

Mental Health and Substance Use Disorder

Benefit Coverage

Blue Shield plans provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders for all Blue Shield large group plans in accordance with the federal Mental Health Parity and Addiction Equity Act and the California Mental Health Parity Act. These Acts require that coverage for mental health and substance use disorder benefits be in parity with medical benefit coverage. Coverage includes conditions that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* or that are listed in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Blue Shield has contracted with a mental health service administrator (MHSA) to administer mental health and substance use disorder benefits.

Members must utilize the MHSA provider network to access mental health and substance use disorder services.

PA/medical groups are responsible for decisions related to delegated medical services. As such, medical services for the treatment of gender dysphoria, eating disorder or substance use disorder are the responsibility of the IPA/medical group.

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 or substance use disorder provider and receive an authorization for services and/or crisis intervention services. The member can also get help in finding a participating mental health or substance use disorder provider by calling this number. This phone number is available 24 hours/day; 7 days per week, 365 days a year.

Primary care physicians can contact an MHSA psychiatrist or allied mental health professional at (877) 263-9870 with clinical questions or to discuss concerns about to a particular member.

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Benefit Coverage *(cont'd.)*

Benefits are provided for the medically necessary treatment of mental health and substance use disorders, subject to any applicable deductible, copayment, or coinsurance. The services identified with an asterisk (*) must be prior authorized by the MHSA:

- Professional office visits, including telebehavioral health, in an individual, family, or group setting.
- Inpatient hospital admissions, including acute and residential care, and related professional services. *Non-emergency admissions must be prior authorized by the MHSA.
- *Other Outpatient Mental Health and Substance Use Disorder Services, including services provided through telebehavioral health, as listed below:
 - *Behavioral Health Treatment – professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs, prescribed by a physician or licensed psychologist and provided under a treatment plan approved by the MHSA to develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.
 - *Electroconvulsive therapy – the passing of a small electric current through the brain to induce a seizure, used in the treatment of severe depression.
 - *Intensive Outpatient Program – outpatient care for Mental Health Conditions or Substance Use Disorder Conditions when your condition requires structure, monitoring, and medical/psychological intervention at least three hours per day, three days per week.
 - *Partial Hospitalization Program – an outpatient treatment program that may be in a free-standing or Hospital-based facility and provides services at least five hours per day, four days per week when you are admitted directly or transferred from acute inpatient care following stabilization.

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Benefit Coverage *(cont'd.)*

- *Neuropsychological Testing – testing to diagnose a Mental Health Condition testing used to measure a psychological function known to be linked to a particular brain structure or pathway. Neuropsychological testing should be considered for coverage through the patient's mental health benefit when:
 - After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request. Blue Shield MHSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present).
- *Transcranial magnetic stimulation – a non-invasive method of delivering electrical stimulation to the brain for the treatment of severe depression.

Member Cost Share

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for applicable member deductible, copayment or coinsurance.

Benefit Exclusions

Benefits are not provided for:

- Select physical and occupational therapies, such as:
 - Training or therapy for the treatment of learning disabilities or behavioral problems;
 - Social skills training or therapy;
 - Vocational, educational, recreational, art, dance, music, or reading therapy; and
 - Testing for intelligence or learning disabilities.
- Treatment for the purposes of providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment.

This exclusion does not apply to services deemed medically necessary for the treatment of a mental health or substance use disorder.

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Benefit Limitations

- Inpatient services which are medically necessary to treat the acute medical complications of detoxification are covered as a medical benefit.
- Neuropsychological testing should be considered for coverage through the patient's medical benefit when:
 - After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request. Blue Shield MHSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present).

Examples of Covered Services

See Benefit Coverage.

Examples of Non-Covered Services

- Non-medical services provided by a vocation or rehabilitation therapist, or an employment counselor.
- Maintenance drugs dispensed during covered visits (some exceptions apply).

References

Large Group Evidence of Coverage

Small Group Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Blue Shield HMO IPA/Medical Group Procedures Manual

Blue Shield Medical Policy