BlueCross BlueShield of Texas

Blue Choice PPO℠ and Blue High Performance Network® (BlueHPN)® Provider Manual - Behavioral Health Services

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:

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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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 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 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.

Refer to the Behavioral Health Program pages on the provider website for easy access to information.

Behavioral Health Program Components

The Behavioral Health program includes:

- **Care/Utilization Management:**
  - **Inpatient Management** for inpatient, partial hospitalization (PHP) and residential treatment center 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** 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 Use Disorders
    - Anxiety and Panic Disorders
    - Bipolar Disorders
    - Eating Disorders
    - Schizophrenia and other Psychotic Disorders
    - Attention Deficit and Hyperactivity Disorder
  - **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.

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Behavioral Health Program Components, cont.

- **Case Management Programs, cont.:**
  - Care Coordination Early Intervention (CCEI)® Program provides outreach to higher risk members who often have complex psychosocial needs impacting their discharge plan.

- **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** is an industry-leading model for leveraging robust data analytics to optimize solutions for complex healthcare priorities. This multi-disciplinary collaboration between Behavioral Health, Medical, Pharmacy and Clinical Data Technology groups is focused on mining, organizing and visualizing clinically actionable data for at-risk member populations and implementing clinically appropriate and effective interventions at both member and provider levels.

- Referrals to other medical care management programs, wellness and prevention campaigns.

Psychological/ Neuropsycho-logical 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.

Psychological/ Neuropsycho-logical Testing Program, cont.

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.

Telehealth and Telemedicine Services

Telehealth or telemedicine services give our members greater access to care. Members may be able to access their medically necessary, covered benefits through providers who deliver services through telehealth or telemedicine services including intensive outpatient program (IOP) services. Check the member's eligibility and benefits for coverage information.

Clinical Screening Criteria

The BCBSTX Behavioral Health 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 Advantage[SM] 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
- Local and Regional Coverage Determinations
- 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.

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Clinical Screening Criteria, cont.

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 Current Procedural Terminology (CPT®)/other procedure codes which are appropriate for the treatment type.

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Prior Authorization or Recommended Clinical Review 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 required 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. When prior authorization is not required, providers may submit an optional recommended clinical review. Providers may also refer to the provider manual or the provider website for the most current prior authorization or RCR process.

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 may be required for inpatient, residential treatment center and partial hospitalization admissions.

- When required, 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 member's identification card.

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Prior Authorization or RCR for Behavioral Health Services, cont.

Outpatient

The Outpatient Program may require prior authorization or an RCR may be applicable for the following intensive outpatient behavioral health services ***before*** initiation of service for most plans.

When required, prior authorization or an RCR is applicable and requested for these more intensive services, it will determine if services are medically necessary, clinically appropriate and contribute to the successful outcome of treatment

- Applied Behavior Analysis
- Intensive Outpatient Program
- Outpatient Electroconvulsive therapy
- Repetitive Transcranial Magnetic Stimulation
- 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.

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Prior Authorization or RCR 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 on the provider website.

Member can call the number on their ID card to request prior authorization when required for behavioral health services provided by behavioral health care providers and facilities. 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 or RCR on the member's behalf by calling the number on the member's ID card. Providers may also refer to the provider manual or the provider website for the most current prior authorization and RCR process. Providers can utilize Availity® Authorizations and Referrals to submit requests online. Prior authorization or RCR for the outpatient services listed above requires completion of a form(s) located under Education and Reference/Forms section on the provider website. Prior authorization requirements or RCR 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 or RCR is made, 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.

Renewal of Existing Prior Authorization or RCR

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

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Failure to Prior Authorize

Inpatient and Alternative Levels of Care

Members who do not request prior authorization when required 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 when required, 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
- Applied Behavior Analysis
- Outpatient Electroconvulsive Therapy
- Repetitive Transcranial Magnetic Stimulation
- 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:

- **Initial/Routine:** Within 10 working days
- **Follow up Routine:** Within 1-3 months
- **Urgent:** Within 48 hours
- **Non-life threatening emergency:** Within six (6) hours or refer to the Emergency Room (ER)
- **Life threatening/emergency:** Within one (1) hour or refer immediately to ER

HEDIS Indicators

BCBSTX is accountable for performance on national measures, like the Healthcare Effectiveness Data and Information Sets. Several of these specify time frames for appointments with a BH professional.

HEDIS Indicators, cont.

- Expectation that a member has a follow-up appointment with a BH provider following a mental health inpatient admission within 7 and/or 30 days.
- For members treated with Antidepressant Medication:
  - Medication adherence for 12 weeks of continuous treatment (acute phase).
  - Medication adherence 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, in addition to the visit in the initiation phase, 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 other drug dependence:
  - Treatment initiation through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization program or telehealth or medication treatment within 14 days. following the diagnosis (initiation phase)
  - At least 2 visits/services, in addition to the treatment initiation encounter, within 34 days of initiation visit (engagement 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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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. Note:** There are separate specific forms for Teacher Retirement System of Texas (TRS) and Employee Retirement System of Texas (ERS) plans that use the Blue Choice network.

- Applied Behavior Analysis (ABA) Forms:

  ABA Clinical Service Request Form
  ABA Initial Assessment Request
  ABA Notification Form
  Supervision via Telehealth Request - Attestation

- Behavioral health Discharge Clinical Form
- Coordination of Care Form
- Electroconvulsive Therapy Request
- Intensive Outpatient Program Request
- Psychological/Neuropsychological Testing Request
- Repetitive Transcranial Magnetic Stimulation Request
- Therapeutic Behavioral On-Site Service Request
- Transitional Care Request

Standard Authorization Forms 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 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 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**

BCBSTX Behavioral Health Unit
P.O. Box 660240
Dallas, TX 75266-0240

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Behavioral Health Customer Service Phone and Fax Numbers and Address, cont.

Call the phone number on the member's ID card to:

- Prior authorize or request RCR for services
- Obtain or submit clinical forms
- Checl eligibility and benefits
- Contact customer service

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

Refer to the the Clinical Payment and Coding Policy page for topics related to Behavioral Health services such as ABA and psychological and neuropsychological services

Behavioral Health Contacts

The member's ID card provides paper claims filing and customer service information or refer to the Contact Us page on the provider website.

To confirm eligibility and benefits, participating health care providers may contact the appropriate phone number listed below. When the member does not present an ID card, a copy of the enrollment application or a temporary card may be accepted. The Plan also recommends that the member's identification is verified with a photo ID and that a copy is retained in the member's file.

Plan/Group	Phone Numbers
Blue Choice PPO BlueHPN BlueCard BlueEdge EPO Federal Employee Program	**1-800-528-7264**
Indemnity (ParPlan)	**1-800-676-BLUE**

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Updates

Updates about the Behavioral Health program will be communicated in News and Updates, Blue Review newsletter and on the BH 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 660240
Dallas, TX 75266-0240

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