

Behavioral Health Services

(Mental Health and Chemical Dependency)

**In this
Section**

The following topics are covered in this section.

Topic	Page
Behavioral Health Services	
Integrated Behavioral Health Program	1 – 2
Preauthorization Requirements for Behavioral Health Services	1 – 2
Responsibility for Preauthorization	1 – 2
Preauthorization Requirements	1 – 3
Preauthorization Process	1 – 3
Frequently Asked Questions & Answers	1 – 4
Forms <ul style="list-style-type: none"> • Clinical Update Request • Transition of Care • Outpatient Treatment Request (OTR) • Psychological/Neuropsychological Testing Request 	1 – 9
Customer Service, Phone and Fax Numbers and Behavioral Health Unit Address	1 – 9
Customer Service Addresses for Paper Claims Filing and Phone Numbers	1 – 10
Updates	1 – 10

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency)

Integrated Behavioral Health Program

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 integration of behavioral health care management with medical care management allows 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.

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.

Responsibility for Preauthorization

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

Program Changes to Preauthorization, Effective on the Member's 2012 Group Renewal Date

Effective on the member's 2012 group renewal date, BCBSTX will implement changes to the Behavioral Health Program with the introduction of the Focused Outpatient Management Program. Prior to the member's 2012 group renewal date, the behavioral health professional or physician should contact the number on the member's ID card for preauthorization requirements and process.

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Preauthorization Requirements

(Effective on member's 2012 group renewal date. Prior to renewal date, please contact the number on the member's ID card for preauthorization requirements.)

Inpatient and Alternative Levels of Care

Preauthorization is required for all inpatient, residential treatment and partial hospitalization admissions.

- Elective or non-emergency hospital admissions must be preauthorized at least one day prior to admission or within two business days of an emergency admission.
- Residential Treatment Center (RTC) benefits are generally excluded from most plans; however, there are some employer groups who have elected to cover this service. To determine if RTC services are covered, call the appropriate number on the back of the member's ID card.

Outpatient

These outpatient services require preauthorization **prior** to initiation of service:

- Electroconvulsive therapy (ECT)
 - Psychological testing
 - Neuropsychological Testing
 - Intensive Outpatient Program (IOP)
-

Preauthorization Process

Failure to Preauthorize

- **Inpatient and Alternative Levels of Care**

Members who do not request preauthorization for inpatient and alternative levels of care behavioral health treatment may experience the same benefit reductions that apply to inpatient medical services. Claims determined to be medically unnecessary will not be covered.

- **Outpatient**

If a member receives any of the outpatient behavioral health services listed below without preauthorization, BCBSTX will request clinical information from the provider for a medical necessity review. The member will also receive notification. Claims determined to be medically unnecessary will not be covered.

- Electroconvulsive therapy (ECT)
 - Psychological testing
 - Neuropsychological Testing
 - Intensive Outpatient Program (IOP)
-

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Frequently Asked Questions & Answers

General

Q1: What is the BCBSTX Behavioral Health program?

The Behavioral Health program is a portfolio of resources that help BCBSTX members access benefits for behavioral health (i.e., mental health and substance abuse) conditions as part of an overall care management program. BCBSTX's Behavioral Health program aims to support behavioral health professionals and physicians to better manage the needs of members who use behavioral health services. A key goal of the Behavioral Health program is to support early identification of members who could benefit from co-management of behavioral health and medical conditions.

The behavioral health program is an integrated component of the Blue Care Connection®* (BCC) medical care management program. The BCC suite of programs and services offers personal attention, resources and support that can empower BCBSTX members to take charge of their health.

Using state-of-the-art technology, BCBSTX's staff of behavioral health professionals help members navigate the health care system and may refer members** to other BCC care management programs. BCC programs are designed to help identify and help close potential gaps in care through evidence-based and member-focused approaches to health care and benefit decisions.

BCBSTX manages behavioral health services for all non-HMO members who have behavioral health benefits through BCBSTX. Please note:

- Employee Assistance Program (EAP) behavioral health services for members who have BCBSTX EAP benefits are administered by Magellan Health Services
- HMO Blue® Texas behavioral health services are delivered by Magellan Health Services' provider network
- Federal Employee Program (FEP) members are managed by BCBSTX. FEP members are not required to request preauthorization for any outpatient behavioral health services

* *Blue Care Connection is available to members whose employers have purchased this program as part of their health plan.*

** *Members experiencing inpatient hospitalization, complex or special health care needs or who are at risk for medical complications may be referred to BCC programs through a variety of mechanisms such as predictive modeling, claim utilization, inbound calls, self-referrals and physician referrals. If members do not have BCC as part of their group health plans, they will not be referred to other BCC programs.*

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Frequently
Asked
Questions &
Answers, cont'd

General

Q2: What are the components of the Behavioral Health program?

The Behavioral Health program includes:

- Care/Utilization Management for inpatient, partial hospitalization, residential treatment center services, and some outpatient behavioral health care services (see Q6 of this document)
 - Condition Management (seven conditions)
 - *Depression*
 - *Alcohol and Substance Abuse Disorders*
 - *Anxiety and Panic Disorders*
 - *Bipolar Disorders*
 - *Eating Disorders*
 - *Schizophrenia and other Psychotic Disorders*
 - *Attention Deficit and Hyperactivity Disorder (ADD/ADHD)*
 - Case Management
 - Referrals to other BCC medical care management programs, wellness and prevention campaigns
-

Behavioral Health Program Changes

Q3: What changes are being made to the Behavioral Health Program?

Effective on the member's 2012 group renewal date, BCBSTX is introducing the Focused Outpatient Management Program, a claims-based approach to behavioral health care management that uses data-driven analysis and clinical intelligence rules to identify members whose care and treatment may benefit from further review and collaboration. The cornerstone of this model is outreach and engagement from BCBSTX to the identified providers and members to discuss treatment plans and maximize benefits.

The Focused Outpatient Management Program will replace BCBSTX's current behavioral health outpatient preauthorization requirements, which will be eliminated with four exceptions (as listed in Q6 of this document), for members that have outpatient management as part of their benefit plan.

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Frequently
Asked
Questions &
Answers , cont'd

Behavioral Health Program Changes

Q4: How will the Behavioral Health Focused Outpatient Management Program work?

When a member is identified through the program as potentially benefiting from further review and collaboration, BCBSTX will contact the member's provider by letter and request additional clinical information about the member's care and treatment. The provider will be asked to complete an enclosed Clinical Update Request Form and return it to BCBSTX within 30 days of the date of the letter. Clinical information provided will be reviewed by Behavioral Health clinical staff for further recommendations and determination of coverage based on member benefit plans.

In addition to the provider outreach and collaboration described above, BCBSTX will also send a letter to the member to inform him or her that their provider has been asked to provide clinical information to BCBSTX to ensure the member is getting medically necessary and appropriate quality care and treatment. The letter will explain that the member's current treatment is approved during this 30-day period. If the provider does not submit the requested information within the 30-day timeframe, BCBSTX may not be able to determine if the care and treatment provided is medically necessary or appropriate. As a result, authorization for continued services may be discontinued and the member may be financially responsible.

Q5: What should I do if I am contacted about behavioral health services?

Providers will be notified by letter that the member's care and treatment may benefit from further review and collaboration through the Behavioral Health Focused Outpatient Management Program. To assist in this effort, you will be asked to complete a Clinical Update Request Form which will be included in the initial notification. BCBSTX will review the information provided for further recommendations and make a determination of coverage based on member benefit plans. If BCBSTX does not receive this important clinical information within 30 days from the date of the letter, claim reimbursement for applicable services may be denied. If BCBSTX is unable to determine that these services meet the criteria for medical necessity as outlined in the member's benefit plan, the member may be financially responsible for those services.

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Frequently
Asked
Questions &
Answers, cont'd

Preauthorization:

Q6: What services require preauthorization?

With the introduction of the Focused Outpatient Management Program, preauthorization will only continue to be required for the following four outpatient behavioral health services prior to initiation of service:

- Electroconvulsive therapy (ECT)
- Psychological testing
- Neuropsychological testing
- Intensive outpatient programs (IOP)

There are no changes to preauthorization requirements for inpatient, partial hospitalization and residential treatment behavioral health services. Non-emergency inpatient care must be preauthorized at least one day prior to admission, and emergency inpatient care must be preauthorized within two business days of admission.

As always, all services must be determined to be medically necessary as outlined in the member's benefit booklet. Services determined not to be medically necessary will not be covered.

All behavioral health professionals and physicians, both BCBSTX network and out-of-network, will need to submit clinical information forms/information as requested.

Members are responsible for requesting preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities when preauthorization is required. You may request preauthorization for behavioral health services on the member's behalf.

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.*

Q7: What happens if a member fails to preauthorize services requiring preauthorization?

If a member receives any of the four outpatient behavioral health services requiring preauthorization (as listed in Q6 of this document) without requesting preauthorization, BCBSTX will request clinical information from the behavioral health professional or physician for a medical necessity review. Medically unnecessary claims will not be covered. The member may be financially responsible for services that are determined to be medically unnecessary.

Members who do not request preauthorization for inpatient behavioral health treatment may experience the same benefit reductions that apply for inpatient medical services. Medically unnecessary claims will not be covered. The member may be financially responsible for services that are determined to be medically unnecessary.

These requirements and benefit reductions apply for BCBSTX network services. If a member's benefit plan includes out-of-network options, the same requirements apply.

Preauthorization:

Q8: How do members request preauthorization for behavioral health services when preauthorization is required?

Members can call the number on the back of their ID card to request preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities, when preauthorization is required (as listed in Q6 of this document). Members should request preauthorization with BCBSTX prior to the initiation of these services.

You may request preauthorization on the member's behalf by calling the number on the back of the member's ID card. 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 any of the behavioral health services requiring preauthorization (as listed in Q6 of this document) without calling for preauthorization, the behavioral health professional or physician will be asked to submit clinical information to BCBSTX for a medical necessity review. The member will also receive notification.

In addition to requesting preauthorization, members can consult with BCBSTX's licensed behavioral health staff professionals, who can:

- Provide guidance regarding care options and available services based on the member's benefit plan
- Help find network providers that best fit the member's care needs
- Improve coordination of care between the member's medical and behavioral health providers
- Identify potential co-existing medical and behavioral health conditions

Q9: When preauthorization is required, how does the behavioral health professional or physician know that the member has been authorized for care? Can the behavioral health professional or physician continue to see the patient if there has not been a preauthorization?

Once a preauthorization determination is made for services requiring preauthorization, 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 any of the behavioral health services requiring preauthorization (as listed in Q6 of this document) without calling for preauthorization, the behavioral health professional or physician will be asked to submit clinical information to BCBSTX for a medical necessity review. The member will also receive notification.

Q10: Will the behavioral health professional or physician be reimbursed for behavioral health services requiring preauthorization rendered if the member does not call for preauthorization?

BCBSTX will request that you submit clinical information for a medical necessity review. Medically unnecessary claims will not be covered. The member may be financially responsible for services that are determined to be medically unnecessary.

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Frequently Asked Questions & Answers, cont'd

Other Information:

Q11: What clinical screening criteria are used?

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

If a specific claim or preauthorization request is denied and there is an appeal, BCBSTX will provide the applicable criteria used to review the claim or preauthorization request upon request by the behavioral health professional, physician or member.

If a behavioral health professional or physician engages in a particular treatment type and requests the criteria that BCBSTX applies in determining whether the treatment meets the medical necessity criteria set forth in the member's benefit plan, BCBSTX will provide the applicable criteria used to review specific diagnosis codes and CPT/other procedure codes which are appropriate for the treatment type.

Q12: 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[®] located at bcbstx.com and selecting Find a Doctor. Members can also call the number on the back of their ID cards to request assistance in finding an independently contracted and licensed behavioral health professional or physician.

Forms

The following forms are available on the BCBSTX Provider website in the Education and Reference Center area under Forms or by calling **800-528-7264**:

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

Customer Service, Phone and Fax Numbers and Behavioral Health Unit Address

All customer service and other phone numbers and service hours will remain the same.

Fax numbers (877-361-7646 or 312-946-3735) are included in the reference material.

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

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

Note: There are no changes in the claim submissions process.

Continued on next page

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

Customer Service Addresses for Paper Claims Filing and Phone Numbers

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

800-451-0287

The following table provides paper claims filing and Customer Service addresses.

Plan/Group	Claims Filing Addresses	Customer Service Addresses & Phone Numbers
BlueChoice BlueCard BlueEdge EPO TRS-ActiveCare	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 800-451-0287
Federal Employee Program (Group 27000)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 800-451-0287
HealthSelect (Group 38000 & 38001)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 800-451-0287
Indemnity (ParPlan)	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044	BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 800-676-BLUE

Updates

Updates about the Behavioral Health program will be communicated in the News and Updates and Clinical Resources sections on bcbstx.com/provider and in *Blue Review*. Please see the Behavioral Health program page of the Clinical Resources section on bcbstx.com/provider for more information.