

A GUIDE TO USING NMRHCA 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 Retiree Health Care Authority (NMRHCA) PPO 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 NMRHCA 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 services 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 may be reduced or denied. Call 7 days a week, 24 hours a day: (505) 816-6790 or (800) 583-6372.

→ 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.

→ MENTAL HEALTH EVALUATION SERVICES

This Plan covers medication checks and intake evaluations for mental health, alcoholism, and drug abuse when **prior-approved** by Mesa Mental Health.

→ COVERED SERVICES/PROVIDERS

Covered services include solution-focused evaluative and therapeutic mental health services (including 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, hospitals, or other treatment facilities, and services rendered by psychiatrists, psychologists, licensed family therapists, and other providers (*please see the NMRHCA Benefit Book*).

→ BENEFIT LIMITS

Benefits for inpatient and outpatient chemical dependency services are limited each calendar year as specified on the *Summary of Benefits*. Medication management is not limited.

→ EXCLUSIONS – THIS PLAN DOES NOT COVER:

- inpatient 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 performed or 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
- maintenance therapy or care provided after you have reached your rehabilitative potential
- biofeedback or hypnotherapy (*some exceptions apply – see NMRHCA Benefit Book*)
- religious counseling; marital counseling
- custodial care
- any care that is patient-elected and is 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 annual or lifetime maximum benefits specified on the *Summary of Benefits (please see the NMRHCA Benefit Book)*

➔ LIMITATIONS AND EXCLUSIONS

- **Learning Deficiencies/Behavioral Problems** - This plan does not cover 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.
- **LONG-TERM OR MAINTENANCE THERAPY** – This plan does not cover long-term therapy, whether for physical or for mental conditions, even if medically necessary and even if any applicable benefit maximum has not yet been reached, except that medication management for chronic conditions is covered. Therapies are considered long-term if measurable improvement is not possible within two months of beginning active therapy. Long-term therapy includes treatment for chronic or incurable conditions for which rehabilitation produces minimal or temporary change or relief. Treatment of chronic conditions is not covered.

➔ PREFERRED PROVIDERS

Preferred Providers are health care professionals and facilities that have contracted with BCBSNM, a BCBSNM contractor or subcontractor, or another BCBS Plan as “participating-only” or as “preferred providers.” These providers file claims and payment is made directly to them. The Explanation of Benefit (EOB) you receive explains the payment.

➔ NONPREFERRED PROVIDERS

Nonpreferred Providers are those providers who have not contracted with BSBCNM, either directly or indirectly, to be part of the PPO provider network under the NMRHCA Health Plan.

Your choice of provider can make a difference in the amount you pay.

If your nonpreferred provider does not file a claim for you, submit a separate claim for each family member as services are received. You must submit claims **within 12 months** after the date services were received. **A claim submitted more than 12 months after the service was received will not be accepted under any circumstance.**

Claims for covered mental health, alcoholism rehabilitation, and drug abuse services received in New Mexico should be submitted to:

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

If services are received from a nonpreferred provider in New Mexico, payments are usually made to the subscriber. The check will be attached to an EOB (Explanation of Benefit) that explains the Mesa Mental Health payment. In these cases, you are responsible for arranging payment to the provider and for paying any amounts greater than covered charges plus copayments, deductibles, coinsurance, any penalty amounts, and noncovered expenses.