

A GUIDE TO USING MENTAL HEALTH AND CHEMICAL DEPENDENCE BENEFITS OFFERED THROUGH UNM HOSPITALS STANDARD AND EXTENDED NETWORK PLANS

Prepared by Mesa Mental Health

This document provides information on how to use your mental health/substance abuse benefits provided through UNM Hospitals Standard and Extended Network Plans. These plans are administered by HMO New Mexico (HMONM) and Blue Cross and Blue Shield of New Mexico (BCBSNM). Mesa Mental Health (MMH) in turn contracts with HMONM and BCBSNM to manage the section of the plans addressing mental health and chemical dependency. This document presents highlights of the plans only and addresses the issues that are raised most frequently. For additional information and full details on available benefits, please visit the BCBSNM website and click on UNM Hospitals from the large group menu on the home page.

→ Call Mesa Mental Health for Prior Authorization

For all inpatient and outpatient mental health and chemical dependency services, you or your provider must call the behavioral health services administrator, Mesa Mental Health, to request authorization **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. Retroactive authorizations will not be given. Call seven days a week, 24 hours a day: (505) 816-6790 or (800) 583-6372.

→ Standard Network and Extended Network Plans: Know Your Plan

- In order to receive maximum benefits, you need to use providers who are considered “In-Network” for the plan option you chose.
- For either plan, you may choose to receive services outside the designated network and receive reduced benefits for most covered services.
- Some benefits are not available unless the service is received from an In-Network Provider.
- ***Chemical dependency (alcoholism or drug abuse) rehabilitation services are eligible for benefits only when received from In-Network providers. Benefits for chemical dependency rehabilitation are limited as specified on the Summary of Benefits.***

→ 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 health care provider prescribes, orders, recommends, or approves a service or supply 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

Mental Health and Chemical Dependency: 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, psychologists, licensed family therapists, and other independently licensed professional providers.

→ Benefit Limits

Benefits for chemical dependency rehabilitation are limited as specified on the *Summary of Benefits*. Benefits for non-chemical dependency rehabilitation-related services are not limited.

→ 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 performed or billed by a school, halfway house, or residential treatment facility, group home, or their staff members, or foster care, day treatment, or behavior modification services
- maintenance therapy or care provided after you have reached your rehabilitative potential, 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.)
- biofeedback or hypnotherapy
- religious counseling; marital counseling
- 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 chemical dependency for which you did not complete the prescribed continuum of care
- custodial care
- residential treatment center (facility where the primary services are the provision of room and board and constant supervision or a structured daily routine for a person who is impaired but whose condition does not require acute care hospitalization)
- missed appointments; "get-acquainted" visits

→ Claims Payments

In-Network Providers file claims and payment is made directly to them.

Out-of-Network Providers may not file a claim for you. If your Out-of-Network provider does not file a claim for you, submit a separate claim form for each family member as the services are received. Mail claims for covered mental health and chemical dependency services to:

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

If services are received from an Out-of-Network provider, benefit payments may be made to the subscriber. If payment is made directly to you, 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 deductible, coinsurance, and/or copayments and non-covered expenses.