## Blue Choice PPO<sup>SM</sup> Provider Manual - Behavioral Health Services
(Mental Health & Chemical Dependency)

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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.

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
Focused Outpatient Management Program

The Focused Outpatient Management Program is a claims-based approach to behavioral health care management of routine outpatient services 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 benefit options.

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 who will collaborate with the provider to discuss 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 receiving 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.
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), the American Society of Addiction Medicine’s ASAM Criteria (addiction disorders), BCBSTX Medical Policies and nationally recognized clinical practice guidelines.

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 healthcare 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 (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.

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 prior to admission or within two business days of an emergency admission.

- To determine eligibility and benefit coverage prior to 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 ID card.

Outpatient

The Outpatient Program requires prior authorization for the following intensive outpatient behavioral health services prior to 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.

- Intensive Outpatient Program (IOP)
- Applied Behavior Analysis (ABA))
- Outpatient Electroconvulsive therapy (ECT)
- 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.
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](http://bcbstx.com) and selecting [Find a Doctor](http://bcbstx.com).

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 prior to 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 [bcbstx.com/provider](http://bcbstx.com/provider) website for the most current prior authorization process. Prior authorization for the outpatient services listed above requires completion of a form(s) located under [Education and Reference/Forms](http://bcbstx.com/provider) 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](http://bcbstx.com) 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
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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 prior to 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.
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**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

**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.
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Continuity and Coordination of Care

When the member has signed an authorization to disclose information to a Primary Care Physician (PCP), the behavioral health provider should notify the PCP of the initiation and progress of behavioral health services.

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:
  - Clinical Service Request Form
  - ABA Initial Assessment Request
- Clinical Update Request
- Coordination of Care Form
- Electroconvulsive Therapy (ECT) Request
- Intensive Outpatient Program (IOP) Request
- Outpatient Treatment Request (OTR)
- 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 in the Education and Reference Center.

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

BCBSTX’s Behavioral Health Care Management (UM) services are accessible 24 hours a day, seven days a week, 365 days a year at 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

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

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. Also, the following table provides paper claims filing and Customer Service addresses.

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<td>Blue Choice PPO BlueCard BlueEdge EPO</td>
<td>Blue Cross and Blue Shield of Texas BH Claims</td>
<td>Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 1-800-451-0287</td>
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<tr>
<td>Federal Employee Program (Group 27000)</td>
<td>Blue Cross and Blue Shield of Texas BH Claims</td>
<td>Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 1-800-451-0287</td>
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<tr>
<td>Indemnity (ParPlan)</td>
<td>Blue Cross and Blue Shield of Texas BH Claims</td>
<td>Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 1-800-676-BLUE</td>
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**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](http://bcbstx.com/provider).

**Behavioral Health Clinical Appeals**

**Call:** 1-800-528-7264 *(For Blue Choice PPO and FEP)*

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