



BEHAVIORAL HEALTH

Support for a Healthy Mind and Body

BETWEEN 70 AND 90 PERCENT OF PEOPLE WHO GET TREATMENT FOR A BEHAVIORAL HEALTH CONDITION HAVE A MAJOR REDUCTION OF SYMPTOMS AND BETTER QUALITY OF LIFE.¹

Primary care physicians and behavioral health professionals know that many of their patients have both medical and behavioral health issues.

Timely identification and treatment of coexisting medical and behavioral health conditions (including both mental health and substance use disorders) may lead to improved outcomes and reduced costs.

The Blue Cross and Blue Shield of Montana (BCBSMT) Behavioral Health program² helps you better serve your patients by improving coordination of care between their medical and behavioral health providers.

The Behavioral Health program provides BCBSMT members a wide range of services, including:

- A Behavioral Health Member Services team that can help members find providers and can answer many questions about eligibility, benefits and more
- 24-hour access to a single point of contact for members and providers
- Information about inpatient and outpatient services (counseling, medication, testing and more)
- Inpatient, residential, partial hospitalization and outpatient behavioral health care management
- A case management program staffed by licensed clinicians who can provide support, help locate additional resources and coordinate member care if multiple providers are involved



BlueCross BlueShield of Montana



Comorbidity between medical and mental health conditions is more common than many believe. In a national survey, more than **68 percent** of adults with a mental health condition reported having at least one general medical condition, and **29 percent** of adults with a medical condition had a comorbid mental health condition.³

Behavioral Health Benefits Preauthorization

Members are responsible for requesting benefits preauthorization from BCBSMT for some behavioral health services, including inpatient care, residential treatment, partial hospital admissions, intensive outpatient programs (IOPs), applied behavior analysis (ABA) treatment, outpatient electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS).

Preauthorization is also required for psychological and neuropsychological testing in some cases, and BCBSMT will notify the provider if preauthorization is required for these services.

Preauthorization allows BCBSMT to evaluate if the requested services are covered and meet the medical necessity criteria under the member's benefit plan.

The process also helps BCBSMT to identify coexisting conditions, gaps in care, complex cases for behavioral health case management and/or opportunities for comanagement with medical programs.

To request preauthorization, members can call the Behavioral Health Member Services number on the back of their ID card. A behavioral health professional, physician, treatment facility or family member may request preauthorization on the member's behalf, if authorized.

For additional information about the Behavioral Health program, please refer to the BCBSMT Provider Manual, contact BCBSMT Customer Service (visit bcbsmt.com and select "Contact Us") or call your BCBSMT professional provider network representative.



BCBSMT'S LICENSED BEHAVIORAL HEALTH PROFESSIONALS CAN HELP MEMBERS BY:

- Locating in-network behavioral health professionals, physicians and services
- Coordinating management of their medical and behavioral health care, including improved communication among providers
- Answering questions about their care and health plan benefits

¹ Source: National Alliance on Mental Illness, 2013

² The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through BCBSMT. Some members may not have outpatient behavioral health care management. Members can check their benefit booklet, ask their group administrator or call Customer Service to verify that they have these services.

³ Source: Robert Wood Johnson Foundation, Mental Disorders and Medical Comorbidity, February, 2011

Information members may receive from the program does not replace the care of a physician. Members are encouraged to share any concerns they may have with their behavioral health professional or physician.