



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Chemical Dependency/Substance Use Disorder (SUD) Services

Benefit

Chemical Dependency/SUD is defined as a dependency or addiction to substances such as alcohol, illicit or prescription drugs. Process addictions such as internet, sex and food are not considered chemical dependency/SUD. These are considered mental illness.

Benefits are available for the treatment and rehabilitation of chemical dependency/SUD. The benefits for chemical dependency/SUD treatment may include outpatient, inpatient, partial hospitalization, intensive outpatient and residential programs.

Effective Jan. 1, 2019, Public Act (PA)100-1024 created a new definition as follows: "Mental, emotional, nervous, or substance use disorder or condition" means a condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the current edition of the International Classification of Disease or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. In addition, the Public Act deleted the definition of "serious mental illness."

Effective Jan. 1, 2020, telepsychiatry will be a covered benefit for Blue Precision HMOSM, Blue FocusCareSM and BlueCare DirectSM. Telepsychiatry refers to behavioral health services rendered by a Psychiatrist via a simultaneous audio and video telehealth setting permitting 2-way, live interactive communication between the patient and the distant site health care provider. Telepsychiatry can also be offered by licensed Nurse Practitioners and Physician Assistants operating within the scope of their license. Telepsychiatry may include a range of services, such as medication management, psychiatric evaluations, therapy (individual therapy, group therapy, family therapy) and patient education.

Interpretation

(Included for historical reference) The Emergency Economic Stabilization Act of 2008 included the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (The MHPAEA or ACT). The ACT does not require coverage of mental health (MH) or substance use (SU) benefits but if plans do cover such benefits, it required that group health plans and group health insurers apply the same treatment and financial limits to medical-surgical and mental health and substance use disorders. Under this law, all previous day/limits were removed for a member being treated by a mental health provider.

The requirements of the new law were effective for plan years beginning on or after one year from the date the legislation was signed into law. (Oct. 3, 2008). As a result, the provisions applied to new contracts and renewals on or after Oct. 3, 2009, but not before Nov. 1, 2009.

From Nov. 1, 2009, through July 1, 2010, a copay was charged based upon provider type (e.g. a specialist visit would have the specialist copay charged). Starting July 1, 2010, upon employer group renewal; the copay policy is:

- If a member is treated by their PCP, the PCP co-pay is applied.
- If a member is treated by any MH/SU professional, the PCP co-pay is applied.

Prior to Jan. 1, 2014, chemical dependency/SUD services were managed by the HMO's contracted vendor. All services authorized by the vendor, were the financial responsibility of the HMO. If the member was referred to a non-contracted provider by the IPA, the IPA was responsible for the professional charges, and applicable units were applied towards the Utilization Management (UM) Fund. No units were charged to the UM Fund if provided at a contracted Chemical Dependency/SUD Facility.

If the member had dual mental health and chemical dependency/SUD diagnoses, the primary diagnosis determined authorization procedures. If the mental health diagnosis was primary, the IPA would authorize treatment. If the chemical dependency/SUD diagnosis is primary, the contracted vendor authorized treatment. Upon notification, the IPA remained responsible for the coordination of care and payment for associated medical or psychiatric problems that arose either prior to admission or while the member is hospitalized, in a partial hospitalization program (PHP), intensive outpatient program (IOP) or residential program.

Effective Jan. 1, 2014, the IPA is responsible for management of chemical dependency/SUD services. Illinois Compiled Statutes (245 ILCS 5/370c and 370c.1) requires the American Society of Addiction Medicine's (ASAM) utilization management (UM) criteria to be used when making medical necessity determinations. This law also mandates residential programs are in benefit for chemical dependency/SUD treatment.

Non-medical (usually community-based) ancillary services (i.e., Alcoholics Anonymous) and/or educational programs are generally not covered. Any charges incurred for these types of services are the financial responsibility of the member.

Telepsychiatry Guidelines

Providers Rendering Telepsychiatry: Psychiatrists contracted with HMO IPAs must be credentialed and do not require additional licensing to perform telepsychiatry. Psychiatrists, Nurse Practitioners and Physician Assistants are the only type of providers who should be performing telepsychiatry.

Advanced Nurse Practitioners and Physician Assistants may render Telepsychiatry services provided they are operating within the scope of their license.

Psychiatrists, Nurse Practitioners and/or Physician Assistants who perform telepsychiatry must use internet software that is HIPAA compliant.

Paid by	Maintenance Medications: Methadone /Vivitrol /Naltrexone	HMO
	Maintenance Medications: Suboxone /Subutex /Buprenorphine /Naloxone	IPA
	Group Approved In area Professional Charges (related to outpatient, inpatient, residential, PHP and IOP Settings)	IPA
	Non-Group Approved In Area Non-Emergency Professional Charges (related to outpatient, inpatient, residential, PHP and IOP settings)	HMO 50% paid to the provider if accepts benefit assignment, to the member if not
	Professional Charges (Non-Group Approved -out of area emergency – regardless of diagnosis)	HMO
	Group Approved Facility Charges (related to inpatient, residential, PHP and IOP Settings)	HMO
	Outpatient Treatment/Diagnostic Facility Charges (in area - non SMI/SMI/Substance Use – non-emergency - NGA)	HMO – 50% paid to the facility
	Facility Charges (Non-Group Approved - out of area emergency – regardless of diagnosis)	HMO

Note: See related benefits interpretations on Mental Health (inpatient) and Mental Health (outpatient)