

A GUIDE TO USING SONM PPO PLAN

MENTAL HEALTH BENEFITS

PREPARED BY MESA MENTAL HEALTH

This document provides information on how to use your mental health/substance abuse benefits provided through the SONM 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 review the SONM PPO Plan Benefit Booklet or visit the BCBSNM website and click on SONM from the large group menu on the home page.

→ CALL MESA MENTAL HEALTH FOR PRIOR APPROVAL

For all mental health and substance abuse services, you or your physician must call Mesa Mental Health before you schedule treatment. Inpatient and outpatient services, including residential treatment center and partial hospitalization services, must be **prior-approved**. Mesa Mental Health will coordinate your covered services. Benefits for services that are not approved in advance by Mesa Mental Health may be reduced or denied. Call toll-free at 1-800-583-6372, or (505) 816-6790 in Albuquerque, 7 days a week, 24 hours a day.

→ PREFERRED VS. NONPREFERRED 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.

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

When you receive most medical care, you have the choice of selecting a preferred provider or a nonpreferred provider. **Preferred providers may not bill you more than the covered charge; nonpreferred providers may. Your choice of provider can make a difference in the amount you pay and the benefits available to you.** (*Please see the SONM PPO Plan Benefit Booklet for details.*)

→ 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

Mental Health Services - Inpatient Treatments: Prior-approved room expenses and hospital ancillary services are covered.

Mental Health Services - Outpatient Services: This plan covers medically necessary outpatient care, evaluation, diagnosis, and/or treatment of mental illness when services are rendered by psychiatrists, psychologists, licensed family therapists, and other providers. Covered services include:

- solution-focused evaluative and therapeutic individual and group psychotherapy, including psychological testing
- evaluation of attention deficit disorders (ADD) or attention deficit with hyperactivity disorders (ADHD)

Substance Abuse Rehabilitation - Inpatient Rehabilitation: Prior-approved room expenses and hospital ancillary services for the treatment of alcoholism and/or drug abuse are covered. **Prior approval** from MMH is required for all inpatient admissions and/or partial hospitalization days **or services will not be covered.**

Substance Abuse Rehabilitation - Outpatient Rehabilitation: This plan covers outpatient care, evaluation, diagnosis, and/or treatment of alcoholism and drug abuse.

Benefits for covered substance abuse rehabilitation services are limited each plan year as specified on the *Summary of Benefits*.

Residential Treatment Center: Care must be prior approved by Mesa Mental Health. Failure to obtain **prior approval** will result in a denial of coverage. Benefits are limited as specified on the *Summary of Benefits*.

➔ **EXCLUSIONS – THIS PLAN DOES NOT COVER:**

- any care that is patient-elected and not considered medically necessary
- inpatient substance abuse or residential treatment center services that have not been approved by Mesa Mental Health prior to being admitted
- 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
- substance abuse or residential treatment center services in excess of the annual or lifetime maximum benefits specified on the Summary of Benefits
- 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, 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 exist – please see the SONM PPO Plan Benefit Booklet for details.*)
- religious counseling; marital counseling
- custodial care
- 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

➔ **CLAIMS PAYMENTS**

Participating and Preferred Providers file claims and payment is made directly to them.

Nonparticipating Providers may not file a claim for you. If your nonparticipating provider does not file a claim, submit a separate claim form for each family member as the services are received. Claims for out-of-network 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 non-participating provider and the member has not assigned benefits to the provider, payments are made to the subscriber. The check will be attached to an Explanation of Benefit (EOB) that explains 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 benefit reduction amounts, and non-covered expenses.