



Answers to Frequently Asked Questions

Mental Health Parity

What is the reason for the utilization management program in the context of mental health parity?

The utilization management program allows Blue Cross and Blue Shield of Florida Inc. (BCBSF) to examine the treatment being given to our members and to reaffirm that our members are receiving appropriate, necessary and quality mental health care.

What is the definition of parity in the context of the Mental Health Parity legislation?

Mental health parity refers to mental health and substance abuse benefits being at parity - or the same as - medical/surgical benefits. For example, if a member currently has an annual 20 visit limit for outpatient mental health services, this limitation would be removed, putting their mental health benefit in parity with their medical benefits.

What behavioral health services require authorization/certification or notification?

All outpatient office based services, intensive outpatient, inpatient admissions, partial psychiatric and substance abuse rehabilitation for new patients require authorization/certification or notification based on the product.

What are the authorization requirements if BCBSF is secondary, including Medicare primary and supplemental policies?

Neither notification nor an authorization is required if BCBSF is the secondary payer.

How will I know if the member is part of a group that is required to comply with this legislation?

Members of groups that are required to comply with this legislation will be verified by checking their eligibility, benefits and outpatient prior authorization requirements via Availity^{®1} Health Information Network or by calling (800) 727-2227, option 2. As of December 7, 2009 there will be an indicator on Availity that identifies applicable members.

What are the prior authorization requirements for affected BCBSF members who are established patients prior to the January 1, 2010?

Providers must submit a request for authorization/certification for outpatient services through the Availity Health Information Network. If participating providers do not have access to Availity or if the system is not available, they can inquire about or request authorizations for BCBSF and through Blue Express, BCBSF's automated telephone system, by calling (800) 397-7337. A treatment plan must be submitted for those established patients who are affected by the new authorization requirements prior to January 1, 2010. **NOTE:** All behavioral health services for Health Options members will continue to be arranged through Mental Health Network (MHNet) at (800) 835-2094. Any claims and provider appeals for Health Options behavioral health services also should be filed directly with MHNet.

¹ Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit Availity's website at www.availity.com.

Are providers required to submit a notification prior to seeing a new patient?

As of January 1, 2010, providers should provide notification to BCBSF via Availity Health Information Network or Blue Express within one business day of seeing a new patient. Providers must submit a treatment plan before the 9th visit to get an authorization for visits beyond the 8th visit.

What are the authorization requirements for intensive outpatient (IOP) and partial hospitalization (PHP) services provided at psychiatric and substance abuse facilities?

Requests for authorization of IOP/PHP services should be submitted prior to the initiation of services. Please call (800) 955-5692, press 1 and follow the prompts. At that time you will be required to submit demographic and clinical information. We will respond to you within one business day with either the approval or request for additional information.

Are medication management or psychological testing services included in the authorization requirements?

No, providers are not required to obtain an authorization for services related to CPT codes 90862, 96101, 96102 and 96103.

Are BlueCard members affected?

The member's home plan may require notification or authorization for behavioral health services. To verify BlueCard eligibility and benefits call (800) 676-2583.

When will a treatment plan be required and what will the treatment plan form look like?

A treatment plan is required for office-based behavioral services for authorization/certification of additional visits after the initial 8 visits. The *Behavioral Health Outpatient Treatment Plan Form* is available online at www.bcbsfl.com, select Physicians & Providers, Tools & Resources then Forms.

What happens if the first visit is an emergency?

Prior authorization is not required when Covered Services are provided for the treatment of a Medical Emergency.

Are there any changes to the authorization/certification or notification requirements for inpatient services?

There are no changes to the authorization/certification or notification requirements for inpatient services. Providers of inpatient services should follow the utilization management process defined in the online provider manual. The modified prior authorization requirement only applies to providers who render office based and outpatient behavioral health services.

How can I learn more about the authorization requirements?

The Utilization Management section of the *Manual for Physicians and Providers* has been updated to reflect these changes.

Will I be able to submit notification/authorization information prior to January 1, 2010?

In order to accommodate provider requests to be able to submit notification/authorization information prior to the effective date of the requirement, we will be able to begin accepting requests for notification and authorization for applicable members as of December 7, 2009.

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What is Availity and how do I get more information and enroll in Availity?

Availity is a secure internet-based portal that optimizes the flow of information between health care professionals, health plans and other health care stakeholders. The Availity Health Information Network encompasses administrative, clinical, and financial services, supports both real-time and batch transactions via the web, business to business and electronic data interchange (EDI). It's fast and efficient. A single, secure login enables you to exchange information and conduct health care transactions with payers including BCBSF. For more information, including online demonstrations or to register, please visit BCBSF's website, www.bcbsfl.com, select Physicians & Providers, Online Services and then Availity. Or go directly to Availity's website at www.availity.com or call (800) AVAILITY (282-4548).

What if I have additional questions?

Call the Network Management Service Unit at (800) 727-2227, say "More Choices" then "Network Management."

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