

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Important note:

Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all PPO products.

**In this
Section**

The following topics are covered in this section:

Topic	Page
Integrated Behavioral Health Program	I – 2
Behavioral Health Program Components	I – 2
Focused Outpatient Management Program	I – 3
Psychological/Neuropsychological Testing Program	I – 4
Clinical Screening Criteria	I – 4
Prior Authorization Requirements for Behavioral Health Services	I – 5
Responsibility for Prior Authorization	I – 7
Prior Authorization Process for Behavioral Health Services	I – 7
Renewal of Existing Prior Authorization	I – 8
Failure to Prior Authorize	I – 8
Appointment Access Standards	I – 8
HEDIS Indicators	I – 9
Continuity and Coordination of Care	I – 9
Forms	I – 10
Behavioral Health Customer Service Phone and Fax Numbers and Address	I – 10
Provider Claim Filing Information	I – 11
Provider Customer Service and Phone Numbers	I – 11
Updates	I – 11
Behavioral Health Clinical Appeals	I – 11

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Integrated Behavioral Health Program

The Integrated Behavioral Health Program (BHP) is a portfolio of resources that helps Blue Cross and Blue Shield of Texas (BCBSTX) members access benefits for behavioral health (BH) (mental health and chemical dependency) conditions as part of an overall care management program. BCBSTX has integrated behavioral health care management with our member 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.

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.

Behavioral Health Program Components

The Behavioral Health program includes:

- **Care/Utilization Management:**

- **Inpatient Management** for inpatient, partial hospitalization (PHP) and residential treatment center (RTC) services.
- **Outpatient Management** for members who have outpatient management as part of their behavioral health benefit plan through BCBSTX. The Behavioral Health Outpatient Program includes management of intensive and some routine outpatient services.

- **Case Management Programs:**

- **Intensive Case Management (ICM)** provides intensive levels of intervention for members experiencing a high severity of symptoms.
 - **Condition Case Management** for chronic BH conditions such as:
 - 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)
 - **Active Specialty Management** program for members who do not meet the criteria for Intensive or Condition Case Management but who have behavioral health needs and could benefit from extra support or services.
 - **Care Coordination Early Intervention (CCEI)[®]** Program provides outreach to higher risk members who often have complex psychosocial needs impacting their discharge plan.
-

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Behavioral Health Program Components

- **Specialty Programs:**
 - **Eating Disorder Care Team** is a dedicated clinical team with expertise in the treatment of eating disorders. The team includes partnerships with eating disorder experts and treatment facilities as well as internal algorithms to identify and refer members to appropriate programs
 - **Autism Response Team** whose focus is to provide expertise and support to families in planning the best course of Autism Spectrum Disorder (ASD) treatment for their family, including how to maximize their covered benefits
 - **Risk Identification and Outreach (RIO)** is a multi disciplinary team of BCBSTX behavioral health, physical health and pharmacy clinicians who use sophisticated, deterministic analytics to target members who need behavioral help and outreach to them sooner. The first effort relates to members who may be at risk for an opioid-related adverse event. Our team scans pharmacy and medical data to identify members with potential risks. The goal of the outreach is to inform them of the potential risks as well as to provide support to reduce the risks, including education and access to Narcan (naloxone) as well as non-opioid alternatives such as physical therapy or cognitive behavioral therapy.
 - Referrals to other medical care management programs, wellness and prevention campaigns
-

Focused Outpatient Management Program

This program is a claims-based approach to behavioral health care outpatient management, developed to touch all routine cases through clinical logic. Clinical analytics are designed to trigger cases that are outside of the reasonable expectations for active treatment, and the cornerstone of this model is outreach and engagement from our BH clinicians to the identified providers for a clinical review.

The purpose of the clinical review is to discuss the current treatment plan and to identify and address the appropriate level, intensity and duration of the outpatient treatment needed. The review also provides the opportunity to discuss the availability of additional benefits, the potential need for more intensive treatment or community-based resources, and the benefit of integrated care and/or condition management programs where appropriate.

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Psychological/ Neuropsychological Testing Program

The goal of this program is to ensure the member is receiving the medically necessary type and amount of testing. This program involves periodic auditing of providers to determine whether clinical testing practices are in alignment with BCBSTX Policies and the member's benefit plan design.

Audits evaluate whether: a) testing meets medical necessity criteria, b) testing is consistent with presenting clinical issues and; c) requested hours for the evaluation meet the established standards of practice and do not vary significantly from the provider's peer group performing similar services.

Providers may be subject to testing prior authorization if the audit concludes the provider's practice patterns do not align with BCBSTX policies, but that requirement may be waived once the provider has met and maintained alignment with BCBSTX policies for an established period of time. Our **Psychological/Neuropsychological Testing** Clinical Payment and Coding Policy is available as a reference on the [Clinical Payment and Coding Policies](#) page on the Provider website.

Clinical Screening Criteria

The BCBSTX Behavioral Health (BH) Team utilizes nationally recognized, evidence based and/or state or federally mandated clinical review criteria for all of its behavioral health clinical decisions. For its group and retail membership, BCBSTX licensed behavioral health clinicians utilize the MCG care guidelines for mental health conditions. For chemical dependency conditions, BCBSTX BH licensed clinicians utilize the Texas Department of Insurance Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers. In addition to medical necessity criteria/guidelines, BH licensed clinicians utilize BCBSTX Medical Policies, nationally recognized clinical practice guidelines (located in the Clinical Resources section of the BCBSTX website), and independent professional judgment to determine whether a requested level of care is medically necessary. The availability of benefits will also depend on specific provisions under the member's benefit plan. For membership in BCBSTX Blue Medicare AdvantageSM government program, BCBSTX BH licensed clinicians utilize the following hierarchy of clinical criteria to assist in determinations for the most appropriate level of care for our members:

- National Coverage Determinations (NCD)
 - Local and Regional Coverage Determinations (LCD)
 - MCG care guidelines (mental health disorders)
 - American Society of Addiction Medicine's ASAM Criteria (addiction disorders) BCBSTX Medical Policies and nationally recognized clinical practice guidelines.
-

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Clinical Screening Criteria

The appropriate use of treatment guidelines requires professional medical judgment and may require adaptation to consider local practice patterns. Professional medical judgment is required in all phases of the health care delivery and management process that should include consideration of the individual circumstances of any particular member. The guidelines are not intended as a substitute for this important professional judgment.

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

If a behavioral health professional or physician engages in a particular treatment modality or technique 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.

Prior Authorization Requirements for Behavioral Health Services

Prior authorization (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.

Members are responsible for requesting prior authorization, although providers may request prior authorization on behalf of the member. Approval of services after prior authorization 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. 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.

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Prior Authorization Requirements for Behavioral Health Services, cont.

Inpatient and Alternative Levels of Care

Prior authorization is required for all inpatient, residential treatment center (RTC) and partial hospitalization admissions.

- Elective or non-emergency hospital admissions must be prior authorized at least one day before admission or within two business days of an emergency admission.
- To determine eligibility and benefit coverage before service and to determine if RTC services are covered by a specific employer group, members, behavioral health professionals or physicians may call the Behavioral Health number that is listed on the back of the member's identification (ID) card.

Outpatient

The Outpatient Program requires prior authorization for the following intensive outpatient behavioral health services **before** initiation of service for most plans.

Prior authorization for these more intensive services is required to determine that the services are medically necessary, clinically appropriate and contribute to the successful outcome of treatment

- Applied Behavior Analysis (ABA)
 - Intensive Outpatient Program (IOP)
 - Outpatient Electroconvulsive therapy (ECT)
 - Focused Outpatient Program
 - Repetitive Transcranial Magnetic Stimulation (rTMS)
 - Psychological and Neuropsychological testing in some cases; BCBSTX would notify the provider if prior authorization is required for these testing services.
-



Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services (Mental Health & Chemical Dependency)

Responsibility for Prior Authorization

Members are responsible for requesting prior authorization for behavioral health services provided by behavioral health providers when prior authorization is required. Behavioral health professionals, physicians or a member's family member may also request prior authorization on behalf of the member. BCBSTX will comply with all federal and state confidentiality regulations before releasing any information about the member.

Prior Authorization Process for Behavioral Health Services

Members can select a 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](#).

Member can call the number on the back of their ID card to request prior authorization for behavioral health services provided by behavioral health care providers and facilities, when prior authorization is required. Members should request prior authorization with BCBSTX before the initiation of these services. A member's family member may also request prior authorization on behalf of the member.

Providers may request prior authorization on the member's behalf by calling the number on the back of the member's ID card. Providers may also refer to the respective product provider manual or the provider website (bcbstx.com/provider) for the most current prior authorization process. Providers can utilize [Availability Authorizations and Referrals](#) to submit requests online. Prior authorization for the outpatient services listed above requires completion of a form(s) located under [Education and Reference/Forms](#) section at bcbstx.com/provider. Prior authorization requirements for ABA services are outlined in the "Behavioral Health Outpatient Management Program" section located under [Clinical Resources/Behavioral Health](#) in the Related Resources section.

Once a prior authorization determination is made for services requiring prior authorization, the member and the behavioral health care provider will be notified of the authorization, regardless of who initiated the request.

In addition to requesting prior authorization, 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 provider.
 - Identify potential co-existing medical and behavioral health conditions.
-

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

Renewal of Existing Prior Authorization

Effective Jan. 1, 2020, a renewal of an existing prior authorization can be requested by a member, physician or health care provider up to 60 days before the expiration of the existing prior authorization.

Failure to Prior Authorize

Inpatient and Alternative Levels of Care

Members who do not request prior authorization for inpatient and alternative levels of care behavioral health treatment may experience the same benefit reductions that apply to medical services. Claims determined to be medically unnecessary will not be covered. The member may be financially responsible for services that are determined not to be medically necessary.

Outpatient

If a member receives any of the outpatient behavioral health services listed below without prior authorization, BCBSTX will request clinical information from the provider for a clinical medical necessity review. The member will also receive notification. Claims determined not to be medically necessary will not be covered, and the member may be financially responsible for these services:

- Intensive Outpatient Program (IOP)
- Applied Behavior Analysis (ABA)
- Outpatient Electroconvulsive Therapy (ECT)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Psychological/Neuropsychological testing in some cases; BCBSTX would notify the provider if prior authorization is required for these testing services

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.

Appointment Access Standards

Behavioral Health providers have contractually agreed to offer appointments to our members according to the following access standards:

Routine: Within 10 working days

Urgent: Within 24 hours

Non-life-threatening emergency: Within six (6) hours

Life-threatening/emergency: Within one (1) hour

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services

(Mental Health & Chemical Dependency)

HEDIS Indicators

BCBSTX is accountable for performance on national measures, like the Health Effectiveness Data Information Sets (HEDIS). Several of these specify timeframes for appointments with a BH professional.

- Expectation that a member has a follow-up appointment with a BH provider following a mental health inpatient admission within 7 and 30 days.
- For members treated with Antidepressant Medication:
 - Continuation of care for 12 weeks of continuous treatment (acute phase).
 - Continuation of care for 180 days (continuation phase).
- For children (6-12 years old) who are prescribed ADHD Medication:
 - One follow up visit the first 30 days after medication dispensed (initiation phase).
 - At least 2 visits with provider in the first 270 days after initiation phase ends (continuation and maintenance phase).
- For members treated with a new diagnosis of alcohol or drug dependence:
 - Treatment initiation through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization program within 14 days following the diagnosis (initiation phase)
 - At least 2 visits/services, in addition to the treatment initiation encounter, within 30 days of initial diagnosis (encounter phase).

Continuity and Coordination of Care

Continuity and coordination of care are important elements of care and as such are monitored through the BCBSTX Quality Improvement Program. Opportunities for improvement are selected across the delivery system, including settings, transitions in care, patient safety, and coordination between medical and behavioral health care. Communication and coordination of care among all professional providers participating in a member's health care are essential to facilitating quality and continuity of care.

Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services (Mental Health & Chemical Dependency)

Forms

The following forms are available on the [BCBSTX provider website](#) under Education and Reference, [Forms](#) and then go to the Behavioral Health section or by calling **1-800-528-7264**.

- Applied Behavior Analysis (ABA) Forms:
 - ✓ ABA Clinical Service Request Form
 - ✓ ABA Initial Assessment Request
 - ✓ Supervision via Telehealth Request - Attestation
- Coordination of Care Form
- Electroconvulsive Therapy (ECT) Request
- Focused Outpatient Management Program
- Intensive Outpatient Program (IOP) Request
- Psychological/Neuropsychological Testing Request
- Repetitive Transcranial Magnetic Stimulation (rTMS) Request
- Transitional Care Request

Standard Authorization Forms (SAF) and other HIPAA Privacy Forms can be located on the member [Form Finder](#) page on www.bcbstx.com.

Behavioral Health Customer Service Phone and Fax Numbers and Address

BCBSTX's Behavioral Health Care Management (UM) services are accessible 24 hours a day, seven days a week, 365 days a year at **1-800-528-7264** or the number listed on the back of the member's ID card. Normal Customer Service hours are 8:00 a.m. to 6:00 p.m. (CST) Monday through Friday.

After hours, clinicians are available to handle emergency inpatient prior authorization. members who are in crisis outside of normal service hours are joined immediately with a licensed care coordinator who will assist the member in directing them to the nearest emergency room or, when necessary, reaching out to emergency medical personnel (**911**) as appropriate.

Fax numbers: **1-877-361-7646** or **1-312-946-3735**

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:

- Prior authorize services
 - Obtain or submit clinical forms
 - Verify eligibility and benefits
 - Contact customer service
-



Blue Choice PPOSM and Blue High PerformanceSM (Blue HPN)SM Provider Manual - Behavioral Health Services (Mental Health & Chemical Dependency)

Provider Claim Filing Information

Claims should be submitted electronically using:
Payor ID 84980.

If the provider is unable to file electronically, paper claims can be submitted to:

BCBSTX
P.O. Box 660044
Dallas, TX 75266-0044

Provider Customer Service Addresses 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 numbers indicated in the chart below.

Plan/Group	Customer Service Address and Phone Numbers
Blue Choice PPO BlueCard BlueEdge EPO Federal Employee Program	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 1-800-451-0287
Indemnity (ParPlan)	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 1-800-676-BLUE

Updates

Updates about the Behavioral Health (BHP) program will be communicated in News and Updates, Blue Review and on the BHP page under the Clinical Resources section on bcbstx.com/provider.

Behavioral Health Clinical Appeals

For information about Behavioral Health Clinical Appeals:

Call: 1-800-528-7264

Mail:

Blue Cross and Blue Shield of Texas
Attention: BH Unit
P.O. Box 660241
Dallas, TX 75266-0241