

# **A GUIDE TO USING YOUR BCBSNM PPO PLAN MENTAL HEALTH BENEFITS**

Prepared by Mesa Mental Health

This document provides information on how to use your mental health and chemical dependency benefits provided through your PPO Plan. This is a PPO (Preferred Provider Organization) plan administered by Blue Cross and Blue Shield of New Mexico (BCBSNM). Mesa Mental Health (MMH) in turn contracts with BCBSNM to manage the section of the plan addressing mental health and substance abuse. 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 refer to your plan benefit book.

## **→ 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 services administrator, Mesa Mental Health, **before** you schedule treatment. Mesa Mental Health will coordinate services with a network provider near you. If you do not call before receiving non-emergency services, benefits for covered services may be reduced or denied. Call seven days a week, 24 hours a day; (505) 816-6790 or-800-583-6372.

Retroactive approvals will not be given and you may be responsible for the charges if approval is not obtained **before** the service is received. If approval is not obtained **before** services are received, **you will incur a penalty for a covered admission or, for some services, be entirely responsible for the charges.** The provider may call on your behalf, but it is **your responsibility** to ensure that Mesa Mental Health is called. Even when this plan is not your primary coverage, these approval procedures must be followed.

## **→ Preferred vs. Non-preferred Providers**

**Preferred Providers** are health care professionals and facilities that have contracted with BCBSNM, a BCBSNM contractor or sub-contractor (*Mesa Mental Health*), or another BCBS Plan as “preferred” or “PPO” providers. These providers have agreed to provide health care for PPO plan members and accept the plan’s payment for a covered service plus the member’s share of the covered charge as payment in full.

**Non-preferred Providers** have not contracted with BCBSNM, either directly or indirectly, to be part of the “preferred” or “PPO” provider network.

## **→ Preferred Provider Benefit Only**

Psychotherapy for chemical dependency (alcoholism or drug abuse) and mental health services are eligible for benefits only when received from preferred providers.

## **→ 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, orders, 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

Covered services include solution-focused evaluative and therapeutic mental health services (including individual and group psychotherapy) received in hospitals and other treatment facilities, 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, licensed psychologists, and other providers. (See *your plan book for a complete list.*)

## → Benefit Limits

Benefits for inpatient and outpatient psychotherapy (whether required due to mental illness, drug abuse, alcoholism, or any other covered condition) and related adjunctive services are limited as specified on the *Summary of Benefits*.

## → Exclusions – This Plan Does Not Cover:

- care from non-preferred providers or care that has not been **prior-approved** 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, group home, foster care, day treatment, Behavior Modification Services, or their staff members
- 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 (Chronic conditions are conditions such as, but not limited to, autism, Down's syndrome, and developmental delays.)
- maintenance therapy or care provided after you have reached your rehabilitative potential
- biofeedback or hypnotherapy
- religious counseling; marital counseling
- custodial care
- 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 alcoholism or drug abuse for which you did not complete the prescribed continuum of care
- care in excess of the annual or lifetime maximum benefits specified on the *Summary of Benefits*
- missed appointments; get acquainted visits
- self-help, stress management, codependency, and weight loss programs

## → Claims Payments

**Participating and Preferred Providers** file claims and payment is made directly to them. Psychotherapy for chemical dependency (alcoholism or drug abuse) and mental health services are eligible for benefits only when received from preferred providers.