

A GUIDE TO USING NMSU POS 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 Triple Option POS 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 POS Benefit Booklet available on the BCBSNM website.

→ Call Mesa Mental Health for Prior Approval

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

→ Service Providers

Point-of-service providers have special contracts to provide care for point-of-service plan members.

Non-point-of-service providers have not contracted as a "point of service" provider for the service being provided.

Point-of-service providers:

- will accept the Plan's payment and your co-payment as payment in full for covered services
- will file claims on your behalf
- are responsible for obtaining necessary prior approvals

Your choice of provider can make a difference in the amount you pay for covered services and benefits available to you.

→ Medical Necessity: Chemical Dependency

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

- required for the treatment of a distinct chemical dependency disorder as defined by the latest version of the *Diagnostic and Statistical Manual* published by the American Psychiatric Association

→ Medical Necessity: Mental Health

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 not related to chemical dependency)

→ Medical Necessity: Chemical Dependency and Mental Health

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

- 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.

→ Covered Services/Providers: Chemical Dependency

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 24 of the NMSO POS Benefit Booklet)

→ Covered Services/Providers: Mental Health

Covered services include short term evaluative and therapeutic individual and group psychotherapy received in hospitals and treatment facilities, and services rendered by psychiatrists, psychologists, licensed family therapists, and other providers. (See page 48 of the NMSO POS Benefit Booklet)

→ Exclusions

This Plan does **not** cover:

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

→ Benefit Limits

Certain services have separate benefit limits per admission, per calendar year, etc. (See page v of the Summary of Benefits for details on Mental Health Therapy and Chemical Dependency limits)

→ Filing Claims

If your out-of-network provider does not file a claim for you, you (not the provider) are responsible for filing the claim. Submit a separate claim for each member of your family as the services are received. Claims for mental health and chemical dependency services received in New Mexico or from Mesa Mental Health providers in El Paso, Texas should be submitted to:

Mesa Mental Health
PO Box 92165
Albuquerque, NM 87199-2165

For services received from an out-of-network provider, payments are usually made to the subscriber. The check will be attached to an Explanation of Benefits (EOB) that explains the payment. In these cases, you are responsible for paying any amounts greater than covered charges plus copayments, deductibles, coinsurance, any penalty amounts, and non-covered expenses.