of  
78 malpositioned articulations and structures of the body  
79 provided by licensed chiropractic physicians practicing  
80 within their scope of practice. Nothing in this subdivision  
81 shall be interpreted to otherwise expand MO HealthNet  
82 services;

83 (8) Drugs and medicines when prescribed by a licensed  
84 physician, dentist, podiatrist, or an advanced practice  
85 registered nurse; except that no payment for drugs and  
86 medicines prescribed on and after January 1, 2006, by a  
87 licensed physician, dentist, podiatrist, or an advanced  
88 practice registered nurse may be made on behalf of any  
89 person who qualifies for prescription drug coverage under  
90 the provisions of P.L. 108-173;

91 (9) Emergency ambulance services and, effective  
92 January 1, 1990, medically necessary transportation to  
93 scheduled, physician-prescribed nonelective treatments;

94 (10) Early and periodic screening and diagnosis of  
95 individuals who are under the age of twenty-one to ascertain  
96 their physical or mental defects, and health care,  
97 treatment, and other measures to correct or ameliorate  
98 defects and chronic conditions discovered thereby. Such  
99 services shall be provided in accordance with the provisions  
100 of Section 6403 of P.L. 101-239 and federal regulations  
101 promulgated thereunder;

102 (11) Home health care services;

103 (12) Family planning as defined by federal rules and  
104 regulations; provided, however, that such family planning  
105 services shall not include:

106 (a) Abortions unless such abortions are certified in  
107 writing by a physician to the MO HealthNet agency that, in  
108 the physician's professional judgment, the life of the  
109 mother would be endangered if the fetus were carried to  
110 term; and

111 (b) Any drug or device approved by the federal Food  
112 and Drug Administration that may cause the destruction of,  
113 or prevent the implantation of, an unborn child, as defined  
114 in section 188.015;

115 (13) Inpatient psychiatric hospital services for  
116 individuals under age twenty-one as defined in Title XIX of  
117 the federal Social Security Act (42 U.S.C. Section 1396d, et  
118 seq.);

119 (14) Outpatient surgical procedures, including  
120 presurgical diagnostic services performed in ambulatory  
121 surgical facilities which are licensed by the department of  
122 health and senior services of the state of Missouri; except,  
123 that such outpatient surgical services shall not include

124 persons who are eligible for coverage under Part B of Title  
125 XVIII, Public Law 89-97, 1965 amendments to the federal  
126 Social Security Act, as amended, if exclusion of such  
127 persons is permitted under Title XIX, Public Law 89-97, 1965  
128 amendments to the federal Social Security Act, as amended;

129       (15) Personal care services which are medically  
130 oriented tasks having to do with a person's physical  
131 requirements, as opposed to housekeeping requirements, which  
132 enable a person to be treated by his or her physician on an  
133 outpatient rather than on an inpatient or residential basis  
134 in a hospital, intermediate care facility, or skilled  
135 nursing facility. Personal care services shall be rendered  
136 by an individual not a member of the participant's family  
137 who is qualified to provide such services where the services  
138 are prescribed by a physician in accordance with a plan of  
139 treatment and are supervised by a licensed nurse. Persons  
140 eligible to receive personal care services shall be those  
141 persons who would otherwise require placement in a hospital,  
142 intermediate care facility, or skilled nursing facility.  
143 Benefits payable for personal care services shall not exceed  
144 for any one participant one hundred percent of the average  
145 statewide charge for care and treatment in an intermediate  
146 care facility for a comparable period of time. Such  
147 services, when delivered in a residential care facility or  
148 assisted living facility licensed under chapter 198 shall be  
149 authorized on a tier level based on the services the  
150 resident requires and the frequency of the services. A  
151 resident of such facility who qualifies for assistance under  
152 section 208.030 shall, at a minimum, if prescribed by a  
153 physician, qualify for the tier level with the fewest  
154 services. The rate paid to providers for each tier of  
155 service shall be set subject to appropriations. Subject to  
156 appropriations, each resident of such facility who qualifies

157 for assistance under section 208.030 and meets the level of  
158 care required in this section shall, at a minimum, if  
159 prescribed by a physician, be authorized up to one hour of  
160 personal care services per day. Authorized units of  
161 personal care services shall not be reduced or tier level  
162 lowered unless an order approving such reduction or lowering  
163 is obtained from the resident's personal physician. Such  
164 authorized units of personal care services or tier level  
165 shall be transferred with such resident if he or she  
166 transfers to another such facility. Such provision shall  
167 terminate upon receipt of relevant waivers from the federal  
168 Department of Health and Human Services. If the Centers for  
169 Medicare and Medicaid Services determines that such  
170 provision does not comply with the state plan, this  
171 provision shall be null and void. The MO HealthNet division  
172 shall notify the revisor of statutes as to whether the  
173 relevant waivers are approved or a determination of  
174 noncompliance is made;

175 (16) Mental health services. The state plan for  
176 providing medical assistance under Title XIX of the Social  
177 Security Act, 42 U.S.C. Section 301, as amended, shall  
178 include the following mental health services when such  
179 services are provided by community mental health facilities  
180 operated by the department of mental health or designated by  
181 the department of mental health as a community mental health  
182 facility or as an alcohol and drug abuse facility or as a  
183 child-serving agency within the comprehensive children's  
184 mental health service system established in section  
185 630.097. The department of mental health shall establish by  
186 administrative rule the definition and criteria for  
187 designation as a community mental health facility and for  
188 designation as an alcohol and drug abuse facility. Such  
189 mental health services shall include:

190           (a) Outpatient mental health services including  
191 preventive, diagnostic, therapeutic, rehabilitative, and  
192 palliative interventions rendered to individuals in an  
193 individual or group setting by a mental health professional  
194 in accordance with a plan of treatment appropriately  
195 established, implemented, monitored, and revised under the  
196 auspices of a therapeutic team as a part of client services  
197 management;

198           (b) Clinic mental health services including  
199 preventive, diagnostic, therapeutic, rehabilitative, and  
200 palliative interventions rendered to individuals in an  
201 individual or group setting by a mental health professional  
202 in accordance with a plan of treatment appropriately  
203 established, implemented, monitored, and revised under the  
204 auspices of a therapeutic team as a part of client services  
205 management;

206           (c) Rehabilitative mental health and alcohol and drug  
207 abuse services including home and community-based  
208 preventive, diagnostic, therapeutic, rehabilitative, and  
209 palliative interventions rendered to individuals in an  
210 individual or group setting by a mental health or alcohol  
211 and drug abuse professional in accordance with a plan of  
212 treatment appropriately established, implemented, monitored,  
213 and revised under the auspices of a therapeutic team as a  
214 part of client services management. As used in this  
215 section, mental health professional and alcohol and drug  
216 abuse professional shall be defined by the department of  
217 mental health pursuant to duly promulgated rules. With  
218 respect to services established by this subdivision, the  
219 department of social services, MO HealthNet division, shall  
220 enter into an agreement with the department of mental  
221 health. Matching funds for outpatient mental health  
222 services, clinic mental health services, and rehabilitation

223 services for mental health and alcohol and drug abuse shall  
224 be certified by the department of mental health to the MO  
225 HealthNet division. The agreement shall establish a  
226 mechanism for the joint implementation of the provisions of  
227 this subdivision. In addition, the agreement shall  
228 establish a mechanism by which rates for services may be  
229 jointly developed;

230 (17) Such additional services as defined by the MO  
231 HealthNet division to be furnished under waivers of federal  
232 statutory requirements as provided for and authorized by the  
233 federal Social Security Act (42 U.S.C. Section 301, et seq.)  
234 subject to appropriation by the general assembly;

235 (18) The services of an advanced practice registered  
236 nurse with a collaborative practice agreement to the extent  
237 that such services are provided in accordance with chapters  
238 334 and 335, and regulations promulgated thereunder;

239 (19) Nursing home costs for participants receiving  
240 benefit payments under subdivision (4) of this subsection to  
241 reserve a bed for the participant in the nursing home during  
242 the time that the participant is absent due to admission to  
243 a hospital for services which cannot be performed on an  
244 outpatient basis, subject to the provisions of this  
245 subdivision:

246 (a) The provisions of this subdivision shall apply  
247 only if:

248 a. The occupancy rate of the nursing home is at or  
249 above ninety-seven percent of MO HealthNet certified  
250 licensed beds, according to the most recent quarterly census  
251 provided to the department of health and senior services  
252 which was taken prior to when the participant is admitted to  
253 the hospital; and

254 b. The patient is admitted to a hospital for a medical  
255 condition with an anticipated stay of three days or less;



256 (b) The payment to be made under this subdivision  
257 shall be provided for a maximum of three days per hospital  
258 stay;

259 (c) For each day that nursing home costs are paid on  
260 behalf of a participant under this subdivision during any  
261 period of six consecutive months such participant shall,  
262 during the same period of six consecutive months, be  
263 ineligible for payment of nursing home costs of two  
264 otherwise available temporary leave of absence days provided  
265 under subdivision (5) of this subsection; and

266 (d) The provisions of this subdivision shall not apply  
267 unless the nursing home receives notice from the participant  
268 or the participant's responsible party that the participant  
269 intends to return to the nursing home following the hospital  
270 stay. If the nursing home receives such notification and  
271 all other provisions of this subsection have been satisfied,  
272 the nursing home shall provide notice to the participant or  
273 the participant's responsible party prior to release of the  
274 reserved bed;

275 (20) Prescribed medically necessary durable medical  
276 equipment. An electronic web-based prior authorization  
277 system using best medical evidence and care and treatment  
278 guidelines consistent with national standards shall be used  
279 to verify medical need;

280 (21) Hospice care. As used in this subdivision, the  
281 term "hospice care" means a coordinated program of active  
282 professional medical attention within a home, outpatient and  
283 inpatient care which treats the terminally ill patient and  
284 family as a unit, employing a medically directed  
285 interdisciplinary team. The program provides relief of  
286 severe pain or other physical symptoms and supportive care  
287 to meet the special needs arising out of physical,  
288 psychological, spiritual, social, and economic stresses

289 which are experienced during the final stages of illness,  
290 and during dying and bereavement and meets the Medicare  
291 requirements for participation as a hospice as are provided  
292 in 42 CFR Part 418. The rate of reimbursement paid by the  
293 MO HealthNet division to the hospice provider for room and  
294 board furnished by a nursing home to an eligible hospice  
295 patient shall not be less than ninety-five percent of the  
296 rate of reimbursement which would have been paid for  
297 facility services in that nursing home facility for that  
298 patient, in accordance with subsection (c) of Section 6408  
299 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

300 (22) Prescribed medically necessary dental services.  
301 Such services shall be subject to appropriations. An  
302 electronic web-based prior authorization system using best  
303 medical evidence and care and treatment guidelines  
304 consistent with national standards shall be used to verify  
305 medical need;

306 (23) Prescribed medically necessary optometric  
307 services. Such services shall be subject to  
308 appropriations. An electronic web-based prior authorization  
309 system using best medical evidence and care and treatment  
310 guidelines consistent with national standards shall be used  
311 to verify medical need;

312 (24) Blood clotting products-related services. For  
313 persons diagnosed with a bleeding disorder, as defined in  
314 section 338.400, reliant on blood clotting products, as  
315 defined in section 338.400, such services include:

316 (a) Home delivery of blood clotting products and  
317 ancillary infusion equipment and supplies, including the  
318 emergency deliveries of the product when medically necessary;

319 (b) Medically necessary ancillary infusion equipment  
320 and supplies required to administer the blood clotting  
321 products; and

322 (c) Assessments conducted in the participant's home by  
323 a pharmacist, nurse, or local home health care agency  
324 trained in bleeding disorders when deemed necessary by the  
325 participant's treating physician;

326 (25) The MO HealthNet division shall, by January 1,  
327 2008, and annually thereafter, report the status of MO  
328 HealthNet provider reimbursement rates as compared to one  
329 hundred percent of the Medicare reimbursement rates and  
330 compared to the average dental reimbursement rates paid by  
331 third-party payors licensed by the state. The MO HealthNet  
332 division shall, by July 1, 2008, provide to the general  
333 assembly a four-year plan to achieve parity with Medicare  
334 reimbursement rates and for third-party payor average dental  
335 reimbursement rates. Such plan shall be subject to  
336 appropriation and the division shall include in its annual  
337 budget request to the governor the necessary funding needed  
338 to complete the four-year plan developed under this  
339 subdivision.

340 2. Additional benefit payments for medical assistance  
341 shall be made on behalf of those eligible needy children,  
342 pregnant women and blind persons with any payments to be  
343 made on the basis of the reasonable cost of the care or  
344 reasonable charge for the services as defined and determined  
345 by the MO HealthNet division, unless otherwise hereinafter  
346 provided, for the following:

347 (1) Dental services;

348 (2) Services of podiatrists as defined in section  
349 330.010;

350 (3) Optometric services as described in section  
351 336.010;

352 (4) Orthopedic devices or other prosthetics, including  
353 eye glasses, dentures, hearing aids, and wheelchairs;

354           (5) Hospice care. As used in this subdivision, the  
355 term "hospice care" means a coordinated program of active  
356 professional medical attention within a home, outpatient and  
357 inpatient care which treats the terminally ill patient and  
358 family as a unit, employing a medically directed  
359 interdisciplinary team. The program provides relief of  
360 severe pain or other physical symptoms and supportive care  
361 to meet the special needs arising out of physical,  
362 psychological, spiritual, social, and economic stresses  
363 which are experienced during the final stages of illness,  
364 and during dying and bereavement and meets the Medicare  
365 requirements for participation as a hospice as are provided  
366 in 42 CFR Part 418. The rate of reimbursement paid by the  
367 MO HealthNet division to the hospice provider for room and  
368 board furnished by a nursing home to an eligible hospice  
369 patient shall not be less than ninety-five percent of the  
370 rate of reimbursement which would have been paid for  
371 facility services in that nursing home facility for that  
372 patient, in accordance with subsection (c) of Section 6408  
373 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

374           (6) Comprehensive day rehabilitation services  
375 beginning early posttrauma as part of a coordinated system  
376 of care for individuals with disabling impairments.  
377 Rehabilitation services must be based on an individualized,  
378 goal-oriented, comprehensive and coordinated treatment plan  
379 developed, implemented, and monitored through an  
380 interdisciplinary assessment designed to restore an  
381 individual to optimal level of physical, cognitive, and  
382 behavioral function. The MO HealthNet division shall  
383 establish by administrative rule the definition and criteria  
384 for designation of a comprehensive day rehabilitation  
385 service facility, benefit limitations and payment  
386 mechanism. Any rule or portion of a rule, as that term is

387 defined in section 536.010, that is created under the  
388 authority delegated in this subdivision shall become  
389 effective only if it complies with and is subject to all of  
390 the provisions of chapter 536 and, if applicable, section  
391 536.028. This section and chapter 536 are nonseverable and  
392 if any of the powers vested with the general assembly  
393 pursuant to chapter 536 to review, to delay the effective  
394 date, or to disapprove and annul a rule are subsequently  
395 held unconstitutional, then the grant of rulemaking  
396 authority and any rule proposed or adopted after August 28,  
397 2005, shall be invalid and void.

398         3. The MO HealthNet division may require any  
399 participant receiving MO HealthNet benefits to pay part of  
400 the charge or cost until July 1, 2008, and an additional  
401 payment after July 1, 2008, as defined by rule duly  
402 promulgated by the MO HealthNet division, for all covered  
403 services except for those services covered under  
404 subdivisions (15) and (16) of subsection 1 of this section  
405 and sections 208.631 to 208.657 to the extent and in the  
406 manner authorized by Title XIX of the federal Social  
407 Security Act (42 U.S.C. Section 1396, et seq.) and  
408 regulations thereunder. When substitution of a generic drug  
409 is permitted by the prescriber according to section 338.056,  
410 and a generic drug is substituted for a name-brand drug, the  
411 MO HealthNet division may not lower or delete the  
412 requirement to make a co-payment pursuant to regulations of  
413 Title XIX of the federal Social Security Act. A provider of  
414 goods or services described under this section must collect  
415 from all participants the additional payment that may be  
416 required by the MO HealthNet division under authority  
417 granted herein, if the division exercises that authority, to  
418 remain eligible as a provider. Any payments made by  
419 participants under this section shall be in addition to and

420 not in lieu of payments made by the state for goods or  
421 services described herein except the participant portion of  
422 the pharmacy professional dispensing fee shall be in  
423 addition to and not in lieu of payments to pharmacists. A  
424 provider may collect the co-payment at the time a service is  
425 provided or at a later date. A provider shall not refuse to  
426 provide a service if a participant is unable to pay a  
427 required payment. If it is the routine business practice of  
428 a provider to terminate future services to an individual  
429 with an unclaimed debt, the provider may include uncollected  
430 co-payments under this practice. Providers who elect not to  
431 undertake the provision of services based on a history of  
432 bad debt shall give participants advance notice and a  
433 reasonable opportunity for payment. A provider,  
434 representative, employee, independent contractor, or agent  
435 of a pharmaceutical manufacturer shall not make co-payment  
436 for a participant. This subsection shall not apply to other  
437 qualified children, pregnant women, or blind persons. If  
438 the Centers for Medicare and Medicaid Services does not  
439 approve the MO HealthNet state plan amendment submitted by  
440 the department of social services that would allow a  
441 provider to deny future services to an individual with  
442 uncollected co-payments, the denial of services shall not be  
443 allowed. The department of social services shall inform  
444 providers regarding the acceptability of denying services as  
445 the result of unpaid co-payments.

446 4. The MO HealthNet division shall have the right to  
447 collect medication samples from participants in order to  
448 maintain program integrity.

449 5. Reimbursement for obstetrical and pediatric  
450 services under subdivision (6) of subsection 1 of this  
451 section shall be timely and sufficient to enlist enough  
452 health care providers so that care and services are

453 available under the state plan for MO HealthNet benefits at  
454 least to the extent that such care and services are  
455 available to the general population in the geographic area,  
456 as required under subparagraph (a)(30)(A) of 42 U.S.C.  
457 Section 1396a and federal regulations promulgated thereunder.

458 6. Beginning July 1, 1990, reimbursement for services  
459 rendered in federally funded health centers shall be in  
460 accordance with the provisions of subsection 6402(c) and  
461 Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation  
462 Act of 1989) and federal regulations promulgated thereunder.

463 7. Beginning July 1, 1990, the department of social  
464 services shall provide notification and referral of children  
465 below age five, and pregnant, breast-feeding, or postpartum  
466 women who are determined to be eligible for MO HealthNet  
467 benefits under section 208.151 to the special supplemental  
468 food programs for women, infants and children administered  
469 by the department of health and senior services. Such  
470 notification and referral shall conform to the requirements  
471 of Section 6406 of P.L. 101-239 and regulations promulgated  
472 thereunder.

473 8. Providers of long-term care services shall be  
474 reimbursed for their costs in accordance with the provisions  
475 of Section 1902 (a)(13)(A) of the Social Security Act, 42  
476 U.S.C. Section 1396a, as amended, and regulations  
477 promulgated thereunder.

478 9. Reimbursement rates to long-term care providers  
479 with respect to a total change in ownership, at arm's  
480 length, for any facility previously licensed and certified  
481 for participation in the MO HealthNet program shall not  
482 increase payments in excess of the increase that would  
483 result from the application of Section 1902 (a)(13)(C) of  
484 the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

485           10. The MO HealthNet division may enroll qualified  
486 residential care facilities and assisted living facilities,  
487 as defined in chapter 198, as MO HealthNet personal care  
488 providers.

489           11. Any income earned by individuals eligible for  
490 certified extended employment at a sheltered workshop under  
491 chapter 178 shall not be considered as income for purposes  
492 of determining eligibility under this section.

493           12. If the Missouri Medicaid audit and compliance unit  
494 changes any interpretation or application of the  
495 requirements for reimbursement for MO HealthNet services  
496 from the interpretation or application that has been applied  
497 previously by the state in any audit of a MO HealthNet  
498 provider, the Missouri Medicaid audit and compliance unit  
499 shall notify all affected MO HealthNet providers five  
500 business days before such change shall take effect. Failure  
501 of the Missouri Medicaid audit and compliance unit to notify  
502 a provider of such change shall entitle the provider to  
503 continue to receive and retain reimbursement until such  
504 notification is provided and shall waive any liability of  
505 such provider for recoupment or other loss of any payments  
506 previously made prior to the five business days after such  
507 notice has been sent. Each provider shall provide the  
508 Missouri Medicaid audit and compliance unit a valid email  
509 address and shall agree to receive communications  
510 electronically. The notification required under this  
511 section shall be delivered in writing by the United States  
512 Postal Service or electronic mail to each provider.

513           13. Nothing in this section shall be construed to  
514 abrogate or limit the department's statutory requirement to  
515 promulgate rules under chapter 536.

516           14. Beginning July 1, 2016, and subject to  
517 appropriations, providers of behavioral, social, and



518 psychophysiological services for the prevention, treatment,  
519 or management of physical health problems shall be  
520 reimbursed utilizing the behavior assessment and  
521 intervention reimbursement codes 96150 to 96154 or their  
522 successor codes under the Current Procedural Terminology  
523 (CPT) coding system. Providers eligible for such  
524 reimbursement shall include psychologists."; and  
525 Further amend the title and enacting clause accordingly.