

Mental Health Parity and Autism Coverage

Tips from Blue Cross and Blue Shield of Florida

The mental health parity legislation has changed member benefits for mental health/substance abuse and autism. The legislation 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.

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) will review all outpatient office based services, intensive outpatient, inpatient admissions, partial psychiatric and substance abuse services for those in groups of more than 51 members. The utilization management program allows BCBSF to examine the treatment being given to our members and to reaffirm that our members are receiving appropriate, necessary and quality behavioral health services. Providers are not required to obtain an authorization for services related to medication checks (90862) or psychological testing (96101, 96102 and 96103).

This requirement applies to all BCBSF members who are in a group with 51 or more members upon renewal starting October 3, 2009. BCBSF will require notification/authorization for services rendered as of January 1, 2010, or later. Prior to January, a notification/authorization is still required for outpatient services for Federal Employee Program (FEP) members. All authorization requests including treatment plans will be managed based on confidentiality standards required by Federal and State laws.

Providers will be able to begin submitting notification/authorization requests by December 7, 2009.

Note: All behavioral health services for Health Options (BlueCare and BlueMedicare HMO) members will continue to be arranged through Mental Health Network (MHNet) by calling (800) 835-2094.

Steps for notification/authorization for office-based outpatient behavioral health services

1. Check Availity^{®1} Health Information Network at www.availity.com or call the Provider Contact Center at (800) 727-2227 to verify if the member requires notification/authorization for outpatient behavioral health services. Availity will display the following message for applicable members.

Notification/Authorization required for outpatient and office based services for BlueChoice, BlueOptions and FEP members by psychiatrists, psychologists and all providers whose numbers begin with a Z.

You will see that there is no day or dollar limit on the mental health benefits for applicable members.

2. Submit the notification/authorization request through Availity or Blue Express. Both require the member's contract number, provider information, number of requested visits and start and end dates.

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

3. Availity or Blue Express will automatically approve an initial 8 visits and provide a certification number unless the visits have been authorized for another provider. If the 8 visits have been previously authorized, then the Availity message will instruct you to submit a treatment plan. If this is the first time you are seeing the member and Availity or Blue Express directs you to complete a treatment plan, fax the treatment plan with a goal of assessment and request authorization for two visits for the purpose of assessment. There is no need to complete the assessment questions.
4. Complete the *Behavioral Health Outpatient Treatment Plan Form* and fax it to the confidential/secure line at (904) 301-1894.
5. After the review has been completed, the provider may obtain the approved number of visits and date span through Availity or Blue Express.

Note: If additional visits are required, complete the Availity or Blue Express request and fax in the last two pages of the **updated** treatment plan form.

Steps for notification/authorization for inpatient, partial and intensive outpatient behavioral health services

1. All initial requests for inpatient, partial psychiatric or intensive outpatient services should be submitted through Availity or Blue Express.
2. Then call (800) 955-5692, option 1, to provide the required clinical information. By following the telephone prompts you will be taken to a clinical review application and BCBSF will respond to your request within 1 business day.

Behavioral Health Services for Autism

Behavioral health services for Autism require notification/authorization through the outpatient process described above.

- Autism Spectrum Disorders include the following diagnoses:
 - Autistic Disorder
 - Asperger's Disorder
 - Childhood Disintegrative Disorder
 - Pervasive Development Disorder
- Member must be under 18 or still be attending high school.
- Must have been diagnosed with Autism Spectrum Disorder **prior to age 8**.

Providers must get notification/authorization for services. The following should be included with the submission of the treatment plan:

- Signed order or treatment plan from ordering physician;
- Diagnostic report(s) indicating diagnosis of Autism Spectrum Disorder; and
- Completed treatment plan to include all services related to the DSM IV diagnosis.

BCBSF Online Resources

Additional information about this utilization management program is available on our website, www.bcbsfl.com, by clicking on Physicians & Providers, Tools & Resources, then:

- Tips & Frequently Asked Questions – [Mental Health Parity FAQs](#)
- Forms – [Behavioral Health Outpatient Treatment Plan Form](#)
- Manuals & Billing Instructions – [Utilization Management Programs](#) section of the *Manual for Physicians and Providers*.