

PROVIDERFACTS



2010 FEP Benefit Changes for Mental Health and Substance Abuse Services

Effective January 1, 2010, members participating in the Federal Employees Health Benefits Program (FEP) are required to have prior approval for all outpatient mental health and substance abuse services. Visits for pharmacotherapy (medication management – Physicians' *Current Procedural Terminology* [CPT] code 90862) or psychological testing (CPT codes 96101, 96102 and 96103) are excluded.

For new patients, obtained demographic information and any presenting symptoms may be submitted to start the certification process. Once the member has been evaluated, the **Psychiatric Outpatient Certification Form** should be completed and faxed to Blue Cross and Blue Shield of Alabama's Health Management Department at 205-220-6536 or toll free at 866-218-6536.

Treatment plans will be accepted through June 30, 2010. A maximum of eight visits will be reviewed and additional visits will be reviewed upon submission of updated clinical information. A new treatment plan is requested for July 1, 2010, through December 31, 2010, if continued care is required. Providers will be notified of our decision, and claims will be processed based on the member's benefits.

The submission of a treatment plan does not guarantee payment and is subject to the availability of benefit coverage at the time services are rendered. Treatment plans will be subject to utilization review and may be submitted for peer review if medical appropriateness cannot be established.

Important Information

The following disclaimer is applicable to all telephone inquiries and automated communications systems (i.e., telephone and fax) to Blue Cross and Blue Shield of Alabama:

The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan and no employee of Blue Cross and Blue Shield of Alabama has authority to enlarge or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur under certain circumstances. There will be no benefits available if such circumstances occur.

Note: Please refer to our web site, www.bcsal.com, for the most current benefit and policy information.