

Mental Health and Substance Use Disorder

Benefit Coverage

Blue Shield plans provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders for all Blue Shield HMO plans in accordance with the federal Mental Health Parity and Addiction Equity Act and the California Mental Health Parity Act. These Acts require that coverage for mental health and substance use disorder benefits be in parity with medical benefit coverage. Coverage includes conditions that fall under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* or that are listed in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Mental health and substance use disorder benefits include medically necessary basic health care services and intermediate services, at the full range of levels of care, including but not limited to residential treatment, Partial Hospitalization Program, and Intensive Outpatient Program, and prescription drugs.

Blue Shield has contracted with a mental health service administrator (MHSA) to administer mental health and substance use disorder benefits.

Members must utilize the MHSA provider network to access mental health and substance use disorder services.

If the member is unable to schedule an appointment with a participating provider for mental health and substance use disorder services, the MHSA will help either schedule an appointment with a participating provider select a non-participating provider in the area within five calendar days and contact the member regarding available appointment times. For any covered services, the member will be responsible for no more than the cost share for using an MHSA participating provider. The MHSA may work with the member to transition to a participating provider when one becomes available.

Upon request to MHSA Customer Service, and at no cost to the member, MHSA Customer Service will provide the clinical review criteria and any training materials or resources used to conduct utilization reviews for mental health and substance use disorder benefits and services.

IPA/medical groups are responsible for decisions related to delegated medical services. As such, medical services for the treatment of, eating disorder, substance use disorder, or gender affirming care may be the responsibility of the IPA/medical group.

The member can self-refer to the MHSA by calling the Member Self-Referral Number at (877) 263-9952 to obtain a referral to an appropriate mental health or substance use disorder provider and receive an authorization for services

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Benefit Coverage *(cont'd.)*

and/or crisis intervention services. The member can also get help in finding a participating mental health or substance use disorder provider by calling this number. This phone number is available 24 hours/day; 7 days per week, 365 days a year.

Primary care physicians can contact an MHSA psychiatrist or allied mental health professional at (877) 263-9870 with clinical questions or to discuss concerns about to a particular member.

Benefits are provided for the medically necessary treatment of mental health and substance use disorders, subject to any applicable deductible, copayment, or coinsurance. The services identified with an asterisk (*) must be prior authorized by the MHSA:

- Professional office visits, including telebehavioral health, in an individual, family, or group setting.
- Inpatient hospital admissions, including acute and residential care, and related professional services. *Non-emergency admissions must be prior authorized by the MHSA.
- *Other Outpatient Mental Health and Substance Use Disorder Services, including services provided through telebehavioral health, as listed below:
 - *Behavioral Health Treatment – professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs, prescribed by a physician or licensed psychologist and provided under a treatment plan approved by the MHSA to develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.
 - *Electroconvulsive therapy – the passing of a small electric current through the brain to induce a seizure, used in the treatment of severe depression.
 - *Intensive Outpatient Program – outpatient care for Mental Health and/or Substance Use Conditions when the condition requires structure, monitoring, and medical/psychological intervention that may be in a free-standing or Hospital-based facility and provides services at least three hours per day, three days per week.
 - *Partial Hospitalization Program – outpatient care for Mental Health and/or Substance Use Conditions when the condition requires structure, monitoring, and medical/psychological intervention that may be in a free-standing or Hospital-based facility and provides services at least five hours per day, four days per week.

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Benefit Coverage *(cont'd.)*

- *Neuropsychological Testing – testing to diagnose a Mental Health Condition testing used to measure a psychological function known to be linked to a particular brain structure or pathway. Neuropsychological testing should be considered for coverage through the member’s mental health benefit when:
 - After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request. Blue Shield MSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present).
- *Transcranial magnetic stimulation – a non-invasive method of delivering electrical stimulation to the brain for the treatment of severe depression.

Member Cost Share

See the member’s *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for applicable member deductible, copayment, or coinsurance.

Benefit Exclusions

Benefits are not provided for:

- Select physical and occupational therapies, such as:
 - Training or therapy for the treatment of learning disabilities or behavioral problems;
 - Social skills training or therapy;
 - Vocational, educational, recreational, art, dance, music, or reading therapy; and
 - Testing for intelligence or learning disabilities.
- Treatment for the purposes of providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment.

This exclusion does not apply to services deemed medically necessary for the treatment of a mental health or substance use disorder.

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Benefit Classification

- Inpatient services which are medically necessary to treat the acute medical complications of detoxification are covered as a medical benefit.
- Neuropsychological testing should be considered for coverage through the patient's medical benefit when:
 - After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request. Blue Shield MHSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present).

Examples of Covered Services

See Benefit Coverage.

Examples of Non-Covered Services

- Non-medical services provided by a vocation or rehabilitation therapist, or an employment counselor.
- Maintenance drugs dispensed during covered visits (some exceptions apply).

References

Large Group Evidence of Coverage

Small Group Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Blue Shield HMO IPA/Medical Group Procedures Manual

Blue Shield Medical Policy