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LINDA RUTHARDT
COMMISSIONER

Bulletin No. 96-21

To: Health Maintenance Organizations

From: Commissioner Linda Ruthardt

Re: Mandated Outpatient Mental Health Benefits

Date: November 22, 1996

As set forth in Bulletin No. 96-09, St. 1996, c. 8 (Chapter 8) requires, in part, that in the case of outpatient mental health benefits mandated to be provided pursuant to M.G.L. c. 176G § 4 and M.G.L. c. 175 § 47B(c), no HMO shall require consent to the disclosure of information, other than the patient name, diagnosis and date and type of service as a condition to receiving mandated outpatient mental health benefits.

The Division considers the definition of diagnosis set forth in M.G.L. c. 175 § 47B(c) to be: **1. the art or act of identifying a disease from its signs or symptoms; 2. the decision reached by diagnosis.** ***Merriam Webster's Medical Desk Dictionary (1993).*** Although the Division recognizes that any diagnosis may change over time, the Division has determined that the term "diagnosis" as set forth in M.G.L. c. 175 § 47B(c) does not include the disclosure of symptoms or a detailing of the information that led the diagagnostician to evaluate the severity of symptoms. In addition, the Division has determined that the term "type of service" as set forth in M.G.L. c. 175 § 47B(c) does not include a detailed treatment plan but rather is the description needed to communicate the nature of the patient's contact; e.g. office visit, private/group therapy session; such as one generally communicates on claim forms.

HMOs may not obtain information regarding an individual's symptoms, severity of symptoms and treatment plan in providing mandated outpatient mental health benefits unless a patient consents to the disclosure of such information. (See, Bulletin No. 96-09).

Questions regarding this Bulletin may be directed to Caroline E. DeStefano, Assistant General Counsel at (617) 521-7364.