

Mental Health – Core Accounts

Benefit Coverage

The diagnosis and medically necessary treatment of mental health conditions are a covered benefit for all Blue Shield large group plans according to the federal Mental Health Parity and Addiction Equity Act. The Act mandates if a health plan provides mental health or substance abuse benefits, coverage must be at parity with or at a level equal to, the plan's existing medical benefit coverage.

Blue Shield has contracted with a mental health service administrator (MHSA) to administer the treatment of mental health conditions.

No benefits are provided for substance abuse conditions, unless substance abuse coverage has been selected as an optional benefit by the member's employer.

Note: Inpatient services which are medically necessary to treat the acute medical complications of detoxification are covered as part of the medical benefits and are not considered to be treatment of the substance abuse condition itself.

Members must utilize the MHSA provider network and not the network of the IPA/medical group to which they are assigned. The member can self-refer to the MHSA by calling the Member Self-Referral Number at (877) 263-9952 to obtain a referral to an appropriate mental health provider and receive an authorization for services and/or crisis intervention services. This phone number is available 24 hours/day; 7 days per week, 365 days a year.

Primary care physicians can contact Blue Shield's MHSA at (877) 263-9870 to consult with a psychiatrist or allied mental health professional about clinical issues related to mental health or to discuss issues related to a particular member.

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Benefit Coverage *(cont'd.)*

Benefits are provided for the following medically necessary covered mental health conditions, subject to applicable deductible/copayments.

Inpatient Services

Benefits are provided for inpatient hospital and professional services in connection with hospitalization for the treatment of mental health conditions. All non-emergency mental health services must be prior authorized by the MHSA and obtained from MHSA participating providers.

Outpatient Services

Benefits are provided for outpatient facility and office visits for mental health conditions.

Outpatient Partial Hospitalization, Intensive Outpatient Care and Outpatient ECT Services

Benefits are provided for hospital and professional services in connection with partial hospitalization, intensive outpatient care and ECT for the treatment of mental health conditions. ECT is a covered benefit when the procedure is prior authorized by the mental health service administrator (MHSA) and obtained from MHSA Participating Providers.

Psychological Testing

Psychological testing is a covered benefit when the member is referred by an MHSA provider and the procedure is prior authorized by the MHSA.

Pre-surgical Evaluations

When required, a pre-surgical evaluation is a covered benefit when the member is referred to a Blue Shield mental health service administrator (MHSA) provider and the evaluation is prior authorized by the MHSA.

Behavioral Health Treatment for Pervasive Developmental Disorders, including applied behavior analysis (ABA)

Behavioral Health Treatment (BHT) is covered when prescribed by a physician or licensed psychologist within the IPA/medical group and the treatment is provided under a treatment plan prescribed by a Blue Shield mental health service administrator (MHSA) Participating Provider. BHT must be prior authorized by the MHSA and obtained from MHSA Participating Providers.

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Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

Mental Health

Hospital Inpatient Care

Hospital Outpatient Care

Outpatient Visits

Benefit Exclusions

Benefits are not provided for:

- Testing for intelligence or learning disabilities except medically services that Blue Shield is required by law to cover for the treatment of severe mental illness or serious emotional disturbances of a child.
- Learning disabilities, or behavioral problems or social skills training/therapy except medically services that Blue Shield is required by law to cover for the treatment of severe mental illness or serious emotional disturbances of a child.
- Any non-emergency mental health service not authorized by the Blue Shield MHSA.
- Behavior Health Treatment used to provide respite, day care, or educational services, or to reimburse a parent for participation in the treatment.

Benefit Limitations

- No benefits are provided for substance abuse conditions, unless substance abuse coverage has been selected as an optional benefit by the member's employer.

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Examples of Covered Services

- Family counseling
- Crisis intervention
- Outpatient psychotherapy
- Treatment for ADHD as emotional disturbance of a child
- ABA when prescribed and authorized according to *Evidence of Coverage* guidelines.
- Telebehavioral health services with participating therapists and psychiatrists contracted with Blue Shield's mental health service administrator (MHSA)

Examples of Non-Covered Services

- Marital counseling
- Chemical dependency and substance abuse services

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Substance Abuse-Optional Benefits – Large Group

Blue Shield HMO IPA/Medical Group Procedures Manual

Blue Shield Medical Policy

Behavioral Health Treatment for Pervasive Developmental Disorders