Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual - Behavioral Health Services

In this Section

This section covers the following topics:

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

In this Section, cont.

This section covers the following topics:

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

Behavioral Health Services Overview

Behavioral Health services for Blue Cross and Blue Shield of Texas Plan members may be managed by:

- **BCBSTX Medical Management** or
- **Magellan Healthcare®**

Providers should check eligibility and benefits before rendering services by:

- Calling the Behavioral Health/Mental Health number on the member's ID card
- Using Availity® or your preferred vendor.

This step will also assist in determining if you are in-network for your patient and whether prior authorization is required or recommended clinical review is applicable and who to contact.

For information on prior authorization or recommended clinical review for BH services, refer to the Behavioral Health Utilization Management Program Overview and Behavioral Health Medical Necessity Criteria & Prior Authorizations pages on the provider website. In addition refer to the Utilization Management page of the website for specific code lists.

The Behavioral Health Care Management page on the provider website provides additional information on our BH programs.

Magellan manages the following HMO plans:

- Blue Advantage HMO℠ and Blue Advantage Plus℠
- MyBlue Health℠

The following plans are managed by BCBSTX Medical Management:

- Blue Essentials℠ and Blue Essentials Access℠
- Blue Premier℠ and Blue Premier Access℠
- HealthSelect of Texas®
- TRS ActiveCare Primary and TRS ActiveCare Primary+
- Blue Cross Medicare Advantage HMO℠
- Blue Cross Medicare Advantage Dual Care℠(HMO SNP)

Refer to the Behavioral Health Services Managed by Magellan section below for specific information on Magellan managed behavioral health services.

Refer to the Behavioral Health Services Managed by Medical Management at BCBSTX section further in this manual for specific information on BCBSTX managed behavioral health services.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

Coordination of Care with Physicians and other Medical Care Providers

Communication and coordination of care among all physicians or professional providers participating in a member's health care are essential to facilitating quality and continuity of care. When the member has signed an authorization to disclose information to a PCP, the behavioral health provider should notify the PCP of the initiation and progress of Mental Health Substance Abuse services.

Coordination of Care Process

When communicating with the patient's PCP, the process below should be followed:

1. The behavioral health provider should review and complete the ***Consent to Release Information to Primary Care Physician/Provider*** form with the patient as soon as it is therapeutically appropriate. This should be done as early in the evaluation or treatment episode as possible. The levels of disclosure that the member may select are as follows:
    - Release of any applicable information to the PCP,
    - Release any medication information only to the PCP, *or*
    - Not to release any information to the PCP.
2. Applicable information includes, at a minimum, the following:
    - Diagnosis
    - Treatment plan
    - Medications
    - Results of lab tests and consultations
    - Information on how the PCP can contact the behavioral health provider
3. To facilitate the continuity of care, it is expected that the specialty care physician or professional provider communicate with the PCP when any of the following occur:
    - Treatment is initiated
    - Psychotropic medications are administered
    - Significant changes in medication
    - Significant change in the patient's clinical condition

Coordination of Care Process, cont.

4. Specialty care physicians or professional providers must also request that appropriate releases be obtained so that the PCP can communicate with the behavioral health provider about any medical information that would be pertinent to the patient's treatment and diagnosis.
5. Specialty care physicians or professional providers may communicate with the PCP by telephone or in writing. At a minimum, specialty care physicians or professional providers are required to document in the medical record the date that any communication with the PCP takes place.

The specialty care physician or professional provider is to disclose only that content which the patient has authorized on the *Authorization to Disclose Information to a Primary Care Physician/Provider* form.

Quality Improvement Program

As part of the Quality Improvement Program, compliance with the specialty care/PCP communication process will be monitored during site visits. Specific monitoring activities will include review for:

- Presence of a signed ***Authorization to Disclose Information*** form to a PCP in the member's medical record.
- If authorized, documentation of communication occurrences with the patient's PCP in the Patient's medical record noting, at a minimum, when communication took place.

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 services. Check the member's eligibility and benefits for coverage information.

BlueCross BlueShield of Texas

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

BEHAVIORAL HEALTH SERVICES MANAGED BY MAGELLAN

Behavioral Health Services Managed by Magellan	When **Magellan** is responsible for coordinating behavioral health care and services for **Plan** members, members will be required to select behavioral health providers and facilities participating in the Magellan behavioral health network. Primary care physician/providers referrals are not required. Members may call Magellan directly to access care.
Magellan Service Access	Requests for behavioral health services (mental health and/or chemical dependency) should be directed to **Magellan**. For eligibility information, benefits information, referral to a behavioral health provider or for prior authorization of services, **Magellan** personnel are available to assist you.
Magellan Telephone Number and Hours	**Magellan -** For **Blue Advantage HMO** members call toll-free at **1-800-729-2422** and call the number on the back of the member's ID card for all others. **Important note:** The telephone number listed above is answered 24 hours a day for crisis intervention and prior authorization of inpatient admissions. For routine calls, phone hours are 8 a.m. to 5 p.m. (CST), Mon - Fri except holidays.
Magellan Benefit Management Responsibilities	**Magellan** utilizes Customer Service Representatives and Care Managers to provide: • Benefits and eligibility • Prior authorization for inpatient and outpatient care • Referral services • Case Management • Assistance in the selection of a network behavioral health provider • Crisis intervention

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

BEHAVIORAL HEALTH SERVICES MANAGED BY MAGELLAN

Magellan Member Appointment Access Standards

All **Magellan** behavioral health providers have contractually agreed to offer appointments to our members according to the following 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

Magellan Prior Authorization Requirement

Prior authorization is required for all **Magellan** behavioral health services, including all outpatient procedures (i.e., psychological testing), inpatient facility-based care, partial day treatment and intensive outpatient treatment programs. For non-emergency admissions, prior authorization is required ***prior*** to the admission.

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

Magellan and Emergency Care

In emergencies, the **Magellan** provider must first ensure that the member is safe. Prior authorization will then occur ***prior*** to or concurrent with, but not more than 48 hours following the admission.

Emergency Care means health care services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical or behavioral health conditions of a recent onset and severity, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness or injury is of such a nature that failure to get immediate medical care could result in:

- Placing the patient’s health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

BEHAVIORAL HEALTH SERVICES MANAGED BY MAGELLAN

Magellan Referral Procedures

During the prior authorization process, if a referral is necessary, the following procedures will apply:

- **Plan** network specific requirements will be noted where **Plan** participating physicians or professional providers should contact **Magellan** rather than referring a member directly to a behavioral health professional or facility. ***Note:*** *The member or a representative for the member may also contact* ***Magellan*** *directly.*
- Participating behavioral health providers must admit patients to a **Magellan** participating facility unless an emergency situation exists that precludes safe access to a **Magellan** participating facility, or if the admission is approved for a non-**Magellan** participating facility because of extenuating circumstances.
- If the admission was not approved for a non-**Magellan** participating facility, the patient should be transferred to a **Magellan** participating facility as soon as medically possible. In non-emergency situations, the patient, having been fully informed that the providing entity is out-of-network and that subsequent services will incur increased cost liability, makes the decision to seek out-of-network treatment at a lower reimbursement level.

Magellan Care Management Program

Magellan Utilization Management/Review is referred to as Care Management. Care Management is a process that reaches beyond the simple approval/denial response of utilization management and helps a behavioral health provider formulate a clinically appropriate and cost-efficient treatment strategy. This approach assists members in maximizing the use of their benefits and facilitates comprehensive treatment planning.

Maximizing the behavioral health benefit is particularly important in the case of a member with a chronic or recurrent behavioral health diagnosis. Using the most clinically appropriate, yet least restrictive setting preserves benefits for future long-term care.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

BEHAVIORAL HEALTH SERVICES MANAGED BY MAGELLAN

Magellan Care Management Program (cont.)

The components of the **Magellan** Care Management program include:

- Inpatient
  - Prior authorization
  - Concurrent review
  - Discharge planning
- Outpatient
  - Prior authorization/Referrals
  - Concurrent review
- Crisis Intervention
- Case Management
- Retrospective Review

Magellan Limitations and Exclusions

Services determined to be not medically necessary are not covered. To obtain a copy of the medical necessity criteria, please access the BCBSTX website at bcbstx.com/provider, under Clinical Resources/Behavioral Health, then select **Medical Necessity Criteria**. If you do not have access to the website, you may write to **Magellan**, PO Box 1619, Alpharetta, GA. 30009-9930 or call the number on the back of the member's ID card and request a copy of the medical necessary criteria. Many group contracts specifically exclude services rendered in conjunction with a diagnosis of adolescent behavioral disorders. This exclusion varies from contract to contract. It is strongly recommended that you confirm benefit coverage before delivery of care by calling **Magellan.**

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

BEHAVIORAL HEALTH SERVICES MANAGED BY MAGELLAN

Magellan Quick Reference Guide

Obtaining Prior Authorization and/or a Referral Authorization for service:

1. The facility, provider, PCP, specialty care physician or professional provider or member may obtain an initial referral or prior authorization for "evaluation and treatment" by calling Magellan at **1-800-729-2422** for Blue Advantage HMO members or the number on the back of the member ID card for other members.

2. All *non-emergency* care requires prior authorization before the delivery of services. In order to obtain prior authorization for service, call **Magellan**. In consultation with the physician, professional provider or facility representative, **Magellan** care managers will obtain required clinical data, assist in the selection of a specific, participating behavioral health provider where appropriate, and prior authorize the inpatient or facility-based outpatient care based on medical necessity criteria. **Magellan** criteria for medical necessity will be used to determine whether mental health services will be certified. The State of Texas criteria will be used to evaluate medical necessity for chemical dependency treatment. A copy of these criteria can be obtained by accessing the BCBSTX website at bcbstx.com/provider, under Clinical Resources/Behavioral Health, then select Medical Necessity Criteria. If you do not have access to the website, you may request a copy of the State's criteria by writing to **Magellan**, PO Box 1619, Alpharetta, GA. 30009-9930 or by calling **1-800 -729-2422** or the number on the back of the member's ID card for other members.

3. Assignment of a network attending physician is required. All referrals from facilities to behavioral health providers ***must*** be prior authorized by calling **Magellan** who will coordinate all behavioral health service referral authorizations.

4. A renewal of an existing prior authorization issued by **Magellan** can be requested by a physician or health care provider up to 60 days before the expiration of the existing prior authorization.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Behavioral Health Services Managed by BCBSTX

BCBSTX is responsible for coordinating behavioral health care and services and members will be required to select behavioral health providers and facilities participating in their plan's network for the following plans:

- Blue Essentials
- Blue Premier
- HealthSelect of Texas
- TRS ActiveCare Primary and TRS ActiveCare Primary+
- Blue Cross Medicare Advantage HMO
- Blue Cross Medicare Advantage Dual Care (HMO \SNP)

Primary care providers referrals are not required for behavioral health services.

Behavioral health providers may need to obtain prior authorization for services which require it before rendering services. Where prior authorization is not required, providers may submit an optional recommended clinical review. Refer to the Utilization Management page on the provider website for more information.

Integrated Behavioral Health Program

The BCBSTX Integrated Behavioral Health Program is a portfolio of resources that helps our 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 programs 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.

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

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 Abuse 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.
  - **Care Coordination Early Intervention** (CCEI)® **Program** provides outreach to higher risk members who often have complex psychosocial needs.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Behavioral Health Program Components, cont.

- **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 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.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Focused Outpatient Management Program

This program is a claims-based approach 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 Behavioral Health 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.

Psychological/ Neuro-psychological 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 prior authorization for testing 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 of our provider website.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Clinical Screening Criteria

The Behavioral Health Team at BCBSTX 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, licensed behavioral health clinicians with BCBSTX 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 provider 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. Our 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 Coverage Determinations, 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.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Clinical Screening Criteria, cont.

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®) and other procedure codes which are appropriate for the treatment type.

BCBSTX Prior Authorization Requirements or Optional Recommended Clinical Review for Behavioral Health Services

Prior authorization (also called precertification or preauthorization) 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. Where prior authorization is not required, providers also have the option of submitting a recommended clinical review.

Behavioral health providers need to obtain prior authorization for services which require it before rendering services. Members may also be responsible for requesting prior authorization based on their benefit plan. 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 waiting periods, 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 all inpatient, residential treatment center and partial hospitalization admissions.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Prior Authorization Requirements or Optional Recommended Clinical Review for Behavioral Health Services, cont.

- Elective or non-emergency hospital admissions when required need to 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 ID card.

Outpatient

The Outpatient Program may require prior authorization, or if prior authorization is not required, can have a recommended clinical review requested for the following intensive outpatient behavioral health services ***prior*** to initiation of service for most plans. Prior authorization or RCR for these more intensive services determines that the services are medically necessary, clinically appropriate and contribute to the successful outcome of treatment.

- Applied Behavior Analysis - if covered
- Electroconvulsive Therapy
- Intensive Outpatient Program
- Psychological and Neuropsychological testing in some cases; BCBSTX would notify the provider if prior authorization is required for these testing services.
- Repetitive Transcranial Magnetic Stimulation

Responsibility for Prior Authorization

Behavioral health providers need to obtain prior authorization for services which require it before rendering services.

Note: Failure to prior authorize may result in denial or a reduced payment and health care providers cannot collect these fees from members.

BCBSTX will comply with all federal and state confidentiality regulations before releasing any information about the member.

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BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

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 at bcbstx.com and selecting **Find Care** and then Find a Doctor or Hospital.

When prior authorization is required or optional RCR is applicable, behavioral health care professional and facility providers must request prior to rendering services. Providers may also refer to the respective product provider manual or the provider website for the most current prior authorization or RCR process. Prior authorization or RCR for the outpatient services listed above may require completion of a form(s) located under Education & Reference/Forms section.

Note: There are separate specific forms for Employee Retirement System of Texas or Teacher Retirement System of Texas participants.

Prior authorization requirements or applicable 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 or RCR determination is made for services, the member and the behavioral health care provider will be notified of the authorization, regardless of who initiated the request.

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

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

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 prior to the expiration of the existing prior authorization/RCR.

Failure to Prior Authorize

Inpatient and Alternative Levels of Care

Providers who do not request prior authorization for inpatient and alternative levels of care behavioral health treatment, when it is required, may experience the same benefit reductions or denials that apply to medical services. Claims determined to be medically unnecessary will not be covered and in-network providers can not bill the member.

Outpatient

If a member receives any of the outpatient behavioral health services listed below without prior authorization when it is required, BCBSTX may request clinical information from the provider for a clinical medical necessity review. The member will also receive notification. Claims billed by in-network providers determined not to be medically necessary will not be covered and the member cannot be held 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 in-network services. If a member's benefit plan includes out-of-network options, if prior authorization is not obtained the member will be held financially responsible.

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

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 (HEDIS®). Several of these specify time frames 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/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 with provider, in addition to the visit in the initiation phase, 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, 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).

BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

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.

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

Forms

BH 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 Employee Retirement System of Texas or Teacher Retirement System of Texas participants.

Standard Authorization Forms and other HIPAA Privacy Forms can be located on the member Form Finder page on www.bcbstx.com.

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BEHAVIORAL HEALTH SERVICES MANAGED BY MEDICAL MANAGEMENT AT BCBSTX

Behavioral Health Contacts

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 back of the member's ID card. Normal Customer Service hours are 8 a.m. to 6 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
PO Box 660241
Dallas, TX 75266-0241

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

- Prior authorize services
- Obtain or submit clinical forms
- Check 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
PO Box 660044
Dallas, TX 75266-0044

Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual - Behavioral Health Services

Behavioral Health Contacts

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 for his/her file.

- BCBSTX Behavioral Health Unit: **1-800-528-7264**
- Magellan Healthcare: **1-800-729-2422**
- Employees of BCBSTX and dependents: **1-888-662-2395**

Updates

Updates about the Behavioral Health 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
PO Box 660241
Dallas, TX 75266-0241