

Behavioral Health Services (Mental Health & Chemical Dependency)

**In this
Section**

The following topics are covered in this section.

Topic	Page
Integrated Behavioral Health Program	I – 2
Behavioral Health Program Components	I – 2
Focused Outpatient Management Program	I – 3
Clinical Screening Criteria	I – 4
Preauthorization Requirements for Behavioral Health Services	I – 4
Responsibility for Preauthorization	I – 5
Preauthorization Process for Behavioral Health Services	I – 6
Failure to Preauthorize	I – 7
Appointment Access Standards	I – 7
HEDIS Indicators	I – 8
Continuity and Coordination of Care	I – 8
Forms <ul style="list-style-type: none"> • Electroconvulsive Therapy (ECT) Request • Intensive Outpatient Program (IOP) Request 	I – 9
Customer Service Phone and Fax Numbers and Behavioral Health Unit Address	I – 9
Customer Service Addresses for Paper Claims Filing and Phone Numbers	I – 10
Updates	I – 10
Behavioral Health Clinical Appeals	I – 10

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Integrated Behavioral Health Program

The Integrated Behavioral Health Program is a portfolio of resources that helps Blue Cross and Blue Shield of Montana (BCBSMT) members access benefits for behavioral health (mental health and chemical dependency) conditions as part of an overall care management program. BCBSMT has integrated behavioral health care management with the Blue Care Connection® (BCC) 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.

Our licensed behavioral health clinicians use the Milliman Behavioral Health Guidelines, the American Society of Addiction Medicine (ASAM) Patient Placement Criteria and BCBSMT Medical Policies as clinical screening criteria.

BCBSMT'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.

Behavioral Health Program Components

The Behavioral Health program includes:

- Care/Utilization Management for inpatient, partial hospitalization, residential treatment center services, and some outpatient behavioral health care services
- Intensive Case Management
- Condition Case Management (seven conditions)
 - *Depression*
 - *Alcohol and Substance Abuse Disorders*
 - *Anxiety and Panic Disorders*
 - *Bipolar Disorders*
 - *Eating Disorders*
 - *Schizophrenia and other Psychotic Disorders*
 - *Attention Deficit and Hyperactivity Disorder (ADD/ADHD)*
- Outpatient Management for members who have outpatient management as part of their behavioral health benefit plan through BCBSMT. The Behavioral Health Outpatient Program includes management of intensive and some routine outpatient services.
- Referrals to other BCC medical care management programs, wellness and prevention campaigns

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Focused Outpatient Management Program

Beginning in January 2015, the Focused Outpatient Management Program will be implemented. This program is a claims-based approach to behavioral health care management of routine outpatient services that uses data-driven analysis and clinical intelligence rules to identify members whose care and treatment may benefit from further review and collaboration. The cornerstone of this model is outreach and engagement from BCBSMT to the identified providers and members to discuss treatment plans and benefit options.

When a member is identified through the program as potentially benefiting from further review and collaboration, BCBSMT will contact the member's provider by letter and request additional clinical information about the member's care and treatment. The provider will be asked to complete an enclosed Clinical Update Request Form and return it to BCBSMT within 30 days of the date of the letter. Clinical information provided will be reviewed by Behavioral Health clinical staff who will collaborate with the provider to discuss further recommendations and determination of coverage based on member benefit plans.

In addition to the provider outreach and collaboration described above, BCBSMT will also send a letter to the member to inform him or her that their provider has been asked to provide clinical information to BCBSMT to ensure the member is receiving medically necessary and appropriate quality care and treatment. The letter will explain that the member's current treatment is approved during this 30-day period. If the provider does not submit the requested information within the 30-day timeframe, BCBSMT may not be able to determine if the care and treatment provided is medically necessary or appropriate. As a result, authorization for continued services may be discontinued, and the member may be financially responsible.

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Clinical Screening Criteria

Our licensed behavioral health clinicians use the nationally recognized, evidence based Milliman Behavioral Health Guidelines as clinical screening criteria for mental health services. BCBSMT utilizes the American Society of Addiction Medicine (ASAM) Patient Placement Criteria as clinical screening criteria for chemical dependency treatment. Our clinicians also utilize BCBSMT Medical Policies as well as nationally recognized Clinical Practice Guidelines. These documents can be found on the BCBSMT website, Provider section. If a specific claim or preauthorization request is denied and there is an appeal, BCBSMT will provide the applicable criteria used to review the claim or preauthorization 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 BCBSMT applies in determining whether the treatment meets the medical necessity criteria set forth in the member's benefit plan, BCBSMT will provide the applicable criteria used to review specific diagnosis codes and CPT/other procedure codes which are appropriate for the treatment type.

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 BCBSMT 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.

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.

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Preauthorization Requirements for Behavioral Health Services, cont'd

Inpatient and Alternative Levels of Care

Preauthorization is required for all inpatient, residential treatment and partial hospitalization admissions.

- Elective or non-emergency hospital admissions must be preauthorized at least one day prior to admission or within 24 hours of the admission or next business day of an emergency admission.
- Residential Treatment Center (RTC) benefits are generally excluded from most plans; however, there are some employer groups who have elected to cover this service. To determine if RTC services are covered, call the appropriate number on the back of the member's ID card.

Outpatient

The Outpatient Program requires preauthorization for the following intensive outpatient behavioral health services **prior** to initiation of service for most plans:

- Electroconvulsive therapy (ECT)
- Intensive Outpatient Program (IOP)
- Psychological and Neurological Testing-under development for implementation mid 2014

Note: This requirement only applies for members who have outpatient management as part of their behavioral health benefit plan through BCBSMT.

Preauthorization for these more intensive services is required to determine that the services are medically necessary, clinically appropriate and contribute to the successful outcome of treatment.

Responsibility for Preauthorization

Members are responsible for requesting preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities when preauthorization is required. Participating providers are required to notify the plan of all admissions. Other behavioral health professionals, physicians or a member's family member may also request preauthorization on behalf of the member.

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Preauthorization Process 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 BCBSMT 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.

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.

Members can select an independently contracted and licensed behavioral health professional or physician in their area by using the online Provider Finder[®] located at bcbsmt.com and selecting Find a Doctor. Members can call the number on the back of their ID cards to request assistance in finding an independently contracted and licensed behavioral health professional or physician. Members can also call the number on the back of their ID card to request preauthorization for behavioral health services provided by behavioral health professionals, physicians and facilities, when preauthorization is required. Members should request preauthorization with BCBSMT prior to the initiation of these services. Participating providers are required to notify the plan of all admissions.

Other providers 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.

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

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Preauthorization Process for Behavioral Health Services, cont'd

In addition to requesting preauthorization, members can consult with BCBSMT'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 providers
- Identify potential co-existing medical and behavioral health conditions

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

Failure to Preauthorize

Inpatient, Alternative and Outpatient Levels of Care

For members who do not request preauthorization for inpatient, alternative levels of care, and outpatient services previously addressed, BCBSMT will request clinical information from the provider for a retrospective medical necessity review. Claims for services not approved as medically necessary will be denied and are the responsibility of the in network provider. Claims for services not approved as medically necessary by an out of network provider will be the responsibility of the member.

Continued on next page

Appointment & Availability Standards

Access & Availability Standards

Participating providers treat BCBSMT members as they would any other patient and have agreed to cooperate in monitoring accessibility of care for members, including scheduling of appointments and waiting times. Participating providers must meet the following appointment standards:

Emergency: Services must be made available and accessible at all times (24-hour availability with qualified on-call coverage) for life threatening and non-life threatening emergencies

Urgent: Within 24 hours

Routine: Within 10 calendar days

Behavioral Health Services (Mental Health & Chemical Dependency), continued

HEDIS Indicators

BCBSMT is accountable for performance on national measures, like the Health Effectiveness Data Information Sets (HEDIS). Several of these measures specify expected timeframes for appointments with a BH professional.

- **Expectation that a member has a follow up appointment with a BH professional following a mental health inpatient admission within 7 and 30 days**
- **For members treated with Antidepressant Medication Management**
 - **Continuation of care for 12 weeks of continuous treatment (during acute phase)**
 - **Continuation of care 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 the first 270 days after initiation phase ends (continuation and maintenance phase)**

Continuity and Coordination of Care

Continuity and coordination of care are important elements of care and as such are monitored through the BCBSMT QI 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 Primary Care Physician (PCP), the behavioral health provider should notify the PCP of the initiation and progress of behavioral health services.

Continued on next page

Behavioral Health Services (Mental Health & Chemical Dependency), continued

Forms

The following forms are available on the BCBSMT Provider/Forms website or by calling **855-313-8909**:

- Electroconvulsive Therapy (ECT) Request
- Intensive Outpatient Program (IOP) Request

Standard Authorization Forms (SAF) and other HIPAA Privacy Forms can be located in the Forms section of the website.

Customer Service Phone and Fax Numbers and Behavioral Health Unit Address

BCBSMT's Behavioral Health Care Management (UM) services are accessible 24 hours a day, seven days a week, 365 days a year at **855-313-8909** or the number listed on the back of the member's ID card. Normal Customer Service hours are 7:00 a.m. to 5:00 p.m. (MST) Monday through Friday. After hours, Behavioral Health clinicians are available to handle emergency inpatient pre authorizations. Members who are in crisis 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:

Toll Free: 855-649-9681

Right Fax: 312-565-2308

Blue Cross and Blue Shield of Montana
Behavioral Health Unit
PO Box 4669
Helena, MT 59604

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

- Preauthorize services
- Obtain or submit clinical forms
- Verify eligibility and benefits
- Contact customer service

Note: *There are no changes in the claim submissions process.*

Continued on next page

**Customer Service
Addresses for
Paper Claims
Filing and Phone
Numbers**

Behavioral Health Services

(Mental Health & Chemical Dependency), continued

The member's ID card provides paper claims filing and customer service information. If in doubt, please contact Provider Customer Service at the numbers indicated in the chart below.

Also, the following table provides paper claims filing and Customer Service addresses.

PLAN	Claims Filing Address	Phone Numbers and Addresses
All Non FEP Membership	BCBSMT P.O. Box 7982 Helena Montana 59604-7982	BCBSMT Customer Service: 800-447-7828 BCBSMT BH Call Center: 855-313-8909 BCBSMT: PO Box 4669 Helena MT 59604-7982
Federal Employee Program (FEP)	BCBSMT P.O. Box 7982 Helena Montana 59604-7982	BHBSMT BH Call Center: 877-885-3751 BCBSMT PO Box 4669 Helena MT 59604-7982

Updates

Updates about the Behavioral Health program will be communicated on the [bcbsmt.com/provider website](http://bcbsmt.com/provider-website) and in the provider newsletter. Please see the Behavioral Health section on bcbsmt.com/provider for more information.

**Behavioral Health
Clinical Appeals**

For information about Behavioral Health Clinical Appeals:

Call:

855-313-8909 (For Blue Choice PPO)
877-885-3751 (For FEP)

Mail:

Blue Cross and Blue Shield of Montana
Appeal Coordinator – BH Unit

PO Box 4669
Helena, MT 59604
Toll Free Fax :855-649-9681
Right Fax: 312-565-2308
