

A GUIDE TO USING NMSU HMO 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 the New Mexico State University HMO 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 the NMSU HMO Benefit Booklet available on the BCBSNM website.

→ Call Mesa Mental Health for Prior Authorization

For all inpatient and outpatient mental health and chemical dependency services, you or your physician must call the HMONM behavioral health administrator, Mesa Mental Health (MMH), to register a referral **before** you schedule treatment. Mesa Mental Health will coordinate covered services with a network provider near you. If you do not call before receiving non-emergency services, the services will not be covered. Call seven days a week, 24 hours a day: (505) 816-6790 or (800) 583-6372.

→ Participating Providers

A participating provider is either a facility or a professional provider that, for the service being provided, contracts with HMONM, an HMONM contractor or subcontractor (*Mesa Mental Health*), or the local Blue Cross Blue Shield (BCBS) Plan's HMO to provide health care services to members. **In order to receive benefits for covered services, the facility or specialist you visit must be an HMONM-participating provider.**

→ Medical Necessity

In order to be covered, treatment must be medically necessary and not experimental or investigational. Therapy must be:

- 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 diagnoses, 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 provider prescribes, recommends, or approves a service does not make it medically necessary or make it a covered service, even if it is not specifically listed as an exclusion.

→ Mental Health Evaluation Services

Medication checks and intake evaluations for mental health, alcoholism, and drug abuse are covered when **prior authorized** by Mesa Mental Health.

→ Covered Services/Providers

Covered services include short-term evaluative and therapeutic individual and group psychotherapy received in an alcoholism treatment program that complies with the Alcohol and Drug Abuse Program standards required by the state of New Mexico or the state in which services are received, hospitals and treatment facilities, and services rendered by psychiatrists, psychologists, licensed family therapists, and other providers (see page 37 of the *NMSU HMO Benefit Book*).

→ Benefit Limits

Benefits for inpatient and outpatient psychotherapy and related adjunctive services are limited as specified on the *Summary of Benefits*. Medication management is not limited. (See the *NMSU HMO Benefit Book*, page v).

→ 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 a credit toward earning a degree or furthering your education
- services billed by a school, halfway house, or residential treatment facility or their staff members
- care of chronic mental health problems (Only acute care episodes are covered unless **prior authorization** for the treatment of other conditions is received from Mesa Mental Health)
- biofeedback or hypnotherapy
- court-ordered or police-ordered services unless the services would otherwise be covered; services rendered as a condition of parole or probation
- religious counseling; marital counseling
- 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
- special education, counseling, therapy, diagnostic testing, treatment, or any other service for learning deficiencies or chronic behavioral problems, whether or not associated with a manifest mental disorder, retardation, or other disturbance
- missed appointments; “get acquainted” visits without assessment or care

→ Claims Payment

All participating providers file claims and payment is made directly to them. A participating provider also agrees to accept this Plan’s payment plus the member’s copayment as payment in full for covered services.