Blue Cross and Blue Shield of Illinois
Provider Manual

Behavioral Health Program
Behavioral Health Program (Mental Health and Substance Use Disorder)

The Blue Cross and Blue Shield of Illinois (BCBSIL) Behavioral Health (BH) Program encompasses a portfolio of resources that help BCBSIL members access benefits for behavioral health (mental health and substance use disorder) conditions as part of an overall care management program. BCBSIL has integrated behavioral health care management with our member Well Being Management (WBM) medical care management program to provide better care management services across the health care community. It also allows our clinical staff to assist in the early identification of members who could benefit from co-management of behavioral health and medical conditions.

The BCBSIL BH Team utilizes nationally recognized, evidence based and/or state or federally mandated clinical review criteria for all of its behavioral health clinical decisions.

For its group and retail membership, BCBSIL licensed behavioral health clinicians utilize the MCG™ care guidelines for mental health conditions. BCBSIL BH licensed clinicians utilize the American Society of Addiction Medicine’s (ASAM’s) The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions for addiction disorders. In addition to medical necessity criteria/guidelines, BH licensed clinicians utilize BCBSIL Medical Policies, nationally recognized clinical practice guidelines (located in the Clinical Resources section of the BCBSIL website) and independent professional judgment to determine whether a requested level of care is medically necessary.

The appropriate use of treatment guidelines requires professional medical judgment and may require adaptation to consider local practice patterns. Professional medical judgment is required in all phases of the health care delivery and management process that should include consideration of the individual circumstances of any particular member. The guidelines are not intended as a substitute for this important professional judgment.

The availability of benefits will also depend on specific provisions under the member’s benefit plan.

BCBSIL manages behavioral health care services for most non-HMO members who have behavioral health benefits (such as BCBSIL PPO, Blue HPN™, and Blue Choice PPO™ members). **Exception:** Behavioral health care services for some employer groups are managed by other behavioral health vendors. If there are questions, call the number on the member's ID card.

BCBSIL also manages behavioral health care services for Federal Employee Program (FEP) members. FEP members must request prior authorization for Applied Behavior Analysis (ABA) services but are not required to request prior authorization for any other outpatient behavioral health services, including Partial Hospitalization Programs (PHPs).

BCBSIL does **not** manage behavioral health services for HMO Illinois®, Blue Advantage HMO™, Blue Precision™, BlueCare Direct™ and Blue FocusCare™. For these HMO members, BCBSIL has delegated administration of mental health and substance abuse services to each member’s Medical Group/Independent Practice Association (MG/IPA).
**Prior Authorization Requirements for Behavioral Health Services**

Prior authorization is the process of determining whether the proposed treatment or service meets the definition of “medically necessary,” as set forth in the member’s benefit plan, by contacting BCBSIL or the appropriate behavioral health vendor for approval of services. Prior authorization is required to determine that the services are medically necessary, clinically appropriate and supportive of potentially successful treatment outcomes.

**Prior Authorization Requirements for Inpatient and Alternative Levels of Care**

Prior authorization is required for all inpatient, residential treatment center (RTC) and partial hospitalization admissions.

- Prior authorization for elective or non-emergency hospital admissions must be obtained prior to admission or within two business days of an emergency admission.
- To determine eligibility and benefit coverage prior to service and to determine if RTC services are covered by a specific employer group, members or behavioral health professionals and physicians may call the Behavioral Health number listed on the member's ID card.

**Note:** In emergencies, the physician or other professional provider must first ensure that the member is safe. Prior authorization will then occur prior to or concurrent with, but not more than two business days following the admission. A life-threatening emergency or crisis is a condition that requires immediate interaction to prevent death or serious harm to the member or others. It is characterized by sudden onset, rapid deterioration of cognition, judgment, behavior and is time-limited in intensity and duration. Emergency room care does not require prior authorization and is paid at the in-network reimbursement rate for eligible members.

**Prior Authorization Requirements for Outpatient Services**

The covered behavioral health services listed below require prior authorization before initiation of the service. To request prior authorization for these services, call the number on the member's ID card, or 800-851-7498.

- Intensive outpatient program (IOP)
- Partial Hospitalization Program (PHP) admission – Prior authorization for non-emergency care must be obtained at least one day prior to admission or within two business days of an emergency admission
- Applied Behavior Analysis (ABA) services
- Outpatient electroconvulsive therapy (ECT)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Psychological and/or Neuropsychological Testing in some cases. BCBSIL will notify the provider if prior authorization is required.

The above requirement applies only for members who have outpatient management as part of their behavioral health benefit plan through BCBSIL.

Additionally, FEP members must request prior authorization for ABA services but are not required to request prior authorization for any other outpatient behavioral health services, including PHPs.

**Responsibility for Prior Authorization**

Members are responsible for requesting prior authorization for behavioral health services provided by behavioral health professionals, physicians and facilities when prior authorization is required. Behavioral health professionals, physicians or a member’s family member may also request prior authorization on behalf of the member. BCBSIL will comply with all federal and state confidentiality regulations before releasing any information about the member.

**Process and Associated Steps for Benefit Prior Authorization**

Behavioral health professionals and physicians should always verify eligibility and benefits prior to providing services:

- **Online** – Submit an electronic eligibility and benefits (HIPAA 270) transaction to BCBSIL via the secure Availity® website, or through your preferred vendor portal; or
- **Telephone** – Call the number listed on the member’s ID card.
Inpatient – Process
- Members are responsible for requesting prior authorization for inpatient services. Behavioral health professionals and physicians may request prior authorization on behalf of the member.
- Call the appropriate number on the member’s ID card.
- All services must be medically necessary.

Inpatient – Failure to Obtain Prior Authorization
- Members who do not request prior authorization for inpatient behavioral health treatment may experience the same benefit reductions that apply for inpatient medical services.
- Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary.

Outpatient – Process
- When outpatient prior authorization is required, members should call the prior authorization mental health/substance use (MH/SUD) number listed on their ID card. This number directs the prior authorization call to either BCBSIL or to the appropriate behavioral health vendor. Behavioral health professionals and physicians, or the member’s family, acting on behalf of the member, may also place the prior authorization call.
- For these outpatient services, prior authorization requires completion of a form(s) for the outpatient service being requested. These forms can be found under the Behavioral Health section on the Forms page located on the BCBSIL Provider website.
- If ABA prior authorization is required, providers are to follow the protocol outlined in the Behavioral Health Outpatient Management Program page located on the BCBSIL Provider website.

Outpatient – Failure to Obtain Prior Authorization
- If a member receives outpatient behavioral health services that require prior authorization without requesting prior authorization, the behavioral health professional or physician will be asked to submit clinical information for a medical necessity review. The member will also receive notification.
- Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary. All behavioral health professionals and physicians, both BCBSIL network and out-of-network, must submit clinical information/forms as requested to:

| Fax: 877-361-7656 | Mail: Blue Cross and Blue Shield of Illinois Behavioral Health Unit P.O. Box 660240 Dallas, TX 75266-0240 |

Resources
Additional information on our Behavioral Health Program can be found on our website at bcb sil.com/provider, in the Clinical Resources section. There you can view Clinical Practice Guidelines for common behavioral health conditions and the Medical Necessity Criteria.

Verification of benefits and/or approval of services after prior authorization are 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 pre-existing conditions waiting period, if any, at the time services are rendered.

MCG (formerly Milliman Care Guidelines) is a trademark of MCG Health, LLC (part of the Hearst Health network), an independent third party vendor. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity and MCG. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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