## Behavioral Health Services

(Mental Health and Chemical Dependency)

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New - Integrated Behavioral Health Program Effective January 2011

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 improved integration of behavioral health care management with medical care management will allow 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, the Texas Administrative Code, Title 28, part 1, Chapter 3, Subchapter HH – Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers 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 and physicians may request preauthorization on behalf of the member. All services must be medically necessary.

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Services That Require Preauthorization

- **Inpatient**
  Elective or non-emergency hospital admissions must be preauthorized prior to admission. Preauthorization must be requested within two business days of an emergency admission.

  Residential Treatment Centers are only applicable for employer groups whose health plans include coverage for these treatment options. Members, or behavioral health professionals and physicians on the behalf of members, must determine eligibility and benefit coverage prior to service and determine if Residential Treatment is covered. Members or behavioral health professionals and physicians may call the Behavioral Health preauthorization number that is listed on the back of the member’s ID card (800) 528-7264.

- **Outpatient**
  All partial hospitalization service, intensive outpatient programs and some outpatient services (including but not limited to psychological/neuropsychological testing and outpatient ECT) must be preauthorized prior to the service being rendered.

The Process and Associated Steps to Preauthorization

- Members should call the Behavioral Health number that is listed on the back of their Identification card. Behavioral health professionals and physicians, on behalf of the member, may also place the preauthorization call.
  - **BlueChoice® POS & PPO**
    BCBSTX manages all mental health and chemical dependency services for BlueChoice POS & PPO members with the exception of some employer groups that are managed by other behavioral health vendors.
  - **The Employee Assistance Program (EAP)**
    Magellan Health Services administers the Employee Assistance Program (EAP) behavioral health services for all members who have BCBSTX EAP benefits.

- **Note:** Behavioral health professionals and physicians should also verify eligibility and benefits prior to service by calling the Behavioral Health preauthorization number that is listed on the back of the member’s ID card (800) 528- 7264.

- Once the preauthorization determination has been made, both the member and the behavioral health professional or physician will be notified of the authorization, regardless of who initiated the request.

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Frequently Asked Questions & Answers, cont’d

1Q. What is the transition of care plan for current patients?

BCBSTX will work with the member’s current behavioral health professional or physician to help limit the possibility for disruptions in patient care coordination during this transition. Members and behavioral health professionals and physicians can use the same phone number on the back of the member’s ID card for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.

All behavioral health professionals and physicians, both BCBSTX network and out-of-network, will follow the same continuity of care guidelines.

2Q. What is preauthorization?

Preauthorization involves submitting a request to the Behavioral Health Unit for a determination of whether the requested service or treatment meets the definition of medically necessary care under the member’s policy certificate and/or benefits booklet and/or summary plan description.

Approval of services 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 the preexisting condition waiting period, if any.

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Frequently Asked Questions & Answers, cont’d

3Q. Are there any changes to preauthorization requirements for behavioral health services?

Members will be responsible for requesting preauthorization for all covered inpatient, residential treatment center (RTC) programs, partial hospitalization and intensive outpatient programs and some outpatient behavioral health services provided by behavioral health professionals and physicians and facilities. Members should request preauthorization with BCBSTX before an inpatient/RTC/partial hospitalization/intensive outpatient program admission or outpatient service ECT service and psychological/neuropsychological testing visit. All services must be deemed medically necessary as outlined in the member’s benefit booklet.

There are no changes to preauthorization requirements for inpatient behavioral health services. The BCBSTX provider contract language will not change. The Focused Outpatient Management Program (FOMP) does not require pre-authorization. Exception: When applicable, outpatient (professional) behavioral health office visits (not exceeding 10 visits) to one or more behavioral health providers can be approved by the Health Advocate for a period of six (6) months or less without a clinical review and may require coordination with member’s EAP benefit/carrier.

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.

Outpatient behavioral health services can include:
- Intensive outpatient programs
- Outpatient office visits
- Group therapy
- Partial hospitalization programs

Inpatient behavioral health services can include:
- Acute inpatient treatment
- Residential treatment center programs -- Residential treatment centers are only applicable for those employer groups whose health plans include coverage for these treatment options.
- Partial hospitalization

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Frequently Asked Questions & Answers, cont’d

4Q. How do members request preauthorization for behavioral health services? How will members be notified that they need to preauthorize? How does the behavioral health professional or physician know that the member has been authorized for care?

Members can call the phone number on the back of the member’s ID card to request preauthorization for covered inpatient, residential treatment center (RTC) programs, partial hospitalization intensive outpatient programs, outpatient ECT and psychological/neuropsychological testing provided by behavioral health professionals and physicians and facilities. Members should request preauthorization with BCBSTX prior to an inpatient/RTC/partial hospitalization/intensive outpatient admission or outpatient ECT service and psychological/neuropsychological testing visit service/visit.

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.

The Focused Outpatient Management Program (FOMP) does not require preauthorization. Exception: When applicable, outpatient (professional) behavioral health office visits (not exceeding 10 visits) to one or more behavioral health providers can be approved by the Health Advocate for a period of six (6) months or less without a clinical review and may require coordination with member’s EAP benefit/carrier.

Once a preauthorization determination is made, the member and the behavioral health professional or physician will be notified of the authorization, regardless of who initiated the request.

The phone number for requesting preauthorization will not change, making this an easy transition for members and behavioral health professionals and physicians. Members and behavioral health professionals and physicians can use the same number for requesting preauthorization, submitting continuity of care plans, contacting customer service and more.

5Q. Will the behavioral health professional or physician be reimbursed for outpatient services rendered if the member does not call for preauthorization?

BCBSTX may request that you submit clinical information to determine if the outpatient services requested meet the medical necessity definition under the member’s benefit plan prior to claim adjudication. The member may be financially responsible for services that are deemed medically unnecessary.
6Q. What clinical screening criteria will be used?

Generally, our licensed behavioral health clinicians will use the Milliman Behavioral Health Guidelines, the Texas Administrative Code, Title 28, part 1, Chapter 3, Subchapter HH – Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers or BCBSTX Medical Policies as clinical screening criteria.

7Q. 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 from a behavioral health advocate in finding an independently contracted and licensed behavioral health professional or physician.

8Q. Will current behavioral health professional or physician administrative tools and processes change because of this transition?

All customer service and other phone numbers and service hours will remain the same. New fax numbers (877-361-7646 or 312-946-3735) will be included in the reference material. There will be a new PO Box address:

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

Beginning in January 1, 2011, call the phone number on the back of the member’s ID card to:

- Request preauthorization
- Submit treatment plans
- Psychological/neuropsychological testing forms
- Contact customer service

The BCBSTX Provider Manual, other reference materials and forms will be updated with the integrated Behavioral Health program information and posted on bcbstx.com/provider by January 1, 2011. All behavioral health professionals and physicians, both BCBSTX network and out-of-network, will need to submit the OTR forms as requested.

There will be no change in the claim submissions process.
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Forms

The following forms are available on the BCBSTX Provider website in the Education and Reference Center area under Forms:
- Transitional Care Request
- Clinical Update Request
- Intensive Outpatient Request
- ECT Request
- Outpatient Treatment Request (OTR)
- Psychological/Neuropsychological Testing Request

or by calling (800) 528-7264

Addresses for Claims Filing and Customer Service

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

(800) 451-0287

The following table provides claims filing and Customer Service addresses.

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<thead>
<tr>
<th>Plan/Group</th>
<th>Claims Filing Address</th>
<th>Customer Service Address</th>
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<tbody>
<tr>
<td>BlueChoice BlueCard BlueEdge EPO TRS-ActiveCare</td>
<td>BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
<td>BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
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<tr>
<td>Federal Employee Program (Group 27000)</td>
<td>BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
<td>BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
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<tr>
<td>Indemnity (ParPlan)</td>
<td>BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
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