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Welcome

Thank you for joining our network. Independence Blue Cross (IBX) is committed to building collaborative relationships with behavioral health Providers to help ensure quality and equitable care.

Please take time to familiarize yourself with the Behavioral Health section of the Provider Manual, as we've included important information to help you work with us.

Overview

With a commitment to whole person health, IBX contracts and manages our own behavioral health network. This approach to behavioral health takes a Member's whole health and their equitable access to care into account. It is intended to help guide care journeys for our Members that have more acute and chronic care needs. It will also ensure seamless handoffs to IBX case managers for follow-up support.

IBX contracts directly with behavioral health Providers to develop and manage the mental health and substance abuse disorder (SUD) benefits for the majority of our Members with HMO, POS, PPO, EPO, Federal Employee Program (FEP), and Traditional (Indemnity) coverage.

Benefits vary based on plan type and employer group. Not all employer groups use IBX for behavioral health benefits. Providers should check the member's behavioral health coverage with the Eligibility & Benefits transaction within Practice Management (PM) on the *Provider Engagement, Analytics & Reporting (PEAR) portal* or by contacting IBX.

IBX's core service offerings include a focus on equitable access to care, care navigation, and managing the connection between behavioral and physical health for both acute and chronic care needs.

In addition, IBX offers a Mental Health Incentive Program (MHIP). MHIP utilizes metrics to assess quality performance for mental health outpatient/professional practices (excludes substance use services).

This program ensures that practices are providing quality mental health care and effectively managing the care of their patient population.

Learn more by reviewing the *Behavioral Health resource page* on the Provider News Center.

Key resources

IBX provides a variety of resources listed below:

- *Claims and Customer Service contact information*
- General inquiries and/or questions about contracts
- *Credentialing process*
- *Enroll in our PEAR portal*
- *Common Provider forms*
- Clinical practice guidelines
- *Behavioral Health resource page*

Behavioral Health Case Management

Behavioral Health Case Management activities are provided by licensed behavioral health case managers and registered nurses. An essential part of our behavioral health case management program is our integrated physical and behavioral health approach. Our Care Management program cohesively supports the whole person, including behavioral health, preventive health, new diagnosis, and/or managing chronic or complex health situations. We look at the entire health care continuum to support the whole person, looking at the person's medical condition from all perspectives and providing longitudinal support.

Our Behavioral Health Case Managers are particularly knowledgeable about the resources available in the region and are able to address any challenges related to accessing needed care. An important part of behavioral health case management is integrated communication between Behavioral Health Case Managers and their medical care management counterparts, Registered Nurse Health Coaches, as well as coordination among all those involved in a Member's treatment.

The behavioral health team works collaboratively with the Plan Care Management team to identify and appropriately refer Members to ensure optimal medical and behavioral health status. You may refer a Member for Case Management by calling 1-844-505-2500 or emailing us at *BHCMReferrals@ibx.com*.

In addition, our clinical triage unit, consisting of licensed behavioral health clinicians who are experienced in managing crisis situations and rapid connection to quality care, is available to our Members.

The Clinical triage team works hand in hand with customer service to address clinically escalated cases, provide in-the-moment crisis management, and assist with connecting Members to care. The team is knowledgeable in de-escalation, assessment, and resource identification for expedited connection to care.

Triage Case Managers use established screening tools for suicide and SUD that assist with identifying urgency, assess needs, and offer appropriate treatment options, including warm hand offs to available quality Providers.

Members who need ongoing care management are referred to the Behavioral Health Case Management team. The Plan also promotes use of digital tools and other self-service resources to continue to improve the Member experience.

Emergency admissions

Preapproval/Precertification for Emergency admissions is not required. However, hospitals are required to notify IBX — using PEAR PM — of all Emergency admissions within two business days of admission. If PEAR PM is not available, please contact the Utilization Management (UM) department at 1-800-ASK-BLUE (1-800-275-2583) to provide notification.

When submitting the initial authorization request for an Emergency inpatient admission, we require that a full 24 to 48 hours of clinical treatment and patient response be provided. This information can be submitted to us via phone, fax, or secure email.

Obtaining behavioral health services

Utilization Management

IBX performs UM services for behavioral health services, including Applied Behavior Analysis (ABA).

Providers should instruct Members to call the mental health/substance use disorder services telephone number on their Member ID card to access behavioral health services. IBX will provide information for Members to contact for services. Members can also search for a behavioral health Provider by using the online *Find a Doctor* tool.

Preapproval/Precertification and continuing authorizations are not required for routine and medication management outpatient behavioral health services under most IBX benefits plans.

However, Preapproval/Precertification *is required* for inpatient services, residential treatment, partial hospitalization, intensive outpatient, ABA services, and Transcranial Magnetic Stimulation (TMS) services. When you call 1-800-688-1911 to obtain an authorization, you will speak to an IBX authorization intake specialist.

Benefits vary based on plan type and employer group. Not all employer groups use IBX for behavioral health benefits. Providers should check the member's behavioral health coverage using the *Eligibility & Benefits* transaction in PEAR PM or by contacting IBX.

Note: When HMO, POS, PPO, and EPO Members receive services from an IBX Provider, the Provider is responsible for obtaining any required Preapproval/Precertification.

HMO/referred (in-network) POS Members

In order for HMO/referred (in-network) POS Members to receive in-network behavioral health benefits, they must use an IBX HMO/referred (in-network) POS Provider. Members can select any participating IBX HMO/referred (in-network) POS network Provider (Referrals are not required).

All HMO/referred (in-network) POS inpatient, non-emergency admissions, Partial Hospitalization Programs, Intensive Outpatient Programs, ABA services, TMS, and home health services must be Preapproved/Precertified by contacting IBX.

Preapproval/Precertification is *not* required for outpatient routine behavioral health visits or outpatient office treatment for SUD.

PPO/EPO Members

In order for the majority of Members with PPO or EPO coverage to receive in-network behavioral health benefits, they must use the IBX PPO Provider network. Please note that Members with EPO coverage do not have out-of-network behavioral health benefits.

Claims submission

Refer to the *payer ID grids* for the appropriate claims submission information for PPO and EPO Members.

FEP PPO Members

In order for Members with FEP PPO coverage to receive in-network behavioral health benefits, they must obtain Preapproval/Precertification for inpatient services.

Professional behavioral health services

- FEP Members must use the Highmark Blue Shield Premier Blue Mental Health and Substance Abuse professional Provider network.
- Benefits and eligibility must be obtained from Highmark Blue Shield's Behavioral Health Services unit at 1-800-258-9808. FEP Member eligibility can also be verified by contacting FEP Customer Service at 215-241-4400.

Facility behavioral health services

- FEP Members must use the IBX PPO facility Provider network to receive in-network behavioral health benefits. Benefits vary based on FEP plan type. All inpatient services must be Preapproved/Precertified by calling IBX.
- Benefits and eligibility can be verified by contacting FEP Customer Service at 215-241-4400.

Claims submission

Refer to the *payer ID grids* for the appropriate claims submission information for FEP PPO Members.

Traditional (Indemnity) Members

IBX also manages the behavioral health benefits for Traditional Members.

Claims submission

Refer to the *payer ID grids* for the appropriate claims submission information for Traditional Members.

Network requirements

Access to care: Outpatient appointment and availability standards

To ensure that Members have adequate and timely access to appropriate care, participating Providers are expected to maintain standards of availability for appointments. For more information, please refer to the *Manual resource page* and select Section 7: Quality Management.

After Hours and Emergency Care:

Professional Providers shall maintain coverage 24 hours a day, seven days a week, or offer a reliable 24-hours-a-day, seven-days-a-week live answering service or voicemail message, whereby Members can receive instructions for how to access assistance in an urgent or Emergency event.

During the course of care, Providers are expected to continually assess the urgency of the Member's needs and provide services within the timeframe that meets the clinical urgency.

Services rendered by supervising Practitioners

To support access to behavioral health care services, IBX allows reimbursement for services provided by some supervised social workers, therapists, and counselors as long as they are supervised and billed by the supervising, credentialed, and contracted Practitioner. Licensed Social Workers (LSW) or Licensed Master Social Workers (LMSW) are Providers who have graduated from social work or social welfare master's degree programs and are in the process of meeting applicable requirements to be licensed as a Licensed Clinical Social Worker (LCSW) under the state laws and regulations in which they practice. This includes clinical practice under the supervision of a Supervising Provider of the same state (PA, NJ, DE, or MD).

Licensed Marriage and Family Therapists (LAMFT) are licensed as an associate marriage and family therapist and are obtaining supervised clinical experience for the purpose of becoming a Licensed Marriage and Family Therapist under the state laws and regulations in which they practice.

Licensed Associate Professional Counselors (LAPC) are licensed as an associate professional counselor and are obtaining supervised clinical experience for the purpose of becoming a Licensed Professional Counselor under the state laws and regulations in which they practice.

This provision applies only to Commercial Members.

It does not apply to:

- Medicare Advantage
- Members where IBX is secondary
- Where coordination of benefits applies

To be eligible for reimbursement, supervised social workers, therapists, and counselors, as well as their Supervising Provider, must fulfill the following requirements for supervised services:

- The supervised LSW/LMSW, LAMFT, or LAPC must work under the supervision of a contracted and credentialed IBX Provider.
- The Supervising Provider, who must be contracted and credentialed, is required to comply with state regulations and requirements, including all state codes pertaining to qualifications and standards for supervisors.
- Services provided must include covered services and be billed by the Supervising Provider (again, credentialed and contracted) using modifier AJ to identify that the Member was treated by another Practitioner under the supervision of the identified rendering Practitioner.
- The Supervising Provider or practice must have procedures in place to ensure that Members are screened, assessed, and appropriately assigned treatment with a provisionally licensed Practitioner.
- The participating Provider must conduct verification for each non-credentialed Provider's training and education.
- Any IBX Member being treated by a provisionally licensed LSW/LMSW, LAMFT, or LAPC practicing under the supervision of a Participating Practitioner must:
  - Be informed of the supervisory relationship;
  - Be provided with the supervising Practitioner's contact information; and
  - Provide written consent to treatment with the provisionally licensed Practitioner.

A supervised associate-level Provider who has passed independent licensure examination and is pending IBX credentialing should continue to provide services under the Supervising Provider requirements described above.

Labs

Lab benefits should be checked for all Members.

- HMO Members must utilize the appropriate capitated labs designated by their primary care physician (PCP).
- All other Members must utilize an IBX participating lab site.

On-site, basic urine drug screening tests shall be considered a Covered laboratory Service and shall be included in the per diem rate. In the event that more extensive laboratory services are required beyond what the Provider is able to perform on-site, Providers shall refer Members to a Participating laboratory Provider in the Member's health plan network.

The in-network laboratory Provider is responsible for billing the health plan for Covered Services rendered to IBX Members.

For Intensive Outpatient Programs (IOP) for a behavioral health or SUD diagnosis, the per diem rates are inclusive of all therapy, clinical, ancillary, diagnostic, and professional services, including but not limited to a basic on-site urine drug screening test.

PCP and Behavioral Health Provider communication

Our *Clinician Collaboration Form* gives Providers the opportunity to communicate vital information to behavioral health Providers. The form can be downloaded from our website at *ibx.com/providerforms*. The form can also be filled out electronically for medical record keeping and electronic transmission purposes.

The form can aid Providers in discussions with patients about behavioral health treatments and promote collaboration in care between PCPs and behavioral health Providers. The form supports the exchange of relevant health information between Providers and includes medication use (to avoid contraindications), past and present medical conditions, allergies, relevant laboratory results, and contact information for the referring Physician.

Providers must secure patient consent to forward personal information.

Applied Behavior Analysis

We have extended our commitment to improved access and integrated case management services to include ABA therapy. In order to support collaboration with ABA Providers, please find pertinent information below and in other referenced sections of the Provider Manual.

Key information for ABA Providers

In addition to *key resources*, please find contact information specific to ABA below.

Autism Case Management Team

Members can reach the Autism Case Management team Monday through Friday from 8 a.m. to 6 p.m. by calling 1-800-688-1911.

Provider Network Services

Providers are encouraged to verify eligibility and benefits as ABA benefits and authorization requirements are determined by the specific plan benefit. Routine verification of insurance benefits is recommended to prevent disruption of services. Providers can call the number on the back of the Member's insurance card for eligibility and benefits or check the Member's behavioral health coverage with the Eligibility & Benefits transaction in PEAR PM.

For billing and claims questions, contact Provider Customer Service at 1-800-ASK-BLUE (1-800-275-2583).

Provider demographic updates

For information on how to submit changes to your Provider demographics, please refer to the *Administrative Procedures* section of the Provider Manual.

ABA Provider qualifications

- Master's and doctoral level Board-Certified Behavior Analyst (BCBA) Practitioners are required to successfully complete the credentialing review process prior to contracting as an in-network Provider.
- Bachelor's level behavior analysts and support staff/technicians are not required to complete credentialing as they function under the supervision of licensed, credentialed Practitioners.

- Only credentialed Providers may bill ABA services as in-network Providers.
- Group practices: To be an in-network group Provider, the group must be contracted with IBX and all master's and doctoral level BCBA Practitioners within the group must be individually credentialed by IBX.
- A Practitioner who leaves the group practice and is also not contracted with IBX under an individual Provider participation agreement is no longer considered an active participating IBX Provider.

For more information on the credentialing process, please visit the *IBX website*.

Covered services

A diagnosis of autism is required for ABA benefit eligibility. For information on the IBX ABA coverage policy, please visit *ibx.com/medpolicy*.

Autism Case Management

The IBX Autism Case Management program consists of a specialized team committed to supporting members and Providers in the treatment of autism spectrum disorder (ASD), including ABA. This multidisciplinary team includes the following professionals:

- Autism Care Navigators: Assist with benefit verification, eligibility, authorizations, and referrals for autism-related services;
- Autism Case Managers: Coordinate care and address complex medical and behavioral needs to ensure a comprehensive and integrated approach to autism care;
- BCBA Care Managers: Review authorization requests and collaborate with Providers to ensure effective treatment planning using evidence-based interventions.

ABA authorizations

- To make a request for ABA treatment services, Providers should fax requests to 215-238-2500, using the *Applied Behavior Analysis Prior Authorization Form*.
- This form should be completed by a Provider with full knowledge of the patient's current clinical presentation.
- For a summary of information to include for the medical necessity review, please see the section in the *Applied Behavior Analysis Prior Authorization Form* entitled 'Supporting clinical documentation for medical necessity.'
- Providers are encouraged to submit requests at least two weeks prior to the start of services and ensure that the start dates and hours/units are accurate to avoid claims/billing issues.
- Coverage, including treatment settings, is subject to the terms, conditions, and limitations of the Member's contract.
- Caregiver training is an essential component of ABA services. If parents choose not to participate or are unable to engage in caregiver training, Providers must document the reason for non-participation in the clinical record. Caregiver training hours should increase to a higher ratio of total direct line therapy hours if member goals address activities of daily living, as the Provider plans for transition to a lower level of care or as the Member approaches termination of benefits based on benefit coverage.

For questions about authorizations, ABA services, or to discuss a Member's need for case management services, please call the Autism Case Management team at the number above.

Authorization determinations

- A BCBA Care Manager will review your request, treatment plan, and supporting data. The clinical information received is reviewed based upon InterQual® medical necessity criteria for ABA, IBX medical policy, and the Member's specific benefit plan. If additional information is required, Provider response is important in ensuring a timely process.
- Authorization determinations are communicated by telephone and letter.

If requests do not meet medical necessity criteria upon review by the BCBA Care Manager, they will either reach out to the Provider to discuss the request further or refer the request for Peer Review by a Board-Certified Physician. Information on how to schedule a peer discussion and how to initiate an appeal will be communicated with each denial or partial approval.

Psychological testing

While psychological testing does not require prior authorization, the individual's medical record must reflect medical necessity for the care provided. Please consult our medical policy at *ibx.com/medpolicy* for details on medical necessity and benefit coverage information.

Telehealth services

In addition to telemedicine services for physical health, tele health services are available to IBX Members from IBX Providers Tele health care is defined as behavioral health services delivered through interactive telecommunications when the Member and the behavioral health Provider are not in the same physical location, as defined in the IBX telemedicine policy, which can be found at *ibx.com/medpolicy*.

This benefit is only available when provided by a Participating Provider in the IBX network.

Coverage for telehealth services may vary among plans. It is important for Providers to verify coverage prior to rendering tele health services. Providers can call the number on the back of the Member’s insurance care for eligibility and benefits.

Additional requirements for telemedicine-only services

Practitioners who provide only telemedicine services must be participating in the IBX network and be licensed in the state in which the Member to whom the services are provided is located. Practitioners shall be prohibited from providing services to Members in states in which the Practitioner is not licensed.