

**A GUIDE TO USING HMO BLUE PLAN
MENTAL HEALTH BENEFITS
PREPARED BY MESA MENTAL HEALTH**

This document provides information on how to use your mental health/chemical dependency benefits provided through your HMO Blue Plan. This document presents plan use highlights only and addresses the issues that are raised most frequently. For additional information and full details on available benefits, please see your HMO Blue Benefit Booklet.

→ CALL MESA MENTAL HEALTH FOR PRIOR AUTHORIZATION

For all inpatient and outpatient mental health and chemical dependency services, you or your provider must call the BCBSNM behavioral health services administrator, Mesa Mental Health, to request prior authorization **before** you schedule treatment. Mesa Mental Health will coordinate covered services with a network provider near you. If you do not call before receiving nonemergency services, the services will not be covered. Call 7 days a week, 24 hours a day; 1-800-583-6372, or 816-6790 in Albuquerque.

→ RETROACTIVE APPROVAL NOT GIVEN

Retroactive authorizations will not be given and you may be responsible for the charges if authorization is not obtained **before** the service is received.

→ REFERRALS

You do not need a referral from your PCP before seeking care from any **HMO participating** facility, specialist, or other health care provider.

→ COPAYMENT

You must make copayments directly to providers at the time of service.

→ HMO-PARTICIPATING PROVIDERS

All HMO-participating behavioral health providers file claims with the BCBSNM behavioral health services administrator, Mesa Mental Health, and payment is made directly to them.

→ MEDICALLY NECESSARY SERVICES

To be covered, services must be medically necessary. Medically necessary means:

- required for the treatment of a distinct mental disorder as defined by the latest version of the *Diagnostic and Statistical Manual* published by the American Psychiatric Association; and
- reasonably expected to result in significant and sustained improvement in your condition and daily functioning; and
- consistent with your symptoms, functional impairments, and diagnosis, and in keeping with generally accepted national and local standards of care; and
- provided to you at the least restrictive level of care.

Because a health care provider prescribes, orders, recommends, or approves a service does not make it medically necessary or a covered service, even if it is not specifically listed as exclusion.

→ COVERED SERVICES/PROVIDERS

Covered services include solution-focused evaluative and therapeutic mental health services (including individual and group psychotherapy) received in a psychiatric hospital, an alcoholism treatment program that complies with the Alcohol and Drug Abuse Program standards required by the state of New Mexico, and services rendered by psychiatrists, psychologists, licensed family therapists, and other providers (as defined in the plan book).

→ PRIOR AUTHORIZATION REQUIRED

To receive benefits for psychotherapy and other mental health services, you must have **prior authorization** from Mesa Mental Health. For all inpatient and outpatient mental health and chemical

dependency services, you or your PCP must call Mesa Mental Health **before** you schedule treatment. If you do not call before receiving nonemergency services, the services will not be covered.

➔ **CHEMICAL DEPENDENCY BENEFIT PERIOD LIMITATION**

Benefits for chemical dependency (drug and alcohol abuse) rehabilitation are limited to those treatments you receive during a maximum of **two 12-month benefit periods** for as long as you remain covered under the plan. Benefits for psychotherapy that is *not* related to chemical dependency are not subject to a lifetime maximum of benefit periods.

➔ **EXCLUSIONS – This Plan does not cover:**

- care that has not been **prior authorized** by Mesa Mental Health
- psychoanalysis or psychotherapy that you may use as credit toward earning a degree or furthering your education
- services performed or billed by a school, halfway house, or residential treatment facility, group home, day treatment, or their staff members, or foster care or behavior modification services
- long-term therapy or therapy for the treatment of chronic mental health or incurable conditions for which treatment produces minimal or temporary change or relief – except that medication management for chronic conditions is covered
- maintenance therapy or care provided after you have reached your rehabilitative potential
- biofeedback or hypnotherapy
- religious counseling; marital counseling
- any care that is patient elected and not considered medically necessary
- care that is mandated by court order or as a legal alternative and lacks clinical necessity as diagnosed by a licensed provider; services rendered as a condition of parole or probation
- special education, school testing and evaluations, counseling, therapy, or care for learning deficiencies or educational and developmental disorders; behavioral problems unless associated with manifest mental illness or other disturbances
- non-national standard therapies, including experimental as determined by the mental health professional practice
- the cost of any damages to a treatment facility
- charges associated with any episode of chemical dependency for which you did not complete the prescribed continuum of care
- custodial care
- missed appointments; “get acquainted” visits; telephone consultations
- self help, stress management, codependency, and weight loss programs
- smoking/tobacco use counseling programs of HMO-participating providers that do not meet the standards set by the NM Public Regulation Commission or that are received from non-participating providers
- transactional analysis
- pastoral, spiritual, or bereavement counseling