### BCN Provider Manual – 2025

BCN commercial and BCN Advantage<sup>SM</sup>





### **Behavioral Health**

This chapter is subject to change. To ensure that you review the most current version, we strongly discourage you from relying on printed versions.

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### Behavioral health overview

## About this chapter

This chapter of the *BCN Provider Manual* provides information that is unique to behavioral health and may be different from information presented in the other chapters for:

- BCN commercial products
- BCN Advantage products

**Note**: In this chapter, "BCN Advantage" refers to both BCN Advantage HMO-POS and BCN Advantage HMO products unless otherwise noted.

The requirements and processes associated with BCN behavioral health are integrated within BCN as a whole and are, in general, described in the other chapters of this manual. These include but are not limited to affiliation, submitting claims and appealing utilization management and claims decisions. For a complete view of BCN processes and requirements, behavioral health providers should review all chapters of the *BCN Provider Manual*.

**Note**: Information about behavioral health services for Blue Cross Complete members is located in the *Blue Cross Complete Provider Manual*, available through the Blue Cross Complete Resources for Providers webpage.

Providers can access a variety of behavioral health-related resources to help them deliver effective, timely treatment to members. Links to these resources are available on the BCN <u>Behavioral Health</u> webpage on **ereferrals.bcbsm.com** 

### Behavioral health benefits

For BCN members, behavioral health benefits consist of the following categories of benefits:

- Mental health services: Use the appropriate ICD-10 diagnosis code. Providers can use the default ICD-10 code F43.20 until a more appropriate code is available.
- Substance use disorder services: Use the appropriate ICD-10 diagnosis code. Providers can use the default ICD-10 diagnosis code F19.10 until a more appropriate code is available.
- Applied behavior analysis for autism spectrum disorder services.

**Note:** Additional information about autism benefits is available at **ereferrals.bcbsm.com** > BCN > Autism.

## Check member eligibility and benefits

Behavioral health providers must check that the patient is a BCN member and therefore eligible for services that may be provided. BCN will not pay for services provided to ineligible members or for services not covered in the member's benefit plan.



Because a member's eligibility and benefits can change over time, it is recommended that providers recheck the member's status frequently.

Behavioral health providers can use any of the following options to determine whether a patient is eligible for services and a service is a covered benefit:

- Our provider portal (<u>availity.com</u>\*\*)
- HIPAA 270/271 electronic standard transaction. For information on this transaction, providers can visit bcbsm.com/providers > Help > (under "Provider online tools") How do I sign up for Electronic Data Interchange? Look under "Blue Cross Blue Shield and Blue Care Network Companion Documents", then refer to the HIPAA Transaction Standard Companion Guide Real Time Transactions (270/271 Eligibility and Benefits, 276/277 Claim Status), which can be downloaded.
- Provider Inquiry. To identify the phone number, visit the <u>For Providers:</u> <u>Contact Us</u> webpage and make the pertinent selections.

Additional information about checking member eligibility and benefits can be found in the Member Eligibility chapter of this manual.

## Management of behavioral health benefits

For BCN members, behavioral health benefits are managed by Blue Cross Behavioral Health<sup>SM</sup>.

**Exception:** For BCN members with coverage through Healthy Blue Choices<sup>SM</sup> POS, behavioral health benefits are managed by Carelon Behavioral Health for dates of service through Dec. 31, 2024. For retroactive requests with dates of service through Dec. 31, 2024, contact Carelon Behavioral Health at 1-800-346-7651 or refer to BCN's Healthy Blue Choices POS webpage.

For additional information, refer to the document <u>Blue Cross Behavioral</u> Health: Frequently asked questions for providers.

Blue Cross Behavioral Health assists BCN members in the following ways:

- Provides 24-hour telephone access for member emergencies
- Refers members for evaluation, and for treatment, as necessary, to appropriate behavioral health providers located in the member's geographic area or as close to it as possible
- Uses behavioral health providers contracted and credentialed with BCN who practice within the BCN service area
- Works with a member's primary care provider or with other providers to coordinate needed medical and behavioral health care





This chapter is updated to show that Carelon Behavioral Health manages behavioral health services for Healthy Blue Choices POS members only for dates of service through Dec. 31, 2024.

## Behavioral health screening tools

BCN encourages the use of validated behavioral health screening instruments to identify members with undiagnosed disorders, monitor the severity of their ongoing symptoms and assess treatment outcomes. BCN supports quality in clinical practice by providing access to some widely used screening instruments, as copyright provisions allow.

Providers can access these screening tools at **ereferrals.bcbsm.com** > BCN > Behavioral Health > <u>Behavioral health screening tools</u>. Click *I accept*.

#### Behavioral health providers seeking BCN affiliation

BCN contracts with a limited but diverse network of behavioral health providers to ensure that BCN members have access to the range of behavioral health services required to address their needs in the geographic areas in which they are located.

Behavioral health providers seeking BCN provider status should visit **bcbsm.com/providers** and click <u>Enrollment</u>. Review the information on that page and then click *Enroll or Make Changes*. Make the appropriate selections and complete and submit the appropriate forms.

Behavioral health providers are contracted with BCN as follows:

- Group practices sign a provider group affiliation agreement.
  - **Note:** Individual providers must be credentialed and affiliated with specific group practices.
- Substance use disorder treatment providers and OPC providers sign an ancillary provider affiliation (facility) agreement.

**Note**: Clinical nurse specialists (also referred to as clinical nurse specialists-certified) who are affiliated with BCN may provide only the following behavioral health services for BCN members: assessment, medical management, group therapy and family therapy.

It is also important for providers to update their information as changes occur so that members can see the most up-to-date information when using BCN's online provider search. For instructions on how to update information, refer to the Affiliation chapter of this manual. Look in the section titled "Updating provider information."

**Note**: For billing purposes, behavioral health providers can check their contract to remind themselves of the type of affiliation they have with BCN. For additional information, refer to the "Billing instructions" subsection on page 28 of this chapter.

Providers should refer to the Affiliation chapter of the *BCN Provider Manual* for additional information about affiliating with BCN.

### Providers must be approved to use applied behavior analysis

Providers interested in evaluating or treating members with autism spectrum disorder using applied behavior analysis must be approved by BCN as follows:

- Facilities interested in applying as a BCN-approved autism evaluation center (AAEC) should submit a letter of intent. Providers whose letters of intent are accepted will be asked to complete a formal application. Additional information is available on BCN's Autism Services webpage at ereferrals.bcbsm.com > BCN > <u>Autism</u>.
- Specialists who provide treatment for BCN members using applied behavior analysis must be approved by BCN, including those who are licensed behavior analysts.

Refer to these documents for more information about comprehensive diagnostic evaluations for autism:

- Obtaining a comprehensive diagnostic evaluation for autism and finding treatment
- Requirements for comprehensive diagnostic evaluations by approved autism evaluation centers and independent evaluation teams

### CADC or CAADC credential is recommended but is not required

For members with a diagnosis involving a substance use disorder, it is recommended but not required that group counseling and didactic group sessions be provided by a professional who has a Certified Alcohol and Drug Counselor (CADC) or Certified Advanced Alcohol and Drug Counselor (CAADC) credential.

This applies to facilities that provide and bill for one or more of the following types of treatment for substance use disorders:

- Subacute detoxification
- Residential treatment
- Partial hospital program
- Intensive outpatient program
- Individual treatment

**Note:** Applications for these credentials are submitted to the <u>Michigan</u> <u>Certification Board for Addiction Professionals</u>.\*\*

#### Behavioral health telehealth services

For information about behavioral health telehealth services, including what they consist of, what the requirements are and how to bill for them, refer to these documents:

- Telehealth for behavioral health providers
- Guidelines for ABA interventions via telemedicine (ABA and skills training)



For more general information on telehealth services, refer to these documents:

- The Telemedicine Services medical policy by using the Medical Policy <u>Router Search</u> tool at bcbsm.com
- Determining a member's telehealth benefits

#### Accessing training about behavioral health topics

From our <u>dedicated provider training site</u>\*\*, you can access recorded webinars about a variety of behavioral health topics.

To request access to the provider training site:

- 1. Click here to register\*\*.
- 2. Complete the registration. Use the same email you use to communicate with Blue Cross for provider-related needs. This will become your login ID.
- 3. Follow the link to log in\*.

If you need assistance creating your login ID or navigating the site, email <a href="mailto:ProviderTraining@bcbsm.com">ProviderTraining@bcbsm.com</a>.



This chapter is updated to include instructions for accessing training on behavioral health topics.

## Additional behavioral health resources

Providers can access additional behavioral health resources, including flyers, brochures, tip sheets and frequently asked questions documents, by visiting the BCN Behavioral Health webpage at **ereferrals.bcbsm.com** > BCN > Behavioral Health.

### Accessing behavioral health services

#### Behavioral health contact information for providers

The contact information for accessing assistance with behavioral health services is below.

- For questions about prior authorization requests: Call Blue Cross Behavioral Health at the appropriate number:
  - BCN commercial members: 1-800-482-5982
  - o BCN Advantage members: 1-800-431-1059

**Note:** For additional information, refer to the document <u>Blue Cross</u> Behavioral Health: Frequently asked questions for providers.

 For questions about claims or for assistance checking a member's eligibility and benefits: Call Provider Inquiry. To identify the phone number, visit the <u>For Providers: Contact Us</u> webpage and make the pertinent selections.

**Note:** Contact information for Blue Cross Complete Provider Inquiry and Customer Service is found in the *Blue Cross Complete Provider Manual*, available through the Blue Cross Complete Resources for Providers webpage.

Behavioral health contact information on member ID card For both BCN commercial and BCN Advantage members, the behavioral health services telephone number they should call is displayed on the back of the member ID card.

Assistance for providers in arranging for behavioral health services

No referral is required in order for a BCN commercial or BCN Advantage member to access behavioral health services.

**Exception**: Services associated with prolonged psychotherapy codes require a global referral from the member's primary care provider, when the primary care provider is part of a medical care group based in the East or Southeast region. A global referral is not required when the primary care provider is part of a medical care group based in the Mid, West, or Upper Peninsula region.

While primary care providers are not typically responsible for arranging, referring or reviewing requests for behavioral health services for their BCN members, they:

- May directly refer a member to a BCN-affiliated behavioral health provider. It is not necessary for the primary care provider to provide a written referral to the behavioral health provider.
- Are encouraged to call Blue Cross Behavioral Health at one of the phone numbers below for assistance in arranging behavioral health services for a BCN member:

o BCN commercial members: 1-800-482-5982

o BCN Advantage members: 1-800-431-1059

Member access to autism comprehensive diagnostic evaluations For information about how members can obtain a comprehensive diagnostic evaluation for autism, refer to the following documents:

- Obtaining a comprehensive diagnostic evaluation for autism and finding treatment
- Requirements for comprehensive diagnostic evaluations by approved autism evaluation centers and independent evaluation teams

Providers can access these documents and other resources on the BCN <a href="Autism">Autism</a> page at **ereferrals.bcbsm.com**.

## Options for members in crisis

BCN members have options for receiving help if they're having a behavioral health crisis. These options can be used in lieu of an emergency department to facilitate access to behavioral health-focused care.

For more information, refer to:

- The Behavioral Health Crisis Care page at bcbsm.com
- The <u>Help in times of crisis</u> flyer

### Access standards

Information on access standards for behavioral health care is located in the Access to Care chapter of this manual.

#### Virtual option for treatment of anxiety and depression through AbleTo

Adult BCN commercial and BCN Advantage members can access a virtual option for the treatment of anxiety and depression through AbleTo, an independent company with a network of therapists serving adults 18 and older nationwide.

This service may be especially useful for members who are having trouble finding a therapist in their area or obtaining an appointment with their current provider.

AbleTo provides adult members with a structured and evidence-based eight-week cognitive behavioral treatment program for anxiety and depression. The program includes access to weekly sessions with a licensed master's-level clinician and access to digital tools, resources and relaxation activities for practice between sessions.

To access services through AbleTo, members can:

- Call the number on the back of their member ID card.
- Visit <u>ableto.com/bcbsm</u>\*\*, click *Get Started* and follow the prompts.

### Urgent and emergency care while traveling outside of Michigan

Members can receive urgent and emergency health care services wherever they live or travel, nationally or internationally, through providers who participate with Blue Cross Blue Shield plans.

BCN members can access urgent and emergency care and follow-up care for existing conditions while traveling outside of Michigan but within the U.S. and its territories. For additional information, providers should refer to the Member Benefits chapter of this manual.

Providers should keep the following guidelines in mind for members while traveling outside of Michigan:

- Services are not covered when members travel outside of Michigan for the sole purpose of obtaining treatment. This applies to all members.
- Psychotherapy services delivered via telephone or video chat/voice call services (such as Skype<sup>®</sup>) are not covered benefits.



Members with coverage through BCN Advantage HMO products do not have travel benefits, including follow-up care for existing conditions. The other BCN Advantage products do have travel benefits, including follow-up care for existing conditions.

**Exception**: Some plans cover behavioral health services provided by out-of-network and out-of-state providers. Members and providers can find details on that coverage by checking a member's benefit information provided online through our provider portal (availity.com\*\*).

**Note:** Michigan members traveling outside of Michigan can use the number on the back of their ID card to find a participating provider where they are located. They can work with the provider to determine if the visit should be in person or via telehealth. Members can also access online care if their contract includes coverage for Virtual Care visits through Teladoc Health<sup>®</sup>. For information about billing behavioral health telehealth services, refer to the subsection titled "Behavioral health telehealth services", earlier in this chapter.

### **Expectations and incentives**

## Provider offices: general expectations

BCN behavioral health providers are expected to comply with the responsibilities described for other BCN providers, as applicable, in the BCN System of Managed Care chapter of this manual. These responsibilities include ensuring continuous coverage 24 hours per day, seven days per week, based upon the urgency of the care needed. If a behavioral health provider is not available for any reason, the covering provider must also be one who is credentialed as a BCN behavioral health provider.

## Clinical practice guidelines

Behavioral health providers affiliated with BCN are encouraged to review the standardized, nationally recognized and evidence-based clinical practice guidelines related to behavioral health.

These guidelines are available on the following webpages at **bcbsm.com**:

- <u>Services That Need Prior Authorization</u> (commercial)
- Medicare Advantage Prior Authorization

#### BCN's Behavioral Health Incentive Program

BCN's Behavioral Health Incentive Program was established to reward behavioral health providers for meeting specific quality standards. These incentives are available to both prescribers and non-prescribers.

The program rewards providers who meet select HEDIS measures and who close gaps to improve the quality of care and patient outcomes.

To access information about BCN's Behavioral Health Incentive Program:

1. Log in to our provider portal (availity.com\*\*).

- 2. Click *Payer Spaces* on the Availity menu bar and then click the BCBSM and BCN logo.
- 3. Click Secure Provider Resources (Blue Cross and BCN) on the Resources menu.
- 4. Click *Member Care* > *Behavioral Health*. Look in the "BCN commercial and BCN Advantage" column. Look under the heading "Behavioral Health Incentive Program for BCN commercial".



BCN

The chapter is updated to include instructions for accessing information about BCN's Behavioral Health Incentive Program.

## Requirements for providing behavioral health clinical programs and services

How to access the requirements

To access the documents that outline the requirements for providing various behavioral health clinical programs and services, refer to the BCN <a href="Behavioral Health">Behavioral Health</a> webpage at **ereferrals.bcbsm.com**. Look under the "Clinical program requirements" heading.

These documents include requirements for the following behavioral health programs and services:

- Adult intensive and child intensive services
- Urgent care and crisis services
- Opioid treatment programs
- Partial hospitalization and intensive outpatient programs
- <u>Feeding and eating disorder partial hospitalization and intensive</u> outpatient programs
- Residential psychiatric treatment services
- Residential treatment services for substance use disorders

Use this document to access links to all requirements documents: <u>Various behavioral health programs and services</u>.





This chapter is updated to include a link to the Feeding and eating disorder partial hospitalization and intensive outpatient programs clinical program requirements document.



This chapter is updated to include links to the requirements documents for additional behavioral health clinical programs and services.

### Prior authorization for behavioral health services

Prior
authorization
required for
certain services
covered under
behavioral
health benefit

Certain services covered under a member's behavioral health benefit **must** be authorized by Blue Cross Behavioral Health for both BCN commercial and BCN Advantage members. These services include the following:

- Inpatient/residential admission
- Partial hospitalization
- Applied behavior analysis for autism spectrum disorder services (outpatient)
- Transcranial magnetic stimulation (outpatient)

**Note**: Prior authorization is not required for routine outpatient therapy for mental health and substance use disorders and for medication management services provided by an in-network provider.

#### Additional resources:

- For information about how to submit prior authorization requests for specific dates of service, refer to the document <u>Michigan providers</u>: <u>BCN global referral, plan notification and prior authorization</u> <u>requirements</u> document.
- For information about submitting prior authorization requests, refer to the document <u>Blue Cross Behavioral Health: Frequently asked</u> <u>questions for providers</u>.

Clinical criteria used in authorization decisions

Blue Cross Behavioral Health uses nationally recognized criteria when making medical necessity determinations.

The criteria used to make utilization management decisions are available on these webpages at **bcbsm.com**:

- <u>Services That Need Prior Authorization</u> (commercial)
- Medicare Advantage Prior Authorization

Providers may request a copy of the specific criteria used to make a decision on a member's case by calling Blue Cross Behavioral Health at 1-877-293-2788.

## How the criteria are developed

**BCN** 

National experts, clinical advisory committees and contracted behavioral health clinicians contribute to the development of the criteria Blue Cross Behavioral Health uses to make determinations on prior authorization requests.

The criteria are reviewed and updated, if appropriate, at least annually and are presented at the Clinical Quality Committee for physician input and approval.

Scientific resources for the criteria include:

- Diagnostic and Statistical Manual of Mental Disorders
- Peer-reviewed scientific literature
- Available nationally recognized clinical guidelines

#### BCN works collaboratively with behavioral health practitioners

BCN is committed to a fair and thorough authorization process by working collaboratively with its participating behavioral health practitioners.

Blue Cross Behavioral Health may contact practitioners for additional information about their patients during their review of all levels of care, patient admissions, additional hospital days and requests for services that require medical policy and benefit interpretations.

Blue Cross Behavioral Health bases utilization management decisions regarding care and service solely on the appropriateness of care prescribed in relation to each member's medical or behavioral health condition. Blue Cross Behavioral Health staff members:

- Don't have financial arrangements that encourage denial of coverage or service
- Don't receive bonuses or incentives based on their review decisions

Review decisions are based strictly on medical necessity within the limits of a member's plan coverage.

### Discussing a determination

When there is a question about whether a request for authorization meets medical necessity criteria, the Blue Cross Behavioral Health utilization management clinician consults with a physician reviewer, who may either deny the request or ask the care manager to contact the practitioner for additional information.

When a physician reviewer denies a request, written notification is sent to the requesting practitioner and to the member. The notification includes the reason the request was denied as well as the phone number to call a Blue Cross Behavioral Health physician reviewer to discuss the decision, if desired. The notification also includes instructions on how to appeal the denial.

Providers have the right to discuss a decision related to medical necessity with a Blue Cross Behavioral Health medical director for behavioral health. The purpose of the peer-to-peer discussion is to exchange information about the clinical nuances of the member's medical condition and the medical necessity of the treatment services, not to talk about the criteria.

For decisions on inpatient admissions, Blue Cross Behavioral Health allows onsite physician advisors at contracted facilities to discuss reviews of inpatient admissions with a Blue Cross Behavioral Health medical director. In accordance with Blue Cross and Blue Care Network policy, facilities should initiate peer-to-peer conversations only through their employed physician advisors and not through third-party advisors or organizations.

For information about how to contact Blue Cross Behavioral Health to discuss a behavioral health determination for a member, refer to the document <a href="How to request a peer-to-peer review with a Blue Cross or BCN">How to request a peer-to-peer review with a Blue Cross or BCN</a> medical director. Look under the "Behavioral health services" heading.

## Requesting prior authorization

Providers will incur complete financial responsibility for all services provided without prior authorization from Blue Cross Behavioral Health, when prior authorization is required.

Here are the general guidelines for prior authorization requirements:

- For urgent services that require prior authorization, for members in an emergency room who need inpatient admission and for other member emergencies, submit these requests through the Blue Cross Behavioral Health provider portal or call these requests in to Blue Cross Behavioral Health:
  - o For BCN commercial requests: Call 1-800-482-5982.
  - For BCN Advantage requests: Call 1-800-431-1059.
- **For all other services**, follow the guidelines in the Service Type / Action table found in this section.

For most services that require prior authorization, providers must submit the request via the Blue Cross Behavioral Health provider portal. For additional information, refer to the document <u>Blue Cross Behavioral</u> Health: Frequently asked questions for providers.

**Note:** Michigan's prior authorization law\*\* requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technical problems, such as a power or internet outage.

Blue Cross Behavioral Health responds to all requests for prior authorization via the Blue Cross Behavioral Health provider portal.

Guidelines for requesting prior authorization for mental health and substance use disorder services Providers should use the guidelines in the table below when requesting prior authorization for behavioral health services related to mental health and substance use disorder diagnoses.

Providers should submit prior authorization requests through the Blue Cross Behavioral Health provider portal. For information about how to submit requests, refer to the document <u>Blue Cross Behavioral Health:</u> <u>Frequently asked questions for providers</u>.

**Note**: For guidelines related to applied behavior analysis for autism spectrum disorders, refer to the Covered services for autism spectrum disorder subsection later in this chapter.

Service type	Action / additional information about requesting prior authorization		
Routine outpatient treatment (in outpatient clinic or	Prior authorization is not required for contracted providers who are part of the designated network associated with the member's plan. This applies to the following procedure codes:		
individual provider office settings)	• *90785 • *90836-*90840 • *90853 • *90882		
omes seamige)	• *90791-*90792 • *90846-*90847 • *90865 • \$9484		
	• *90832-*90834 • *90849 • *90880		
Medication management visits without therapy	No referral or prior authorization is needed for the initial evaluation and medication management service when the provider is an MD, DO, nurse practitioner, clinical nurse specialist or physician assistant who is contracted with BCN and who is part of the designated network associated with the member's plan and when these services are provided without therapy.  This applies to procedure codes *99201 through *99205 or *99211 through *99215. The appropriate evaluation/management code must be used.		
Medication management visits with therapy	When there is a therapy service or any other service provided in addition to medication management, that service does not require prior authorization for contracted providers who are part of the designated network associated with the member's plan. This applies to "add-on" procedure codes *90833, *90836 and *90838, which are performed by an MD/DO, nurse practitioner or physician assistant.		
	In addition, any psychotherapy add-on procedure done when another therapist is also treating the member should be coordinated between both treating practitioners. The two components of each visit (the evaluation/management and the add-on psychotherapy service) should be adequately documented in the medical record in case of an audit. This includes documenting the rationale for having two practitioners treat the member concurrently.		
Outpatient TMS services	For outpatient TMS services, prior authorization is required for all dates of service.		
Initial inpatient/ residential or partial hospital	Medical-surgical and behavioral health facilities that wish to arrange for an inpatient/residential or partial hospital admission for psychiatric or substance use disorder treatment should obtain authorization prior to the admission.		



Service type	Action / additional information about requesting prior authorization		
	<b>Note:</b> For intensive outpatient treatment, authorization is required for dates of service before Jan. 1, 2024. For dates of service on or after Jan. 1, 2024, no prior authorization is required.		
	<b>Exception</b> : BCN commercial and BCN Advantage members require prior authorization for IOP services rendered outside of Michigan. This doesn't apply to members who have coverage through Blue Elect Plus.		
	Prior authorization requests can be submitted as follows:		
	When the member is in an emergency department and not yet admitted, and you need an immediate response to your request, call in your request to Blue Cross Behavioral Health:		
	o For BCN commercial requests: Call 1-800-482-5982.		
	o For BCN Advantage requests: Call 1-800-431-1059.		
	<b>Note</b> : The phone lines are in service even when Blue Cross Behavioral Health offices are closed for a holiday. Refer to the document Holiday closures: How to submit authorization requests for inpatient admissions.		
	<ul> <li>When the member has already been admitted, you must submit the initial prior authorization request through the Blue Cross Behavioral Health provider portal.</li> </ul>		
	For additional information, refer to the document <u>Blue Cross Behavioral Health:</u> <u>Frequently asked questions for providers</u> .		
	Blue Cross Behavioral Health will determine medical necessity and, if the member meets criteria, may authorize admission to a BCN network facility. If the member's condition does not meet medical necessity criteria for the level of care requested, Blue Cross Behavioral Health may suggest that other resources for treating the member's condition be explored. As necessary, Blue Cross Behavioral Health will review the case with the Blue Cross Behavioral Health medical director.		
Requesting	All concurrent review requests require prior authorization.		
additional days of inpatient / residential or partial hospital treatment (mental	For additional information, refer to the document <u>Blue Cross Behavioral Health:</u> <u>Frequently asked questions for providers.</u>		
	<b>Note</b> : For partial hospital treatment, to move forward the discharge date without adding days, call Blue Cross Behavioral Health:		
health / substance use disorder)	For BCN commercial requests: Call 1-800-482-5982.		
,	For BCN Advantage requests: Call 1-800-431-1059.		
Subacute detoxification (managed under the mental health- substance use disorder benefit)	Outpatient: No prior authorization is required for providers contracted to provide this service.		
	Inpatient: Providers must obtain prior authorization from Blue Cross Behavioral Health for subacute detoxification. Subacute detoxification is managed by Blue Cross Behavioral Health. Subacute detoxification is a service performed in a licensed freestanding or hospital-based residential treatment facility. It's typically used when the patient's medical problems, if any, are stable and do not require medical monitoring or may require medical management but that can be provided within the program.		

Service type	Action / additional information about requesting prior authorization		
	Prior authorization requests can be submitted as follows:		
	When the member is in an emergency department and not yet admitted to a bed, and you need an immediate response to your request, call in your request to Blue Cross Behavioral Health:		
	o For BCN commercial requests: Call 1-800-482-5982.		
	o For BCN Advantage requests: Call 1-800-431-1059.		
	When the member has already been admitted to a bed, you must submit the initial prior authorization request through the Blue Cross Behavioral Health provider portal.		
Post-emergency services covered under behavioral health benefit	An inpatient admission for mental health or substance use disorder treatment that results from an emergency screening or assessment must be authorized. Prior authorization requests for inpatient admissions are accepted 24 hours per day, seven days per week.		
	All other behavioral health services obtained as the result of an emergency screening or assessment must be authorized.		
	Prior authorization requests can be submitted as follows:		
	When the member is in an emergency department and not yet admitted to a bed, and you need an immediate response to your request, call in your request to Blue Cross Behavioral Health:		
	o For BCN commercial requests: Call 1-800-482-5982.		
	o For BCN Advantage requests: Call 1-800-431-1059.		
	When the member has already been admitted to a bed, you must submit the initial prior authorization request through the Blue Cross Behavioral Health provider portal.		
	For additional information, refer to the document <u>Blue Cross Behavioral Health:</u> <u>Frequently asked questions for providers</u> .		
Psychological or neuropsychological assessment	No referral or prior authorization is needed for providers who are contracted with BCN and who are part of the designated network associated with the member's plan.		
	<b>Note</b> : This applies to procedure codes *96101 through *96105, *96118 through *96120, and *96130 through *96139 when billed by themselves.		



This chapter is updated to show that BCN commercial and BCN Advantage members require prior authorization for IOP services rendered outside of Michigan. This doesn't apply to members who have coverage through Blue Elect Plus.

Guidelines for ambulatory follow up after inpatient discharge BCN believes that adequate management of a member's care immediately after discharge from an acute inpatient hospital stay is an effective intervention in preventing the member's early rehospitalization. In addition, member noncompliance with recommendations for ongoing follow up is a major predictor of rehospitalization.



To improve the likelihood that a member will initiate and continue outpatient care after a behavioral health admission, Blue Cross Behavioral Health requires that the member be seen for his or her initial outpatient visit within the first seven days after discharge. When clinically appropriate, more rapid outpatient follow up is desirable.

Blue Cross Behavioral Health encourages the outpatient provider to meet with the member for an extended period of time following the inpatient admission to do the following:

- Reinforce gains made by the member while hospitalized
- Reinforce the importance of continuing treatment following hospitalization
- Address any barriers to attending outpatient care (for example, dependent care, transportation)
- Identify the member's community supports
- Review the member's safety plan

Blue Cross Behavioral Health staff will complete a follow-up call to the identified outpatient provider to determine the member's compliance with the outpatient follow-up appointment.

#### Covered services for autism spectrum disorder

Autism spectrum disorder services are covered for all members, regardless of age, unless otherwise indicated by the member's benefit description.

Specialists within BCN's provider network are able to serve the various needs of individuals diagnosed with autism spectrum disorder.

The benefits outlined in the table that follows show the guidelines for coverage and for requesting prior authorization. In addition, other medical services used to diagnose and treat autism are included as covered services.

Service	Guidelines for coverage and for requesting prior authorization			
Applied behavior analysis (ABA), a specialized	<ul> <li>For applied behavior analysis, a diagnosis of autism spectrum disorder is required, which must be made through a comprehensive diagnostic evaluation for autism.</li> </ul>		required, which must be made through a comprehensive diagnostic	
treatment for autism spectrum disorder	For information about how members can obtain an autism comprehensive diagnostic evaluation, refer to the following documents:			
	<ul> <li>Obtaining a comprehensive diagnostic evaluation for autism and finding treatment</li> </ul>			
	<ul> <li>Requirements for comprehensive diagnostic evaluations by approved autism evaluation centers and independent evaluation teams</li> </ul>			
	For <b>treatment</b> , the request for applied behavior analysis services must be authorized by Blue Cross Behavioral Health. As part of that process, Blue Cross Behavioral Health must confirm that an approved autism evaluation center or the other autism evaluation providers involved in completing a			

Service	Guidelines for coverage and for requesting prior authorization		
	comprehensive diagnostic evaluation for autism have made a diagnosis of an autism spectrum disorder and documented a recommendation for applied behavior analysis.		
	<b>Note</b> : When questions arise about whether a request for ABA services can be approved, the questions and the associated clinical documentation must be reviewed by a Blue Cross Behavioral Health physician reviewer.		
Other behavioral health services to diagnose and treat	For behavioral health evaluation and treatment not related to applied behavior analysis to be covered, the member needs to be seen by a BCN-contracted behavioral health provider.		
autism	In these cases, follow the guidelines for requesting prior authorization for mental health services.		
Physical, occupational and speech therapy (by therapists) and physical	The provider is responsible for verifying whether each member has autism benefits and, if so, how they are managed.		
	When performed for an autism diagnosis, these services do not require prior authorization.		
medicine services (by athletic trainers and by chiropractors) as	Additional information is available on the BCN <u>PT, OT, ST and Physical Medicine</u> webpage of the <b>ereferrals.bcbsm.com</b> website.		
part of autism spectrum disorder treatment			
Nutritional counseling as part of autism spectrum disorder treatment	Nutritional counseling related to autism spectrum disorder requires neither a referral from the primary care provider nor prior authorization from Blue Cross Behavioral Health.		

### **Medical record documentation requirements**

#### Overview

Providers contracted with BCN to provide behavioral health services are required to follow the guidelines set out in this section for medical record documentation.



Documentation requirements for applied behavior analysis services Providers should refer to the <u>Behavioral health medical record</u> documentation requirements for autism services document for a summary

of requirements related to autism services, including applied behavior

analysis.

This document is found on the BCN Autism webpage at

ereferrals.bcbsm.com.

Documentation requirements for services other than applied behavior analysis

Providers should refer to the <u>Behavioral health medical record</u> <u>documentation requirements and privacy regulations — for services other</u> than ABA document for a summary of requirements related to services

other than applied behavior analysis.

These guidelines apply to all levels of care.

This document is found on the BCN Behavioral Health webpage at

ereferrals.bcbsm.com.

## Medical services that may require behavioral health follow up

Acute detoxification

Acute detoxification is a service performed in an acute-care medical facility that additionally provides specialty consultation and intensive care services.

Acute detoxification services require clinical review through BCN's medical Utilization Management department. Providers should request prior authorization for an inpatient medical admission using the e-referral system. If criteria are met, services are covered under the member's medical benefit.

Emergency room services

All emergency services related to a mental health or substance use disorder condition provided by the emergency department of an acute-care hospital are covered under the member's medical benefit, not under the mental health or substance use disorder benefit.

Medical consultations for mental health or substance use disorder inpatients Medical consultations that occur when a BCN member is admitted as an inpatient to a psychiatric or substance use disorder treatment unit are covered under the member's medical benefit. These services do not require referral or prior authorization.

## Outpatient laboratory tests

Toxicology and drug-of-abuse tests and other outpatient laboratory tests are covered under the member's medical benefit.

All providers contracted with BCN are expected to use only laboratories that are part of the Joint Venture Hospital Laboratories network to perform outpatient laboratory testing for BCN commercial and BCN Advantage members. This includes behavioral health treatment providers who order toxicology, drug-of-abuse and other laboratory tests for these members.

To locate a local JVHL laboratory, call the JVHL Customer Service center at 1-800-445-4979. JVHL also works with providers to address any unique testing needs they may have.

Administering long-acting medications for behavioral health

For Blue Cross Blue Shield of Michigan and BCN members, long-acting medications can be administered by facilities, outpatient providers and home health care agencies contracted with Blue Cross and BCN. These providers can work together to initiate and continue members on these medications.

For detailed information, refer to the document titled <u>Obtaining</u>, <u>initiating</u> and <u>continuing long-acting medications for behavioral health</u>.

**Note**: For information about prior authorization requirements for home health care, refer to the <u>Utilization Management</u> chapter of this manual. Look in the section titled "Guidelines for transitional care."

Psychiatric consultations for medical inpatients

Psychiatric consultations that occur when a BCN member is hospitalized on a medical-surgical inpatient unit are covered under the member's medical benefit. These services do not require prior authorization.

Behavioral health assessment and intervention services Behavioral health assessment and intervention services are used to identify and address the psychological, behavioral, emotional, cognitive and interpersonal factors that are important to assessing, treating or managing a patient's physical health problems.

For behavioral health assessment and intervention services:

• The patient's primary diagnosis must be physical in nature.



- The focus of the assessment and intervention must be on the factors that complicate the patient's medical conditions and treatments.
- The goal is to improve the patient's health and well-being by using psychological or psychosocial procedures or both that are designed to ameliorate specific disease-related problems.

When an appropriately credentialed behavioral health provider delivers services to a member whose primary diagnosis is medical (and not behavioral health), the provider should report the assessment and treatment using the following procedure codes:

- Base codes: \*96156, \*96158, \*96164, \*96167 and \*96170
- Add-on codes: \*96159, \*96165, \*96168 and \*96171

These codes indicate that the focus of the assessment and treatment are the biopsychosocial factors that affect the member's medical care.

**Note**: These services do not require prior authorization.

### Behavioral health integration services

#### Reimbursement for behavioral health integration services

BCN reimburses medical practices that perform behavioral health integration services. These services are reimbursed under members' medical benefits.

There are various behavioral health integration models in a primary care setting; these include the specialty referral model, the Primary Care Behavioral Health model and other models. The two models highlighted by CMS are:

- Collaborative care model of behavioral health integration
- General behavioral health integration model

No medical or behavioral health prior authorization is required for these services.

These services can be billed for both BCN commercial and BCN Advantage members. Providers should use our provider portal (availity.com\*\*) to check each member's benefits and eligibility and to understand specific policy limitations.

## Descriptions and procedure codes

Here's additional information about the two models of behavioral health integration highlighted by CMS:

 The collaborative care model of behavioral health integration, also known as CoCM, enhances the usual primary care services through two added caregiver roles. These added caregivers work with the treating provider, who is either a primary care or specialty care



provider and who manages the overall patient care. The two caregivers who are required along with the treating physician are:

- A behavioral health care manager, who assesses patients and works with them on developing care plans and who regularly meets with the consulting psychiatrist
- A consulting psychiatrist, who provides recommendations through a systematic case review with the behavioral health care manager

Services delivered under the CoCM model are billed monthly using procedure codes \*99492, \*99493 and \*99494 and HCPCS codes G2214 and G0512. These services are performed in a primary care or specialty setting and are billed by the treating medical provider:

- The treating medical provider pays the consulting psychiatrist as part of a separate agreement between them.
- The consulting psychiatrist does not bill Blue Cross or BCN for services. The consulting psychiatrist is reimbursed through a contractual relationship with the treating medical provider.

**Note:** The Physician Group Incentive Program, through the Blue Cross Value Partnerships area, launched a Collaborative Care Designation Program that builds on the Patient-Centered Medical Home foundation.

- The general behavioral health integration model of behavioral health integration may include service elements such as:
  - Systematic assessment and monitoring
  - Care plan revision for patients whose condition isn't improving adequately
  - o A continuous relationship with an appointed care team member

Services delivered as part of this model are billed monthly using procedure code \*99484 and HCPCS code G0511. These services are billed either by the treating medical provider or by the behavioral health provider who bills with modifier AM, HA, HE or TD.

**Note:** These codes are also used to bill chronic care management services. The applicable procedure code for general behavioral health integration is \*99484.

## Initiating office visit required

For both models, an initiating office visit with the treating primary care provider is required prior to billing behavioral health integration services for patients who:

- Are new to the practice
- Have not been seen within the year prior to beginning behavioral health integration services

During this office visit, the treating provider does the following:



- Establishes a relationship with the patient
- Assesses whether the patient would be a good candidate for either collaborative care or general behavioral health integration services
- Obtains consent from the member to discuss his or her treatment with all members of the care team

**Note**: The member's consent can be obtained orally but must be documented in the medical record.

No medical or behavioral health prior authorization is required for this service.

The initiating office visit and the associated cost share are payable according to the member's benefit plan. Providers should use our provider portal (<u>availity.com</u>\*\*) to check each member's benefits and eligibility and to understand specific policy limitations.

## Correct procedure codes

Providers should use the procedure codes in the table below when billing behavioral health integration services. Each code represents accrued time spent during a specific month.

Behavioral health integration model	Code	Description	Guidelines
Collaborative care, or CoCM, model (billed by treating medical provider)	*99492	Initial month of collaborative care services at 70 minutes per month	Cannot bill in the same month as *99484 is billed.
	*99493	Subsequent month of collaborative care services at 60 minutes per month	Cannot bill in the same month as *99484 is billed
	*99494	Add-on code for either *99492 or *99493. Provides an extra 30 minutes of collaborative care per month.	Can bill *99494 more than once per month if needed.  Cannot bill in the same month as *99484 is billed.
	G0512	60 minutes or more of care in rural health clinic or federally qualified health center.	G0512 is the only code allowable for Medicare or Medicaid beneficiaries in these settings. No other behavioral health integration codes can be billed when using G0512.
	G2214	30 minutes of care for initial or subsequent psychiatric collaborative care management.	Cannot bill in the same month as *99484, *99492, *99493 or *99494 is billed.

Behavioral health integration model	Code	Description	Guidelines
health integration model (billed either by the treating medical provider or	*99484	Initial or subsequent month of general behavioral health services at 20 minutes per month	Cannot bill in the same month as *99492, *99493, *99494 or G2214 is billed.
	G0511	20 minutes or more of chronic care management services or behavioral health integration services in a rural health clinic or federally qualified health center.	G0511 is the only allowable code for Medicare or Medicaid beneficiaries in these settings. No other behavioral health integration codes can be billed when using G0511.

### More billing details

Here is additional information that's important when billing behavioral health integration services:

- These services should be billed once per month. The monthly claim should include all the time spent on a patient that month by both the behavioral health case manager and the consulting psychiatrist who are coordinating care with the treatment team for that patient.
- The care coordination should be billed using the appropriate units of time according to the code descriptions.

**Example**: Three hours of "subsequent month" time billed by the primary care provider in February would be billed on April 30 as 1 unit of \*99493 and 4 units of \*99494.

### Additional information

Providers may access additional information about behavioral health integration in MLN909432, titled <u>Behavioral Health Integration Services</u>.\*\* This is published by the U.S. Department of Health & Human Services.



This chapter is updated to clarify which providers can bill for specific behavioral health integration codes.

### **Coordination of care**

Coordination of care is a high priority

The coordination of care between primary care providers and other providers, including behavioral health providers, is a high priority. Processes are in place to ensure appropriate communication between a member's behavioral health provider and primary care provider.

### Guidelines related to obtaining the member's written consent

The following guidelines apply to whether written consent for the release of information for coordination of care is required:

- The member's written consent is not required for behavioral health providers to disclose pertinent mental health treatment information to medical care providers in the interest of coordinating care. This includes information such as the following:
  - Diagnosis
  - Encounter data
  - Prescriptions
- The member's signed, written consent is required for the following:
  - Disclosure of substance use disorder treatment information
  - Disclosure of HIV treatment information
  - Release of therapy notes

The Michigan Department of Health and Human Services has made available a standard consent form for sharing behavioral health and substance use disorder treatment information. Providers should visit <a href="michigan.gov/bhconsent">michigan.gov/bhconsent</a>\*\* to access the MDHHS-5515 Consent to Share Behavioral Health Information form and to read more about it. Below is some additional information about this form:

- The form complies with Public Act 129 of 2014.
- Although providers are not required to use this form, they are required to accept it.

## Discussing coordination of care with members

When BCN members call for a referral to a behavioral health provider, the Blue Cross Behavioral Health clinician advises them of the importance of the coordination of care between medical and behavioral health providers and, if the treatment in question is for a substance use disorder, discusses the benefits of signing a release to allow communication.

All behavioral health providers must discuss the importance of coordination of care with all the BCN members they treat. If a member is admitted to an inpatient facility for mental health treatment, the primary care provider should be informed of the admission and should assist in the coordination of all medical consultations. If a member is admitted to an inpatient facility for substance use disorder treatment, they should be encouraged to sign a written consent form to allow communication between the behavioral health provider and primary care provider. If the member signs the consent, the primary care provider must be informed of the admission and must assist in the coordination of all medical consultations.

### Expectations of providers

Behavioral health providers are expected to communicate the following information to the member's primary care provider, to promote the



appropriate coordination of care between the member's behavioral health providers and other providers involved in the member's care:

- The fact that the member is receiving behavioral health treatment
- The date of the clinical evaluation
- The member's psychiatric diagnosis
- The names of all psychotropic medications prescribed by the behavioral health provider
- The types of specialized mental health or substance use disorder treatment the member is involved in
- The dates of any mental health or substance use disorder hospitalizations
- The member's medical conditions that require attention and their relationship to the member's psychiatric or substance use disorder condition
- The name, location and telephone number of the behavioral health provider
- An invitation to the primary care provider to contact the behavioral health provider as needed

**Note**: All information that does not require a member's consent should be communicated as described above. Behavioral health providers are responsible for obtaining the member's consent before releasing substance use disorder treatment information and any other member consents that they deem appropriate or necessary.

## Standards for coordination of care

The following standards are related to the coordination of care for BCN members involved in behavioral health treatment:

Outpatient behavioral health providers will do the following:

- Notify the member's primary care provider within 30 days of prescribing psychotropic medication
- Consult with the clinicians who treated the member in the preceding inpatient level of care, when applicable
- Refer member to follow-up psychosocial support services, when appropriate

Behavioral health providers will do the following for members in inpatient/residential, partial hospital and intensive outpatient levels of care:

- Communicate with the member about follow-up appointments, prior to discharge
- Communicate discharge summaries to follow-up clinicians

In addition, behavioral health providers will do the following for members in inpatient/residential care:

- Arrange follow up prior to, and within seven days of, discharge
- Notify the member's primary care provider regarding hospitalization within 30 days of discharge
- Consult with the clinicians who treated the member in the preceding level of care, when applicable, within 24 hours of admission

All behavioral health providers will notify the member's primary care provider about the physical conditions the member has that require attention.

Monitoring compliance with coordination of care

BCN monitors the compliance of behavioral health providers with the BCN standards for continuity and coordination of care by reviewing the records of behavioral health providers.

### Member complaints and grievances

## Member complaints

Member complaints or concerns related to behavioral health care or treatment are addressed in the same way member complaints about other types of care are addressed.

A description of the manner in which member complaints are handled is provided in the Member Rights and Responsibilities chapter of this manual.

## Member grievances

If a member's concern has not been resolved by BCN to his or her satisfaction, the member may (as a next step) file a formal grievance.

Member grievances related to behavioral health care or treatment are addressed in the same manner in which grievances related to other types of care are addressed.

A description of the member grievance process is provided in the Member Rights and Responsibilities chapter of this manual.

### **Provider appeals**

Appealing utilization management decisions

All providers have the right to appeal an adverse decision made by Blue Cross Behavioral Health.

To submit an appeal of a prior authorization or concurrent review request that wasn't approved, follow the instructions in the determination letter.

Appealing administrative denials

Administrative denials are determinations made by BCN in accordance with administrative policies and procedures and/or contract language. These determinations are not based on medical necessity or appropriateness.

Additional information about administrative denials and the process for requesting a reconsideration is provided in the <u>Utilization Management</u> chapter of this manual. Look in the section titled "Administrative denials."

### Claims for behavioral health services

Electronic claims submission

Electronic billing is faster, easier and more accurate than filing paper claims. Providers who wish to learn more about filing claims electronically can visit **bcbsm.com/providers** > Help > Provider online tools > How do I sign up for Electronic Data Interchange?

For additional information on submitting claims electronically, providers should refer to the Claims chapter of this manual.

Paper claims submission

Paper claims for mental health and substance use disorder services, including emergency room claims, must be submitted to:

#### For BCN commercial claims

Blue Care Network P.O. Box 68710 Grand Rapids, MI 49516-8710

#### For BCN Advantage claims

BCN Advantage P.O. Box 68753 Grand Rapids, MI 49516-8753

No handwritten claims are accepted.

Information related to Blue Cross Complete claims is found in the *Blue Cross Complete Provider Manual*, which is available through the Blue Cross Complete Resources for Providers webpage.

# Making the transition to electronic claims submission

For smaller provider offices currently submitting paper claims who would like to submit claims electronically but without the expense of purchasing software, our provider portal (<u>availity.com</u>\*\*), has a Direct Data Entry claims submission tool that is available to registered Availity Essentials<sup>TM</sup> users.

### Billing instructions

To access additional information on how to bill some types of behavioral health claims:

- 1. Log in to our provider portal (<u>availity.com</u>\*\*).
- 2. Click *Payer Spaces* on the Availity menu bar and then click the BCBSM and BCN logo.
- 3. Click Secure Provider Resources (Blue Cross and BCN) on the Resources menu.
- 4. Click *Billing and Claims > BCN and BCN Advantage*. Look in the "BCN commercial and BCN Advantage" column.

Providers can also refer to the following documents available at **ereferrals.bcbsm.com** > BCN > Behavioral Health:

- Requirements for providing behavioral health services to BCN members
- LLPs and LMFTs Frequently asked questions.

For billing purposes, behavioral health providers can check their contract to remind themselves of the type of affiliation they have with BCN.

**Note**: For supervision of clinical work with patients, behavioral health providers should follow the requirements associated with their state-issued license or registration. This includes, for example, requirements for the minimum number of supervision hours, the proximity of the supervisor to the treating practitioner and the keeping of notes and records. BCN does not provide guidance for clinical supervision.

#### Billing telehealth services

For information about billing behavioral health telehealth services, refer to the subsection titled "Behavioral health telehealth services", earlier in this chapter.

### Billing split or shared visits

Split or shared visits occur when more than one therapy provider has provided services to the same Blue Cross or BCN member during the same time interval – for example, from 1 to 2 p.m. on a specific day for a member involved in physical therapy, occupational therapy, speech therapy and applied behavior analysis.



For guidelines on billing split or shared visits, including those related to behavioral health services, refer to the Claims chapter of this manual. Look in the subsection titled "Guidelines for billing split or shared visits."



This chapter is updated to show that information about billing split or shared visits, including those related to behavioral health services, can be found in the Claims chapter of this manual.

## Considerations for autism-related services

Providers should refer to the <u>Autism services: Billing guidelines and procedure codes</u> document for more information. This document is on the BCN Autism webpage at **ereferrals.bcbsm.com** > BCN > <u>Autism</u>.

### Billing for comprehensive opioid treatment programs

For information on billing for comprehensive opioid treatment programs, refer to the Claims chapter of this manual. Look in the section titled "Reimbursement guidelines for providers who offer comprehensive opioid treatment."

## Claims inquiries

To obtain assistance with behavioral health services claims inquiries, providers can call Provider Inquiry. To identify the phone number, visit the For Providers: Contact Us webpage and make the pertinent selections.

Providers can use our provider portal (<u>availity.com</u>\*\*) to check the status of both pending and finalized claims.

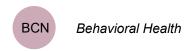
Providers authorized to submit claims electronically may also electronically validate the adjudication status (pending, paid or denied) of claims accepted for processing. This can be done in the following instances:

- When the provider is authorized to use the HIPAA-mandated Health Care Claim Status Request and Response (276/277) transaction standard
- Through the provider's vendor/clearinghouse, when they are set up to use this transaction

Additional information on how to submit claims or claim status inquiries electronically is available at **bcbsm.com/providers** > Help > Provider online tools > How do I sign up for Electronic Data Interchange?. Click the pertinent link and follow the prompts.

## Additional information about claims

For additional information about claims, including about appealing claims denials, providers should refer to the Claims chapter of this manual.



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Availity<sup>®</sup> is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Carelon Behavioral Health is an independent company that manages the prior authorizations for Healthy Blue Choices<sup>SM</sup> POS members.

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