

Changes to the BCBSIL Behavioral Health Care Management Program Frequently Asked Questions

This program applies only to members who receive behavioral health care benefits through Blue Cross and Blue Shield of Illinois (BCBSIL). Please check the member's ID card for verification.

BCBSIL has made a change to its new Behavioral Health program effective Jan. 1, 2011. The preauthorization requirement for outpatient professional behavioral health visits has been eliminated except as identified below.

1. Q: Why was the program changed?

A: The program was changed to address concerns that preauthorization requirements for outpatient professional behavioral health visits might inhibit members' access to behavioral health care services.

2. Q: Why did BCBSIL require preauthorization for outpatient professional behavioral health services?

A: The intent of BCBSIL's program is to help members access behavioral health benefits and to improve coordination of care between medical and behavioral health care providers. The outpatient preauthorization process was designed to:

- give members guidance regarding care options and available services based on their benefit plan,
- help members identify network providers that best fit their care needs, and
- identify co-existing medical and behavioral health conditions earlier.

3. Q: Will the outpatient preauthorization requirement be eliminated for all outpatient behavioral health services?

A: No. The following services will require preauthorization before the initiation of services:

- Outpatient Electroconvulsive Therapy (ECT)
- Psychological testing
- Neuropsychological testing
- Partial hospital admissions
- Intensive outpatient programs

4. Q: Who is responsible for requesting preauthorization for the outpatient services listed above?

A: Members are responsible for requesting preauthorization. Providers may request preauthorization on the member's behalf.

5. Q: What happens if a member fails to request preauthorization for the services listed above?

A: If a member receives any of the behavioral health services listed above without requesting preauthorization, the provider will receive notification to submit clinical information for a medical necessity review. The member will also receive notification. Medically unnecessary claims will be denied.

6. Q: Are there changes to the claims submission process?

A: No. There are no changes to the claims submission process.

All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan.