BlueCross BlueShield of Illinois

2025 Provider Manual – Behavioral Health Program

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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Behavioral Health Program (Mental Health and Substance Use Disorder)

The Blue Cross and Blue Shield of Illinois Behavioral Health Program encompasses a portfolio of resources that help BCBSIL members access benefits for behavioral health (mental health and substance use disorder) conditions as part of an overall care management program. BCBSIL has integrated behavioral health care management with our member Well Being Management medical care management program to provide better care management services across the health care community. It also allows our clinical staff to assist in the early identification of members who could benefit from co-management of behavioral health and medical conditions.

The BH team utilizes nationally recognized, evidence based and/or state or federally mandated clinical review criteria for all of its behavioral health clinical decisions.

For its group and retail membership, BCBSIL licensed behavioral health clinicians utilize the MCG™ care guidelines for mental health conditions. Licensed behavioral health clinicians under BCBSIL utilize the American Society of Addiction Medicine's *The ASAM Criteria*: *Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* for addiction disorders. In addition to medical necessity criteria/guidelines, BH licensed clinicians utilize BCBSIL Medical Policies, nationally recognized clinical practice guidelines (located in the Clinical Resources section of the BCBSIL website) and independent professional judgment to determine whether a requested level of care is medically necessary.

The appropriate use of treatment guidelines requires professional medical judgment and may require adaptation to consider local practice patterns. Professional medical judgment is required in all phases of the health care delivery and management process that should include consideration of the individual circumstances of any particular member. The guidelines are not intended as a substitute for this important professional judgment.

The availability of benefits will also depend on specific provisions under the member's benefit plan.

BCBSIL manages behavioral health care services for most **non-HMO** members who have behavioral health benefits (such as BCBSIL PPO, Blue HPN℠, Blue Choice PPO,℠ and MyBlue Plus (POS) members). ***Exception:*** Behavioral health care services for some employer groups are managed by other behavioral health vendors. If there are questions, call the number on the member's ID card.

BCBSIL also manages behavioral health care services for **Federal Employee Program** members. FEP members must request prior authorization for Applied Behavior Analysis services and FEP recommends members request an advanced benefit determination (or predetermination) for Transcranial Magnetic Stimulation. FEP members are not required to request prior authorization for any other outpatient behavioral health services, including Partial Hospitalization Programs.

BCBSIL does ***not*** manage behavioral health services for **HMO Illinois®, Blue Advantage HMO℠, Blue Precision℠, and BlueCare Direct℠.** For these HMO members, BCBSIL has delegated administration of mental health and substance abuse services to each member's Medical Group/Independent Practice Association.

Prior Authorization Requirements for Behavioral Health Services

Prior authorization is intended to facilitate the most appropriate level of care, in the most appropriate setting, at the right time. Prior authorization may be obtained by the member's PCP, treating specialist or facility. BCBSIL reviews requests for prior authorization, including medical necessity and benefit determinations, prior to services being rendered.

Recommended Clinical Review for Behavioral Health Services

Recommended clinical reviews are optional medical necessity reviews conducted before, during or after services are provided. Submitting a request prior to rendering services provides information of situations where a service may not be covered based on medical necessity criteria. The recommended clinical review process evaluates the medical necessity of a service but does not guarantee the service will be covered under the member's benefit plan.

Process for Verifying Benefits

In order to determine whether Prior Authorization is required or that Recommended Clinical Review is recommended, Behavioral health professionals and physicians should always verify eligibility and benefits prior to providing services:

- **Online –** Submit an electronic eligibility and benefits (HIPAA 270) transaction to BCBSIL via the secure Availity® Essentials website, or through your preferred vendor portal; or
- **Telephone** – Call the number listed on the member's ID card.

Process for requesting Prior authorization and Recommended Clinical Review

Behavioral health professionals and physicians are responsible for requesting prior authorization and can request Recommended Clinical Review.

- **Online-**
  - (If BlueApprovR is available) Submit requests electronically using our BlueApprovR tool**.** BlueApprovR is accessible through Availity® Essentials.
  - (If BlueApprovR is not available) Submit requests electronically using the Availity Authorizations tool.

- **Telephone-**
  - If you are unable to submit a request electronically through BlueApprovR or Availity, call the number on the member's ID card.

Failure to obtain Prior Authorization when it is required for Behavioral Health Services

- If prior authorization is required but not obtained for outpatient behavioral health treatment, the behavioral health professional or physician may be subject to a penalty and will be asked to submit clinical information for a medical necessity review.
- Medically unnecessary claims will not be reimbursed. The member may be financially responsible for services that are deemed medically unnecessary.

Resources

Additional information on our Behavioral Health Program can be found on our website at bcbsil.com/provider, in the Clinical Resources section.

Verification of benefits and/or approval of services after prior authorization are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet

MCG. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.