



## 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



This chapter is updated with instructions for finding information on our provider portal ([availity.com](https://availity.com)).

### 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
- BCN Advantage<sup>SM</sup> HMO-POS (group products and Elements, Classic, Prestige, Community Value and Prime Value individual products)
- BCN Advantage<sup>SM</sup> HMO ConnectedCare

**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 at [MiBlueCrossComplete.com/providers](https://MiBlueCrossComplete.com/providers).

### 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 for BCN commercial members only, including members of any self-funded groups that have opted to offer the coverage (DSM-5 code 299.00).

Additional information about autism benefits is available at [ereferrals.bcbsm.com](https://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 ([availlity.com](http://availlity.com)\*\*)
- HIPAA 270/271 electronic standard transaction. For information on this transaction, providers should email [realtimesupport@bcbsm.com](mailto:realtimesupport@bcbsm.com).
- Provider Inquiry

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 BCN's Behavioral Health department.

BCN's Behavioral Health department 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

**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](http://ereferrals.bcbsm.com) > BCN > Behavioral Health > [Behavioral health screening tools](#). Click / *accept*.

**Behavioral health providers** BCN contracts with a limited but diverse network of behavioral health providers to ensure that BCN members have access to the range of

**seeking BCN affiliation**

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](https://bcbsm.com/providers) and click [Enrollment](#). Review the information on that page; then click [Enroll Now](#). 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 25 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 page at [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) > BCN > [Autism](#).
- Specialists who provide treatment for BCN members using applied behavior analysis must be approved by BCN, including those who are licensed behavior analysts.

**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 [Michigan Certification Board for Addiction Professionals](#).\*\*

**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:

- [Medical policy – Telemedicine Services](#)
- [Telehealth Frequently Asked Questions for Providers](#)
- [Determining a member's telehealth benefits](#)



**In this chapter, links were added that open documents with updated information about behavioral health telehealth services.**

## Accessing behavioral health services

**Behavioral health contact information for providers**

The contact information for accessing assistance with behavioral health services is:

**Provider Inquiry (for authorization requests, claims questions, or assistance with other questions):**



Providers should call the appropriate number as indicated on the *Provider Inquiry Contact Information* list, which is available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) > Quick Guides > [BCN Provider Inquiry Contact Information](#).

**Address:**

Blue Care Network  
Behavioral Health  
Mail Code C355  
20500 Civic Center Drive  
Southfield, MI 48076-4115

**Note:** Contact information for Blue Cross Complete Provider Inquiry and Customer Service is found in the *Blue Cross Complete Provider Manual*, available at [MiBlueCrossComplete.com/providers](http://MiBlueCrossComplete.com/providers).

**Behavioral health contact information on member ID card**

For both BCN commercial and BCN Advantage members, the behavioral health services telephone number provided on the [Provider Inquiry Contact Information](#) list 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 codes \*99354 and \*99355 (prolonged psychotherapy) 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 BCN's Behavioral Health department at the appropriate phone number as indicated on the *Provider Inquiry Contact Information* list for assistance in arranging behavioral health services for a BCN member. This list is available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) > Quick Guides > [BCN Provider Inquiry Contact Information](#).

**Member access to behavioral health services**

BCN members can access behavioral health services directly by contacting an affiliated behavioral health provider or by calling the telephone number located on the back of their BCN identification card.

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

**Travel benefits** Members can receive 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:

- 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®) are not covered benefits.

Members with BCN Advantage HMO ConnectedCare coverage 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 ([availability.com](http://availability.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 Blue Cross Online Visits<sup>SM</sup> (Amwell<sup>TM</sup>). In the Claims chapter of this manual, in the section titled "Telehealth," providers can access various documents that contain additional information about telehealth services.

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## 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 clinical practice guidelines related to behavioral health.

These guidelines are published by the Michigan Quality Improvement Consortium; they can be accessed on the [MQIC Guidelines webpage](#).\*\*



**A link is added to the MQIC Guidelines webpage. On that page, providers can access clinical practice guidelines related to behavioral health.**

### Behavioral Health Incentive Programs

BCN created the Behavioral Health Incentive Program with measures aimed at enhancing the quality of care and appropriate utilization.

The main objectives of this incentive program are to:

- Align behavioral health practices with evidence-based therapeutic methods so BCN members receive the highest quality treatment possible
- Recognize behavioral health specialists who are providing exceptional care to BCN members
- Serve as an avenue for providers to receive feedback regarding performance

To access additional information on BCN's Behavioral Health Incentive Program:

1. Log in to our provider portal ([availity.com](#)\*\*).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *Secure Provider Resources (Blue Cross and BCN)* on the Resources tab.
5. Click *Member Care > Behavioral Health*. Look in the "BCN commercial and BCN Advantage" column.

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## Authorization for behavioral health services

### Authorization required for certain services covered under

Certain services covered under a member's behavioral health benefit **must** be authorized by BCN's Behavioral Health department. These services include the following:

- Inpatient/residential admission

**behavioral health benefit**

- Partial hospitalization
- Intensive outpatient mental health and substance use disorder services
- Applied behavior analysis for autism spectrum disorder services (outpatient)
- Electroconvulsive therapy (outpatient)
- Neurofeedback (outpatient)
- Transcranial magnetic stimulation (outpatient)

**Note:** 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.

See the Service Type / Action table found in this section for additional information about authorization requirements for various services.

**Clinical criteria used in authorization decisions**

The criteria BCN's Behavioral Health department uses to make utilization management decisions are outlined here.

Providers can find links to criteria documents and medical policies on BCN's [Behavioral Health](#) and [Autism](#) webpages on the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website.

Providers may request a copy of the specific <sup>InterQual</sup> criteria used to make a decision on a member's case by calling BCN's Behavioral Health department at 1-877-293-2788.

Here are the types of criteria we use:

**InterQual®.** BCN's Behavioral Health department uses Change Healthcare's InterQual Behavioral Health Criteria as utilization management guidelines. The criteria require reviewers to consider the severity of illness as well as episode-specific variables that match the level of care to a patient's current condition.

The InterQual Behavioral Health criteria are developed with evidence-based rigor and are validated through the expertise of a multidisciplinary panel of psychiatrists, psychologists, psychiatric nurses and social workers. Change Healthcare comprehensively reviews medical literature and other respected sources to assure that the criteria are current with the latest advances in evidence-based medicine as well as with new terminology and diagnostic classifications.

**Modifications of InterQual criteria.** BCN uses modified InterQual criteria for the following services:

- Substance use disorders: partial hospital program and intensive outpatient program

- Residential mental health treatment (adult/geriatric and child/adolescent)

**Local criteria.** BCN Behavioral Health uses its own utilization management criteria (local rules or medical policies) for decisions about the following services:

- Autism spectrum disorder / applied behavior analysis
- Neurofeedback for attention deficit disorder / attention deficit hyperactivity disorder
- Telemedicine
- Transcranial magnetic stimulation

### How the criteria are developed

BCN's Behavioral Health department develops the criteria used for making medical necessity determinations in these areas. National experts, clinical advisory committees and contracted behavioral health clinicians contribute to the development of these criteria. 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 internal criteria include:

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

Providers who wish to obtain a copy of BCN's local criteria should visit these webpages on our [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website:

- [Behavioral Health](#)
- [Autism](#)

### 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.

BCN's behavioral health utilization management clinicians 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.

BCN 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. BCN's Behavioral Health department staff members don't have financial arrangements that encourage denial of coverage or service. BCN-employed clinical staff and physicians do not 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 BCN Behavioral Health department utilization management clinician consults with a BCN Behavioral Health department physician reviewer, who may either deny the request or ask the care manager to contact the practitioner for additional information.

When a BCN 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 BCN 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 plan 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 inpatient admission, not to talk about the InterQual criteria or BCN's local rules.

For decisions on inpatient admissions, BCN allows onsite physician advisors at contracted facilities to discuss reviews of inpatient admissions with a BCN 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.

To discuss a behavioral health determination for a member, providers can call the following numbers:

- During business hours (8 a.m. to 5 p.m., Monday through Friday, except for holidays), providers should call 1-877-293-2788. If the call is not answered by a staff member, leave a message with the following information:
  - Physician advisor's or physician's name and phone number
  - Member's name, date of birth and contract number
  - Reason for requesting a peer-to-peer review. Calls will be returned within 48 business hours.
- After business hours (for emergency cases only), providers should call 1-800-482-5982.

**Note:** This does not apply to denials related to BCN Advantage outpatient services. Refer to the document [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#).

### Requesting prior authorization

Providers will incur complete financial responsibility for all services provided without prior authorization from BCN's Behavioral Health department, when prior authorization is required.

Here are the general guidelines for authorization requirements:

- **For urgent services that require authorization, for members in an emergency room who need inpatient admission and for other member emergencies**, submit these requests through the e-referral system or call these requests in to BCN's Behavioral Health department at 1-800-482-5982.
- **For all other services**, follow the guidelines in the Service Type / Action table found in this section.

For most services that require authorization, providers must submit the request via the e-referral system.

The BCN Behavioral Health department responds to all requests for authorization via the e-referral system.

**Note:** To register for access to the e-referral system, follow the instructions at [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) > [Sign Up or Change a User](#).

### 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.

For requests submitted through the e-referral system, providers should refer to the [BCN Behavioral Health e-referral User Guide](#) for instructions on:

- How to submit each type of request, including how to complete a questionnaire that may be presented during the process of requesting prior authorization
- How to attach clinical documentation or a completed form to the request. Look in the subsection titled "Create New (communication)."

The user guide can be accessed at [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) > [Training Tools](#).

**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 individual provider office settings)	<p>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:</p> <ul style="list-style-type: none"> <li>• *90785                                      • *90836-*90840                                      • *90853                                      • *90882</li> <li>• *90791-*90792                                      • *90846-*90847                                      • *90865                                      • S9484</li> <li>• *90832-*90834                                      • *90849    • *90880</li> </ul>
Medication management visits without therapy	<p>No referral or 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.</p> <p>This applies to procedure codes *99201 through *99205 or *99211 through *99215. The appropriate evaluation/management code must be used.</p>
Medication management visits with therapy	<p>When there is a therapy service or any other service provided in addition to medication management, that service does not require 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.</p> <p>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.</p>
Extension of outpatient treatment	<p>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:</p> <ul style="list-style-type: none"> <li>• *90785                                      • *90836-*90840                                      • *90853                                      • *90882</li> <li>• *90791-*90792                                      • *90846-*90847                                      • *90865                                      • S9484</li> <li>• *90832-*90834                                      • *90849    • *90880</li> </ul>



Service type	Action / additional information about requesting prior authorization
Outpatient ECT, neurofeedback and TMS services	<p>Providers must submit prior authorization requests for outpatient electroconvulsive therapy, neurofeedback and transcranial magnetic stimulation services through the e-referral system. Providers must complete the questionnaire that displays in the system during the process of requesting prior authorization.</p> <p><b>Note:</b> For neurofeedback services, an independent evaluation confirming the diagnosis of ADHD/ADD must be submitted with the initial authorization request. This could be the Conners, the NICHQ Vanderbilt Assessment Scales, the Test of Variables of Attention (T.O.V.A.®) or another psychological or neuropsychological test. The questionnaire in the e-referral system must be completed for requests involving additional visits. If no questionnaire displays, attach the required clinical documentation to the case in the e-referral system. Instructions for attaching a document from the member's medical record are outlined in the <a href="#">Behavioral Health e-referral User Guide</a>, in the subsection titled "Create New (communication)." BCN's Behavioral Health staff, not the medical Utilization Management staff, make the determination on neurofeedback authorization requests related to behavioral health. When these requests are authorized, neurofeedback is covered only for specific behavioral health diagnoses, not for medical diagnoses.</p> <p><b>Note:</b> Biofeedback, when authorized, is covered only for specific medical diagnoses and not for behavioral health diagnoses. BCN's medical Utilization Management staff, not the Behavioral Health staff, make the determination on requests to authorize biofeedback.</p>
Initial inpatient/residential, partial hospital or intensive outpatient treatment	<p>Medical-surgical and behavioral health facilities that wish to arrange for an inpatient/residential, partial hospital or intensive outpatient admission for psychiatric or substance use disorder treatment should obtain authorization prior to the admission.</p> <p>Prior authorization requests can be submitted as follows:</p> <ul style="list-style-type: none"> <li>• 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 BCN's Behavioral Health department at 1-800-482-5982.</li> </ul> <p><b>Note:</b> That phone line is in service even when Blue Cross / BCN corporate offices are closed for a holiday. Refer to the document <a href="#">Holiday closures: How to submit authorization requests for inpatient admissions</a>.</p> <ul style="list-style-type: none"> <li>• When the member has already been admitted, you must submit the initial prior authorization request through the e-referral system and complete the questionnaire presented within the system.</li> </ul> <p>A BCN Behavioral Health department utilization management clinician 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, the BCN Behavioral Health utilization management clinician may suggest that other resources for treating the member's condition be explored. As necessary, the BCN Behavioral Health utilization management clinician will review the case with the BCN medical director for behavioral health.</p>

Service type	Action / additional information about requesting prior authorization
Requesting additional days of inpatient/residential, partial hospital or intensive outpatient treatment (mental health / substance use disorder)	<p>Submit all concurrent review requests through the e-referral system. Access the system at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> &gt; <a href="#">Login</a>.</p> <p>Providers must complete the questionnaire presented within the system.</p> <p><b>Note:</b> For partial hospital or intensive outpatient treatment, to move forward the discharge date without adding days, call BCN's Behavioral Health department at 1-800-482-5982.</p>
Subacute detoxification (managed under the mental health-substance use disorder benefit)	<p>Providers must obtain authorization from BCN's Behavioral Health department for subacute detoxification. Subacute detoxification is managed by BCN's Behavioral Health department. 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.</p> <p>Prior authorization requests can be submitted as follows:</p> <ul style="list-style-type: none"> <li>• 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 BCN's Behavioral Health department at 1-800-482-5982.</li> <li>• When the member has already been admitted to a bed, you must submit the initial prior authorization request through the e-referral system.</li> </ul>
Post-emergency services covered under behavioral health benefit	<p>An inpatient admission for mental health or substance use disorder treatment that results from an emergency screening or assessment must be authorized. Authorization requests for inpatient admissions are accepted 24 hours per day, seven days per week.</p> <p>All other behavioral health services obtained as the result of an emergency screening or assessment must be authorized.</p> <p>Prior authorization requests can be submitted as follows:</p> <ul style="list-style-type: none"> <li>• 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 BCN's Behavioral Health department at 1-800-482-5982.</li> <li>• When the member has already been admitted to a bed, you must submit the initial prior authorization request through the e-referral system.</li> </ul>
Psychological or neuropsychological assessment	<p>No referral or authorization is needed for providers who are contracted with BCN and who are part of the designated network associated with the member's plan. Providers do not need to complete a form.</p> <p><b>Note:</b> This applies to procedure codes *96101 through *96105 and *96118 through *96120, when billed by themselves.</p>

### **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, BCN's Behavioral Health department 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.

BCN's Behavioral Health department 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

BCN's Behavioral Health department 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**

Covered benefits for members are available as follows:

- **For dates of service on or after Jan. 1, 2022:** Autism spectrum disorder services are covered for all members, regardless of age, unless otherwise indicated by the member's benefit description.
- **For dates of service before Jan. 1, 2022:** Autism spectrum disorder services are covered through the age of 18 (until the member's 19th birthday) 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.



This chapter is updated to show that for dates of service on or after Jan. 1, 2022, autism spectrum disorder services are covered for all members, regardless of age, unless otherwise indicated by the member's benefit description.

Service	Guidelines for coverage and for requesting prior authorization
<p><b>Applied behavior analysis (ABA)</b>, a specialized treatment for autism spectrum disorder</p>	<ul style="list-style-type: none"> <li>• For applied behavior analysis, a diagnosis of autism spectrum disorder is required, which must be made through an <b>evaluation</b> at a facility contracted with BCN and approved by BCN as an <a href="#">approved autism evaluation center (AAEC)</a>.               <ul style="list-style-type: none"> <li>○ If you or the member has a concern about obtaining an AAEC evaluation, or if you have questions about past autism testing, screening and clinical information, call BCN's Behavioral Health department at 1-800-482-5982</li> <li>○ Authorization is not required for the behavioral health components of the evaluation. If the member was diagnosed with autism spectrum disorder by an approved autism evaluation center within three years of the date of the request, BCN will accept the diagnosis without a new evaluation. This is true even if the evaluation center had not yet been deemed approved at the time of the diagnosis.</li> <li>○ The autism evaluation center will need to identify the medical specialists who will be evaluating the member so that the member's primary care provider can submit a referral for each specialist. A referral from the primary care provider is required for each medical specialist who will see the member during the evaluation process.</li> <li>○ The results of the multidisciplinary evaluation must be reported on the <a href="#">AAEC Evaluation Results Form</a>. Follow the instructions on the form for faxing it to BCN.</li> </ul> <p><b>Note:</b> AAECs should submit a claim for the evaluation of each member using procedure codes *99367 and T1023.</p> </li> <li>• For <b>treatment</b>, the request for the behavioral health components of the applied behavior analysis services must be authorized by BCN's Behavioral Health department. As part of that process, BCN must confirm that an approved autism evaluation center has made a diagnosis of an autism spectrum disorder and documented a recommendation for applied behavior analysis.               <p><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 BCN physician reviewer.</p> </li> </ul>
<p><b>Other mental health services</b> to diagnose and treat autism</p>	<p>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 but not necessarily by an approved autism evaluation center.</p> <p>In these cases, follow the guidelines for requesting prior authorization for mental health services.</p>

Service	Guidelines for coverage and for requesting prior authorization
<b>Physical, occupational and speech therapy (by therapists) and physical medicine services (by chiropractors and by athletic trainers) as part of autism spectrum disorder treatment</b>	<p>The provider is responsible for verifying whether each member has autism benefits and, if so, how they are managed.</p> <p>When performed for an autism diagnosis, these services require authorization by eviCore® healthcare for members 19 years of age and older. For members under age 19, no authorization is needed.</p> <p>Additional information is available in the “Managing PT, OT and ST / Managing physical medicine services” section of the <a href="#">Utilization Management chapter</a> of this manual.</p>
<b>Nutritional counseling as part of autism spectrum disorder treatment</b>	<p>Nutritional counseling related to autism spectrum disorder requires neither a referral from the primary care provider nor authorization from BCN’s Behavioral Health department.</p>

## Medical record documentation requirements

<b>Overview</b>	<p>Providers contracted with BCN to provide behavioral health services are required to follow the guidelines set out in this section for medical record documentation.</p>
<b>Documentation requirements for applied behavior analysis services</b>	<p>Providers should refer to the <a href="#">Behavioral health medical record documentation requirements for applied behavior analysis services</a> document for a summary of requirements related to applied behavior analysis services.</p> <p>This document is found on the BCN Behavioral Health page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> &gt; BCN &gt; <a href="#">Behavioral Health</a>.</p>
<b>Documentation requirements for services other than applied behavior analysis</b>	<p>Providers should refer to the <a href="#">Behavioral health medical record documentation requirements and privacy regulations — for services other than ABA</a> document for a summary of requirements related to services other than applied behavior analysis.</p> <p>These guidelines apply to all levels of care.</p> <p>This document is found on the BCN Behavioral Health page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> &gt; BCN &gt; <a href="#">Behavioral Health</a>.</p>

## Behavioral health services under medical benefit

### Acute detoxification

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

One or more of the following characterizes the patient's status:

- Severe medical complications of addiction requiring medical management and skilled nursing
- Significant concurrent medical illness or pregnancy
- Medical problems that require inpatient diagnosis and treatment
- Other medical problems that require 24-hour observation and evaluation

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

Following successful detoxification, the member should be referred to BCN's Behavioral Health department for discharge planning and continued treatment.

### Emergency room services covered under medical benefit

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.

If a member considers his or her condition to be serious enough that a delay in receiving treatment might cause serious impairment of a bodily function, permanent disability or death, the member should call 911 or seek help from the nearest medical facility as soon as possible.

### Medical consultations for mental health or substance use disorder inpatients

When medical consultations are needed for BCN members admitted as inpatients to a psychiatric or substance use disorder treatment unit, a representative from the behavioral health facility or another individual, as appropriate, contacts the primary care provider to arrange for a medical consultation and discuss the member's care.

The primary care provider is not required to submit a referral to BCN for the requested services.

### 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 injectable medications at home**

For BCN commercial and BCN Advantage members, long-acting injectable medications can be administered in the home. BCN-contracted provider facilities, outpatient providers and select home health care agencies can work together to initiate and continue members on these medications.

For detailed information, refer to the document [Administering long-acting injectable medications at home \(behavioral health\)](#).

**Note:** For information about authorization requirements for home health care, refer to the [Utilization Management 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 authorization by BCN’s Behavioral Health department.

### **Behavioral health assessment and intervention services**

When a primary care provider or other non-behavioral-health practitioner encounters a member who may benefit from behavioral health interventions as part of a comprehensive treatment plan for a medical condition, the member should be referred to an appropriately credentialed behavioral health provider for care. The provider should be contracted with BCN.

The behavioral health provider can provide a limited number of face-to-face or virtual visits to assess the behaviors influencing the member’s self-care and to provide brief behavioral health interventions.

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 authorization.



### **Behavioral health integration services**

BCN reimburses primary care medical practices that perform behavioral health integration services.

Two models of behavioral health integration services in a primary care setting are:

- Collaborative care model, for which there are three required providers:
  - Treating physician (most often, the primary care provider)
  - Behavioral health care manager
  - Consulting psychiatrist
- General model, for which the only required role is the primary care provider, but which may also include a behavioral health care manager, a consulting psychiatrist and other qualified clinical staff

Behavioral health integration services can be billed for both BCN commercial and BCN Advantage members. Reimbursement is made with no member cost share.

These are services performed in the primary care setting and are billed by the primary care provider. Typically, the primary care provider pays the consulting psychiatrist as part of a separate agreement between them.

Providers should check our provider portal ([availity.com](https://availity.com)\*\*\*) to determine each member's benefits and eligibility and to understand specific policy limitations.

For more information, refer to the Claims chapter of this manual. Look in the section titled "Billing guidelines for behavioral health integration services" to find:

- The requirements for each model
- Guidelines for billing these services

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## **Coordination of care**

### **Coordination of care is a high priority**

The coordination of care between behavioral health providers and primary care providers is a high priority. Processes are in place to closely track communication between a member's behavioral health provider and primary care provider.

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

In BCN's interpretation of federal and state privacy laws, the following guidelines apply related to the need to get the member's written consent for the release of information:

- 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, with limited exceptions, 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. Here 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.

Providers should visit [michigan.gov/bhconsent](http://michigan.gov/bhconsent)\*\* to access the MDHHS-5515 *Consent to Share Behavioral Health Information for Care Coordination Purposes* form and to read more about it.

### **Discussing coordination of care with members**

When BCN members call for a referral to a behavioral health provider, the BCN Behavioral Health department utilization management 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, encourages them to sign 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, he or she 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:** Before any information related to a member's substance use disorder treatment may be communicated to the primary care provider, a written consent must be obtained from the member. Behavioral health providers are responsible for obtaining the member's consent to the release of 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 continuity and 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:

- Complete an Adobe® PDF version of the [Behavioral Health Discharge Summary](#) form and attach it to the case in the e-referral system.

**Note:** The PDF form is available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) > BCN > [Behavioral Health](#). For instructions on how to attach the completed form to the case in e-referral providers should refer to the [BCN Behavioral Health e-referral User Guide](#). Look in the subsection titled “Create New (communication).”

- 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.

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## 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.

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## Provider appeals

### Appealing utilization management decisions

All providers have the right to appeal an adverse decision made by the BCN's Behavioral Health department staff.

A description of the process for appealing adverse decisions is provided in the [Utilization Management chapter](#) of this manual. Look in the section titled "Appealing utilization management decisions."

### 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 [Utilization Management chapter](#) of this manual. Look in the section titled "Administrative denials."

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## 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 should contact the Blue Cross Blue Shield of Michigan Electronic Data Interchange department at 1-800-542-0945 or at [EDISUPPORT@BCBSM.COM](mailto:EDISUPPORT@BCBSM.COM).

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*, available at [MiBlueCrossComplete.com/providers](https://www.mibluccrosscomplete.com/providers).

### **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 ([availity.com](https://www.availity.com)\*\*), has a Direct Data Entry claims submission tool that is available to registered Availity users.

### **Billing telehealth services**

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

### **Considerations for autism-related services**

Providers should refer to the [Autism services: Billing guidelines and procedure codes](#) document for more information. This document is on the BCN Autism page at [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) > BCN > [Autism](#).



**A link to BCN's Autism page is added to this chapter. On that page, providers can find information about services to BCN members with an autism diagnosis.**

### **Billing instructions**

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

1. Log in to our provider portal ([availity.com](https://www.availity.com)\*\*).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *Secure Provider Resources (Blue Cross and BCN)* on the Resources tab.
5. 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](https://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 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 the appropriate phone number as indicated on the *Provider Inquiry Contact Information list* and follow the prompts.

To access the list, providers should go to **e-referrals.bcbsm.com** > Quick Guides > [BCN Provider Inquiry Contact Information](#).

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

Providers can also use our provider portal ([availity.com](#)\*\* ) to check the status of both pending and finalized claims.

Additional information on how to submit claims electronically is available at **bcbsm.com/providers** > Help > [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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