

Behavioral Health

THIS IS A LIMITED MEDICAL BENEFIT UNDER HKP.

Benefit Coverage

The PCP, within their scope of practice performs outpatient behavioral health services. Coverage includes outpatient psychotherapeutic medications prescribed by the PCP, subject to the IEHP Formulary. Patients who need specialty behavioral health services (including outpatient therapy, rehabilitation, crisis intervention and stabilization, medication and inpatient hospital services) will be referred to the designated Behavioral Health service provider in their county of residence. The physical health of the patient will remain the responsibility of the PCP.

Inpatient: Behavioral health care when ordered and performed by a participating behavioral health professional for the treatment of an acute phase of a behavioral health condition which is medically necessary as evidenced by meeting the criteria for certified confinement in a participating hospital.

Outpatient: Behavioral health care when ordered and performed by a participating behavioral health professional. This includes the treatment of children who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, or divorce and bereavement. Family members may be involved in the treatment to the extent the provider determines it is appropriate for the health and recovery of the Member.

NOTE: For Riverside County Residents, inpatient and outpatient specialty behavioral health services are available through the Riverside County Department of Mental Health.

For San Bernardino County Residents, inpatient and outpatient specialty behavioral health services are available through IEHP Direct Behavioral Health Program.

Behavioral Health (continued)

Benefit Exclusion

Services that exceed the limits of the coverage as stated above.

Examples of Covered Benefits

1. Treatment for Members who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, divorce or bereavement.
2. Involvement of family members in the treatment to the extent the provider determines it is appropriate for the health and recovery of the Member.
3. Treatment for Serious Mental Illness (SMI)
 - a. Schizophrenia.
 - b. Schizoaffective disorder.
 - c. Bipolar disorder (manic-depressive illness).
 - d. Major depressive disorders.
 - e. Panic disorder.
 - f. Obsessive-compulsive disorder.
 - g. Pervasive developmental disorder or autism.
 - h. Anorexia nervosa.
 - i. Bulimia nervosa.

Examples of Non-Covered Benefits

1. Non-emergency specialty behavioral health services not authorized by IEHP.

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Blood and Blood Products

Benefit Coverage

Processing, storage, and administration of blood and blood products in inpatient and outpatient settings.

Benefit Exclusion

Charges associated with blood donation.

Examples of Covered Benefits

1. The cost of whole blood and blood products to include, but not limited to:
 - a. Plasma.
 - b. Platelets.
 - c. Packed cells.
 - d. Antihemophilic factor.
 - e. Cryoprecipitate.
2. Factor VIII for hemophiliacs.
3. Cell Saver (Intraoperative autologous blood transfer) during emergency surgeries such as trauma or vascular surgery.
4. Autologous (self-donated) blood.

Examples of Non-Covered Benefits

1. Blood that is stored, but not used, when a patient cancels or reschedules an elective surgery.
2. Blood charges incurred by IEHP Members for services and supplies in conjunction with donating blood for another individual.
3. Blood charges associated with non-authorized or non-covered procedures.
4. Procuren or other similar blood products used in the repair of chronic non-healing cutaneous ulcers.