

## Behavioral Health Services

(Mental Health and Chemical Dependency)

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## **Behavioral Health Services Eff 01/01/2011**

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### **New - Integrated Behavioral Health Program Effective January 2011**

The Integrated Behavioral Health Program is a portfolio of resources that helps Blue Cross and Blue Shield of Texas (BCBSTX) members access benefits for behavioral health (mental health and chemical dependency) conditions as part of an overall care management program. BCBSTX has integrated behavioral health care management with our member Blue Care Connection® (BCC) medical care management program to provide better care management service across the health care continuum. The improved integration of behavioral health care management with medical care management will allow our clinical staff to assist in the early identification of members who could benefit from co-management of behavioral health and medical conditions. Our licensed behavioral health clinicians use the Milliman Behavioral Health Guidelines or BCBSTX Medical Policies as clinical screening criteria.

BCBSTX's Integrated Behavioral Health program supports behavioral health professionals and physicians in better assessing the needs of members who use these services and engage them at the most appropriate time and setting.

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### **Preauthorization Requirements for Behavioral Health Services**

Preauthorization (also called precertification or pre-notification) is the process of determining medical appropriateness of the behavioral health professionals and physician's plan of treatment by contacting BCBSTX or the appropriate behavioral health vendor for approval of services.

Approval of services after preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any preexisting conditions waiting period, if any.

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### **Responsibility for Preauthorization**

Members are responsible for requesting preauthorization, although behavioral health professionals and physicians may request preauthorization on behalf of the member. All services must be medically necessary.

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### Services That Require Preauthorization

- **Inpatient**

Elective or non-emergency hospital admissions must be preauthorized prior to admission. Preauthorization must be requested within two business days of an emergency admission.

Residential Treatment Centers are only applicable for employer groups whose health plans include coverage for these treatment options. Members, or behavioral health professionals and physicians on the behalf of members, must determine eligibility and benefit coverage prior to service and determine if Residential Treatment is covered. Members or behavioral health professionals and physicians may call the Behavioral Health preauthorization number that is listed on the back of the member's ID card **(800) 528-7264**.

- **Outpatient**

All partial hospitalization service and all outpatient services (including but not limited to intensive outpatient programs, outpatient office or clinic visits and any group therapy) must be preauthorized prior to the service being rendered.

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### The Process and Associated Steps to Preauthorization

- Members should call the Behavioral Health number that is listed on the back of their Identification card. Behavioral health professionals and physicians, on behalf of the member, may also place the preauthorization call.

- **BlueChoice<sup>®</sup> POS & PPO**

BCBSTX manages all mental health and chemical dependency services for BlueChoice POS & PPO members with the exception of some employer groups that are managed by other behavioral health vendors.

- **The Employee Assistance Program (EAP)**

Magellan Health Services administers the Employee Assistance Program (EAP) behavioral health services for all members who have BCBSTX EAP benefits.

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## Behavioral Health Services Eff 01/01/2011 (Mental Health & Chemical Dependency), continued

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### The Process and Associated Steps to Preauthorization, cont'd

- **Note:** Behavioral health professionals and physicians should also verify eligibility and benefits prior to service by calling the Behavioral Health preauthorization number that is listed on the back of the member's ID card **(800) 528- 7264**. When the member, or the behavioral health professional or physician on behalf of the member, calls for preauthorization, the member may receive an initial authorization for up to an initial 10 outpatient office visits per plan year for behavioral health services to any behavioral health professional(s) or physician(s). No clinical information is required for these initial 10 office visits.
- Once the preauthorization determination has been made, both the member and the behavioral health professional or physician will be notified of the authorization, regardless of who initiated the request.
- If a member receives outpatient behavioral health visits without requesting preauthorization, a letter will be sent notifying the member that outpatient preauthorization is required. The letter will also provide instructions for requesting preauthorization. There will be no benefit reduction for failing to request preauthorization for outpatient treatment.
- However, if the member does not call for preauthorization, BCBSTX may request behavioral health professionals and physicians to submit clinical information, prior to claim adjudication, to determine if the outpatient services meet the medical necessity definition under the member's benefit plan. The member may be financially responsible for services that are not considered medically necessary.
- All outpatient behavioral health visits exceeding an initial 10 office visits will require the behavioral health professionals and physicians to submit an Outpatient Treatment Request (OTR) form. The OTR forms are located on the BCBSTX Provider website. The form may be submitted at any point prior to the 11<sup>th</sup> visit. Behavioral health professional(s) or physician(s) may also call the Behavioral Health phone number listed on the back of the member's ID card and provide the required information. Send completed OTR forms to:

**Fax:** (877) 361-7646

**Mail:**

Blue Cross and Blue Shield of Texas  
Behavioral Health Unit  
P.O. Box 660241  
Dallas, TX 75266-0241

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## Behavioral Health Services Eff 01/01/2011 (Mental Health & Chemical Dependency), continued

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### Frequently Asked Questions & Answers, cont'd

#### 1Q. What is the transition of care plan for current patients?

BCBSTX will work with the member's current behavioral health professional or physician to help limit the possibility for disruptions in patient care coordination during this transition. Members and behavioral health professionals and physicians can use the same phone number on the back of the member's ID card for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.

During this transition, Magellan Health Services will:

- Continue to make medical necessity determinations for dates of service **up to and including December 31, 2010**, for covered outpatient, intensive outpatient and partial hospitalization services.
- Make medical necessity determinations for covered inpatient admissions that **begin on or before December 31, 2010**.
- Answer questions for care authorized with dates of service **on or before December 31, 2010**.

All behavioral health professionals and physicians, both BCBSTX network and out-of-network, will follow the same continuity of care guidelines.

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#### 2Q. What is preauthorization?

Preauthorization involves submitting a request to the Behavioral Health Unit for a determination of whether the requested service or treatment meets the definition of medically necessary care under the member's policy certificate and/or benefits booklet and/or summary plan description.

Approval of services is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as the preexisting condition waiting period, if any.

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### Frequently Asked Questions & Answers, cont'd

#### 3Q. Are there any changes to preauthorization requirements for behavioral health services?

Members will be responsible for requesting preauthorization for all covered inpatient, residential treatment center (RTC) programs, partial hospitalization and outpatient behavioral health services provided by behavioral health professionals and physicians and facilities. Members should request preauthorization with BCBSTX before an inpatient/RTC/partial hospitalization admission or outpatient service/visit. All services must be deemed medically necessary as outlined in the member's benefit booklet.

You may request preauthorization for outpatient behavioral health services on the member's behalf. There are no changes to preauthorization requirements for inpatient behavioral health services. The BCBSTX provider contract language will not change.

A member's family member may also request preauthorization on behalf of the member. *BCBSTX will comply with all federal and state confidentiality regulations before releasing any information about the member.*

Members may receive an initial authorization for up to 10 outpatient office visits **per plan year** to any behavioral health professional(s) or physician(s) without the need to submit medical records/Outpatient Treatment Request (OTR) forms. For example, if a member sees, on an outpatient basis, one behavioral health professional or physician three times, another six times and a third once, these visits represent the total first 10 outpatient office visits. We encourage you to coordinate care with all behavioral health professional(s) or physician(s) the member may be seeing/have seen.

*The member's group renewal date determines when to start counting the first 10 outpatient office visits, and when preauthorization requirements become effective, regardless of how long a member has been a patient. For example, if a member has been seeing a therapist weekly for several years and has a September 1, 2011 renewal date, the first 10 office visits will be counted after September 1, 2011.*

All outpatient behavioral health visits exceeding an initial 10 office visits will require you to submit an OTR form for BCBSTX to evaluate if the requested services are medically necessary as outlined in the member's benefit booklet. The OTR form can be submitted at any point prior to the 11<sup>th</sup> visit. You can call BCBSTX with the required information using the number on the back of the member's ID card. Or you can download the OTR form on [bcbstx.com/provider](http://bcbstx.com/provider) and submit to BCBSTX via fax or mail.

#### **Outpatient behavioral health services can include:**

- Intensive outpatient programs
- Outpatient office visits
- Group therapy

#### **Inpatient behavioral health services can include:**

- Acute inpatient treatment
- Residential treatment center programs -- *Residential treatment centers are only applicable for those employer groups whose health plans include coverage for these treatment options.*
- Partial hospitalization

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## Behavioral Health Services Eff 01/01/2011

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**Frequently  
Asked  
Questions &  
Answers,**  
cont'd

**4Q. How do members request preauthorization for behavioral health services? How will members be notified that they need to preauthorize? How does the behavioral health professional or physician know that the member has been authorized for care?**

Members can call the phone number on the back of the member's ID card to request preauthorization for covered inpatient, residential treatment center (RTC) programs, partial hospitalization and outpatient behavioral health services provided by behavioral health professionals and physicians and facilities. Members should request preauthorization with BCBSTX prior to an inpatient/RTC/partial hospitalization admission or outpatient service/visit.

You may request preauthorization on the member's behalf by calling the number on the back of the member's ID card. Later in 2011, you will also be able to request preauthorization online via iEXCHANGE<sup>®</sup>, the web-based application that supports an automated preauthorization process for BCBSTX. Details about using the iEXCHANGE system, including training, will be provided once available.

A member's family member may also request preauthorization on behalf of the member. *BCBSTX will comply with all federal and state confidentiality regulations before releasing any information about the member.*

If a member receives outpatient behavioral health office visits without requesting preauthorization, a reminder letter will be sent in addition to the member's Explanation of Benefits (EOB), which is sent after the claim for services has been submitted. This reminder letter will notify the member that outpatient preauthorization is required and will also provide instructions for requesting preauthorization. The behavioral health professional or physician will also be sent the reminder letter.

Once a preauthorization determination is made, the member and the behavioral health professional or physician will be notified of the authorization, regardless of who initiated the request.

The phone number for requesting preauthorization will not change, making this an easy transition for members and behavioral health professionals and physicians. Members and behavioral health professionals and physicians can use the same number for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.

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**5Q. Will the behavioral health professional or physician be reimbursed for outpatient services rendered if the member does not call for preauthorization?**

BCBSTX may request that you submit clinical information to determine if the outpatient services requested meet the medical necessity definition under the member's benefit plan prior to claim adjudication. The member may be financially responsible for services that are deemed medically unnecessary.

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## Behavioral Health Services Eff 01/01/2011

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### Frequently Asked Questions & Answers, cont'd

#### 6Q. What clinical screening criteria will be used?

Generally, our licensed behavioral health clinicians will use the Milliman Behavioral Health Guidelines or BCBSTX Medical Policies as clinical screening criteria.

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#### 7Q. How do members find a behavioral health professional or physician?

Members can select an independently contracted and licensed behavioral health professional or physician in their area by using the online Provider Finder<sup>®</sup>, located at [bcbstx.com](http://bcbstx.com) and selecting Find a Doctor. Members can also call the number on the back of their ID cards to request assistance from a behavioral health advocate in finding an independently contracted and licensed behavioral health professional or physician.

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#### 8Q. Will current behavioral health professional or physician administrative tools and processes change because of this transition?

All customer service and other phone numbers and service hours will remain the same. New fax numbers (877-361-7646 or 312-946-3735) will be included in the reference material and OTR form updates. There will be a new PO Box address:

Blue Cross and Blue Shield of Texas  
Behavioral Health Unit  
P.O. Box 660241  
Dallas, TX 75266-0241

Beginning in January, call the phone number on the back of the member's ID card to:

- Request preauthorization
- Submit treatment plans
- Obtain OTR/Psychological testing forms
- Contact customer service

The BCBSTX Provider Manual, other reference materials and forms will be updated with the integrated Behavioral Health program information and posted on [bcbstx.com/provider](http://bcbstx.com/provider) by January 1, 2011. All behavioral health professionals and physicians, both BCBSTX network and out-of-network, will need to submit the OTR forms as requested.

There will be no change in the claim submissions process.

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### Forms

The following forms are available on the BCBSTX Provider website in the Education and Reference Center area under Forms:

- Transitional Care Request
- Outpatient Treatment Request (OTR)
- Psychological/Neuropsychological Testing Request

or by calling **(800) 528-7264**

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### Addresses for Claims Filing and Customer Service

The member's ID card provides claims filing and customer service information. If in doubt, please contact Provider Customer Service at the following number:

**(800) 451-0287**

The following table provides claims filing and Customer Service addresses.

Plan/Group	Claims Filing Address	Customer Service Address
BlueChoice BlueCard BlueEdge EPO TRS-ActiveCare	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044
Federal Employee Program (Group 27000)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044
HealthSelect (Group 38000 & 38001)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044
Indemnity (ParPlan)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044