

Unit 8 Behavioral Health Care Management

Utilization Management of behavioral health care

Highmark Blue Shield's Utilization Management program includes clinical review and authorization of selected behavioral health services for members with coverage under all HBS products. The program requires authorization for all requests for inpatient mental health and substance abuse admissions, both network and out-of-network on all products. Authorization is also required for all network outpatient mental health and substance abuse services for DirectBlue members.

To initiate an authorization for inpatient admissions or outpatient services

To initiate a behavioral health inpatient admission authorization, network behavioral health providers must call Highmark Behavioral Health Services at, (866) 803-3708, option 2. Inpatient admission authorizations can be obtained 24 hours a day, 7 days a week. During standard business hours, calls will be handled by the Highmark Behavioral Health Unit. After standard hours, weekends and holidays, calls will be automatically forwarded to Highmark's after-hours vendor, Community Behavioral Health Network of Pennsylvania. To request authorization for outpatient treatment sessions, network behavioral health providers can call Highmark Behavioral Health at (866) 803-3708, option 2 or fax outpatient authorization requests to (866) 667-9304.

Outpatient behavioral health care for DirectBlue members

Highmark Behavioral Health Services will provide outpatient behavioral health medical management for network services for DirectBlue members. Behavioral Health network providers will be required to obtain authorization for outpatient services, including the completion of the Authorization of Behavioral Health Outpatient Services/Initial Request Form, when providing outpatient mental health and substance abuse services for DirectBlue members. Subsequently, the Continuation Request Form must be completed for outpatient services beyond the Initial Request Form. Under DirectBlue, a member may coordinate behavioral health care through his or her PCP or family physician (if chosen) for all services provided by a network professional or institutional provider. DirectBlue members may also choose to access network behavioral health professional or institutional providers directly. In non-emergency situations, if a DirectBlue member obtains inpatient or outpatient services from an out-of-network behavioral health care provider, the services will be paid at the lower level provided by the member's benefit plan.

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Inpatient behavioral health care services for Highmark members

For all HBS products, Highmark Blue Shield Behavioral Health Services is responsible for medical management of inpatient behavioral health services. If this has not already been done, the facility is responsible for calling Highmark Blue Shield Behavioral Health Services to obtain an authorization for the requested services. Failure to pre-authorize a request will result in a post-service retrospective review of the treatment record to determine the medical necessity of treatment services rendered. If an adverse decision is rendered, the network professional or institutional provider cannot bill the member for the services; however, the professional or institutional provider will have the opportunity to exercise the right of appeal.

Emergency behavioral health care

In the event of an emergency, behavioral health services will be reimbursed at the higher level provided by the member's benefit plan.

Important!

All payment decisions, whether they concern medical health care or behavioral health care, are subject to medical necessity review.

Network for behavioral health care

Behavioral health inpatient and outpatient services are rendered by behavioral health professional providers in the PremierBlue Shield network and behavioral health institutional providers in the Highmark Blue Shield network

Member complaints, provider appeals

Highmark Blue Shield processes all member complaints related to behavioral health services. Highmark Behavioral Health provides the first, second and third level support for the provider appeal process.

For information about provider appeals, please see Denials and Appeals pages 9-1 through 9-3 of this manual.
