

Behavioral Health

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(10))

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 plan determines it is appropriate for the health and recovery of the Member.

PCPs are responsible for identifying subscriber children who may have a Serious Emotional Disturbances (SED) condition, as defined in California Health and Safety Code section 1374.72, or may have a serious mental disorder, as defined in Welfare and Institution Code section 5600.3, and shall refer these individuals to the IEHP Behavioral Health Program. The plan and the county shall coordinate services for the subscriber.

IPAs are excused from responsibility for providing a covered service to treat a subscriber child's serious emotional disturbance or serious mental disorder only to the extent that the treatment is authorized and provided by a County Mental Health Department as defined in Welfare and Institutions Code Section 5600.3.

In the event that the County does not authorize and provide services, the IPA must provide services with no outpatient visit limits for severe mental illness including schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa.

Benefit Exclusion (Welf. & Inst. Code, § 5600.3)

Services that are authorized and provided by a County Mental Health Department as defined in Welfare and Institutions Code Section 5600.3.

Behavioral Health (continued)

Examples of Covered Benefits

1. Outpatient behavioral health services performed by the PCP within his/her scope of practice.
2. Psychotherapeutic drugs prescribed by the PCP.
3. Psychotherapeutic drugs prescribed by psychiatrists (IEHP responsibility).
4. Therapy for eating disorders.
5. Therapy that includes family members' involvement in treatment services.
6. Children with ADD/ADHD.

Examples of Non-Covered Benefits

1. Non-emergency specialty behavioral health services not authorized by IEHP.
2. Services provided by County Mental Health Departments.

Blood and Blood Products

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700 (a)(17))

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.