

## Endorsement:

### 2011 Preauthorization/Network Change: Health Plans with BCBSNM- Administered Mental Health and/or Chemical Dependency Benefits



Blue Cross and Blue Shield  
of New Mexico

This *2011 Preauthorization/Network Change* endorsement is made a part of your Blue Cross and Blue Shield of New Mexico (BCBSNM) health care plan benefit booklet. These changes apply to all health plans with mental health and chemical dependency benefits currently administered in-house by BCBSNM.

BY:

A handwritten signature in cursive script that reads "Elizabeth A. Watrin".

Elizabeth A. Watrin  
President  
Blue Cross and Blue Shield of New Mexico

Effective January 1, 2011, preauthorization and customer service for services related to mental health and chemical dependency are being administered by a newly created "Behavioral Health Unit" (or "BHU") in an effort to provide more efficient service to our members. You and your provider will continue to send claims and appeals to BCBSNM at the same address you use for medical/surgical care claims and appeals, and will now be assisted by the BHU when you have preauthorization requests or questions about your mental health or chemical dependency benefits.

Also as a result of this change, members in all health plans will be able to choose a **BCBSNM** network provider using the same BCBS provider network that you use for your medical/surgical care. Provider directories are available through the BCBSNM Web site at [www.bcbsnm.com](http://www.bcbsnm.com). (BCBSNM is currently contracting with behavioral health providers throughout the state and you will have a full network of providers from which to choose starting 1/1/2011.)

## Administrative Changes

The following changes are being made to your benefit booklet effective January 1, 2011: In order to standardize the term used for prior approvals/prior authorizations required under any health plan for any medical/surgical or mental health/chemical dependency service, including any preauthorizations required under your BCBSNM drug plan:

Replace the terms "prior approval," "admission review approval," and/or "prior authorization" with "preauthorization" in all instances. The intended meaning of the term "preauthorization" is to obtain approval, when required, prior to a service being rendered.

## How Your Plan Works

Effective January 1, 2011, remove outpatient psychotherapy, chemical dependency, and/or alcohol and drug abuse from the list of services requiring preauthorization (or prior approval/authorization) under "Other Prior Approvals" or, for HMO plans, under "Services Needing Prior Authorization." Add a new section for "Preauthorization of Outpatient Mental Health/Chemical Dependency Services":

Preauthorization of Mental Health/Chemical Dependency Services — All inpatient and outpatient mental health and chemical dependency services must be preauthorized by the Behavioral Health Unit (BHU) at the phone number below (also listed on the back of your ID card). You or your health care provider should call the Behavioral Health Unit **before** you schedule treatment. **NOTE:** Your provider may be asked to submit clinical information in order to obtain preauthorization for the services you are planning to receive. Services may be authorized or may be denied based on the clinical information received. (*Clinical information is information based on actual observation and treatment of a particular patient.*)

If you or your provider do not call for preauthorization of nonemergency **inpatient** services, benefits for covered, medically necessary inpatient facility care may be reduced by an amount that is equal to the preauthorization (or admission review) penalty, if any, indicated for medical/surgical admissions. If inpatient services received without preauthorization are determined to be not medically necessary or not eligible for coverage under your Plan for any other reason, the admission and all related services will be denied. In such cases, **you may be responsible for all charges.**

If preauthorization is **not** obtained before you receive outpatient services, your claims may be denied as being **not medically necessary.** In such cases, **you may be responsible for all charges.** Therefore, you should make sure that you (or your provider) have obtained preauthorization for outpatient services *before* you start treatment. Call 7 days a week, 24 hours a day:

**Toll-Free Phone Number: 1-888-898-0070**

## PPO and EPO Plan Provider Network

If your booklet indicates that you are to use “participating providers” for mental health and chemical dependency services, that information is changing. Effective January 1, 2011, you will be able to choose behavioral health (mental health and chemical dependency) providers from the same BCBS Preferred Provider network from which you currently choose your medical/surgical providers. Instead of accessing the “participating” provider network under PPO and EPO (including CDHP) health care plans, choose a provider from the BCBSNM Preferred Provider (PPO) network and delete any information in your booklet indicating otherwise. BCBSNM is currently in the process of contracting with behavioral health providers throughout the state and you will have a full network of providers from which to choose starting January 1, 2011. If your current provider is not in the new BCBSNM PPO network of behavioral health providers, please call the Behavioral Health Unit to discuss transition of care issues.

## Covered Services

Effective January 1, 2011, replace the paragraph for “Prior Approval Required” in the *Covered Services: Psychotherapy (Mental Health and Chemical Dependency)* – or similar provision(s) – with the following paragraph:

Preauthorization Required — All inpatient and outpatient mental health and chemical dependency services must be preauthorized by the Behavioral Health Unit at the phone number listed on the back of your ID card. You or your physician should call the Behavioral Health Unit **before** you schedule treatment. If you do not call before receiving nonemergency services, whether inpatient or outpatient, **benefits for covered services may be reduced or denied** as explained in the *How Your Plan Works* section, earlier. In such cases, you may be responsible for all charges, so please ensure that you or your provider have received preauthorization for any services you plan to receive. Use the chart below to determine the appropriate contact for your situation.

Summary of Contact Information for Preauthorization, Customer Service, Claim Submission, and Appeal (or Reconsideration) Processes for Medical/Surgical and Behavioral Health Services:		
Process:	Type of Service:	Send to:
Request preauthorization:	Medical/surgical	BCBSNM
	Mental health/chemical dependency	Behavioral Health Unit
Customer service inquiry	Medical/surgical	BCBSNM
	Mental health/chemical dependency	Behavioral Health Unit
Submit claim (post-service)	Medical/surgical	BCBSNM or local BCBS Plan
	Mental health/chemical dependency	BCBSNM or local BCBS Plan
Request appeal of claim or preauthorization decision	Medical/surgical	BCBSNM Appeals Unit
	Mental health/chemical dependency	BCBSNM Appeals Unit