



BlueCross BlueShield  
of Texas

## **Behavioral Health Medical Necessity Criteria** *For BCBSTX Physicians and Professional Providers*

The following information describes the Medical Necessity care guidelines utilized by Blue Cross and Blue Shield of Texas (BCBSTX) for its group, retail and government products. Similar behavioral health programs are implemented across product lines but requirements may vary dependent upon the product.

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 Blue Cross Medicare Advantage PPO<sup>SM</sup> 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 *The 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.

BCBSTX evaluates and approves all of the above listed medical necessity guidelines at least annually or earlier if new data regarding indications or technologies becomes available. Final approval by the Behavioral Health Chief Medical Officer is required. The criteria are then presented annually to the Behavioral Health Quality Improvement Committee for review and recommendation from community based network physicians and for committee approval.

Clinical Review Criteria are available to physicians and other professional providers upon request relative to a specific care review decision. Please contact BCBSTX Behavioral Health at 800-528-7264 to initiate this request.