

Behavioral Health Services

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Service Access

Requests for behavioral health services (mental health and/or chemical dependency) should be directed to the toll-free number listed below. For eligibility information, benefits information, referral to a behavioral health provider or for precertification of services, representatives are available to assist you. The HelpLine is available 24 hours a day, seven days a week for crisis/emergency service and for inpatient precertification.

Telephone Number and Hours

Toll-free Number: **1-800-528-7264**

Note: *The telephone number listed above is answered 24 hours a day for crisis intervention and for precertification of inpatient admissions.*

Benefit Management Responsibilities

Customer Service representatives and Care Managers provide:

- Benefit explanation and eligibility confirmation
 - Precertification for inpatient and outpatient care
 - Referral services
 - Case management
 - Assistance in the selection of a network behavioral health provider
 - Crisis intervention
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Precertification Requirement

Precertification is required for all behavioral health services, including all outpatient care, inpatient facility-based care, partial day treatment and intensive outpatient treatment programs. For non-emergency admissions, precertification is required prior to the admission. Please understand that ***services not precertified could result in claims being paid at a lesser benefit level or in claims payment denial.***

Note: *In emergencies, the Physician or other Professional Provider must first ensure that the subscriber is safe. Precertification will then occur prior to or concurrent with, but not more than 48 hours following the admission.*

A life-threatening emergency or crisis is a condition that requires immediate interaction to prevent death or serious harm to the subscriber or others. It is characterized by sudden onset, rapid deterioration of cognition, judgment, behavior, and is time limited in intensity and duration.

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Patient Appointment Access Standards

All BlueChoice and BlueChoice Solutions behavioral health providers have contractually agreed to offer appointments to our subscribers according to the following standards:

Emergency: Appointment must be offered for non-life-threatening condition within 6 hours.

Urgent: Appointment must be offered within **24** hours.

Routine: Appointment must be offered within ten working days.

Referral Procedures

The following procedures apply to behavioral health services only:

- All behavioral health services must be precertified. *Referral by the patient's Primary Care Physician does not meet this requirement.*
- The call to be precertified can be made by the subscriber, by the subscriber's Primary Care Physician, or by a specialist.
- BlueChoice and BlueChoice Solutions behavioral health providers must admit patients to a BlueChoice/BlueChoice Solutions facility unless an emergency situation exists that precludes safe access to a BlueChoice/BlueChoice Solutions facility or if the admission is approved for a non-BlueChoice/BlueChoice Solutions facility because of extenuating circumstances. When appropriate, the patient should be transferred to a BlueChoice/BlueChoice Solutions facility as soon as medically possible. In non-emergency situations, the patient, having been fully informed that the providing entity is not in-network and that subsequent services will incur increased cost liability, may make the decision to seek out-of-network treatment at a lower reimbursement level.

If you have any questions about procedures, please call
1-800-528-7264

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Care Management Program

Utilization management/review is referred to as Care Management. Care Management is a process that reaches beyond the simple approval/denial response of utilization management and helps a behavioral health provider formulate a clinically appropriate and cost-efficient treatment strategy. This approach assists subscribers in maximizing the use of their benefits and facilitates comprehensive treatment planning.

Maximizing the behavioral health benefit is particularly important in the case of a subscriber with a chronic or recurrent behavioral health diagnosis. Using the most clinically appropriate, yet least restrictive, setting preserves benefits for future care or long-term care. We consider alternative treatment strategies one of the most useful roles of a behavioral health care manager or physician advisor. The components of the Care Management program include:

- Inpatient
 - Precertification
 - Concurrent review
 - Discharge planning
- Outpatient
 - Precertification
 - Concurrent review
- Crisis Intervention
- Case Management
- Retrospective Review

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Limitations & Exclusions

Benefits are unavailable for services deemed not medically necessary. To obtain a copy of the medical necessity criteria, please access the BCBSTX Web site at www.bcbstx.com/provider, under UM/QI/Medical Management, click on Behavioral Health Medical Necessity Criteria. If you do not have access to the web site, you may write to Magellan/Inroads, 1301 E. Collins, Richardson, Texas 75081 or call **1-800-528-7264** and request a copy of the medical necessary criteria. Many group contracts specifically exclude services rendered in conjunction with a diagnosis of adolescent behavioral disorders. This exclusion varies from contract to contract. It is strongly recommended that you confirm benefit coverage prior to the delivery of care by calling our toll-free number.

Quick Reference Guide

Obtaining Precertification for services:

I. The facility, behavioral health provider, PCP, SCP or subscriber may obtain an initial referral for “evaluation and treatment” by calling:

1-800-528-7264

II. For *emergency* services, please see page J — 2. All *non-emergency* care requires precertification prior to the delivery of services. In order to obtain precertification for services, call **1-800-528-7264**. In consultation with the Physician or other Professional Provider or facility representative, Care Managers will obtain required clinical data, assist in the selection of a specific, participating behavioral health provider where appropriate, and precertify the inpatient or facility-based outpatient care based on medical necessity criteria.

III. Criteria for medical necessity will be used to determine whether mental health services will be authorized. The State of Texas criteria will be used to evaluate medical necessity for chemical dependency treatment. A copy of these criteria can be obtained by accessing the BCBSTX Web site at www.bcbstx.com/provider, under UM/QI/Medical Management, click on Behavioral Health Medical Necessity Criteria. If you do not have access to the web site, you may request a copy of the State’s criteria by writing to Magellan/Inroads, 1301 E. Collins, Richardson, Texas 75081 or by calling **1-800-528-7264**.

IV. Assignment of a network attending Physician is required. All referrals from facilities to behavioral health providers **must** be precertified by calling **1-800-528-7264**.

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Addresses for Claims Filing and Customer Service

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

Toll-free 1-800-451-0287

The following table provides claims filing and Customer Service addresses.

Plan/Group	Claims Filing Address	Customer Service Address
BlueChoice BlueChoice Solutions 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