

Behavioral Health and Substance Use

Coordination of all behavioral health, psychiatric and/or substance abuse services for members.



PROVIDER REFERENCE GUIDE
A Reference Manual for Blue KC Practitioners

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Appointments

If a member requires behavioral health, psychiatric and/or substance use services, a PCP referral is not necessary.

Call the **Provider Helpline** at 1-800-528-5763 for immediate assistance if a patient has an urgent need to discuss a case with a clinician. The member may be instructed to call Lucet. An appointment will be scheduled at a convenient location with a Provider who has expertise in the member's specific needs.

Consultations

If a Provider treating a member on a medical/surgical unit requires a psychiatric consultation or evaluation, please contact an expert in behavioral health and substance use to provide a psychiatrist to evaluate the member.

Additional Services

- Telephone consultation 24 hours a day, seven days a week by a licensed behavioral health professional.
- Consultation with a psychiatrist to consider treatment options for members with behavioral health concerns.
- Referrals for urgent and emergency needed on the same day or next day.
- Prevention services for at-risk members including telephone support.
- Educational materials provided for members with depression, attention deficit hyperactivity disorder and bipolar disorder.
- **Provider Helpline** at 1-800-528-5763 for immediate consultation and referrals when a Provider's office calls.
- Online educational resources at lucethealth.com.

Claims

For any correspondence or information, see the [Contact Resource Directory](#) for the claims address for behavioral health and substance use.

See the [Contact Resource Directory](#) for information on reaching behavioral health and substance use.

See the module [Claims Billing Remittance](#) for information regarding substance use disorder claims.

Claims for behavioral health services should be sent electronically to Blue KC.

Medical Necessity Guidelines

We developed the Level of Care guidelines to determine medical necessity for behavioral health and substance use. These guidelines are revised by the Quality Improvement Committee on an annual basis. The Quality Improvement Committee is a program under the Utilization Review process that oversees the process and outcomes of member services to ensure care is efficacious and consistent with generally accepted medical practices. This committee consists of Lucet network providers and senior clinical staff.

Prior Authorization

Prior authorization is a prior review of all services including inpatient stays that are medically necessary as well as services and supplies covered under the Provider Agreement of the member’s Benefit Plan. Failure to obtain prior authorization may result in denial of payment. Refer to the member’s plan for specific benefits and authorization requirements. To prior authorize mental health or substance abuse services, please call Lucet.

Member’s Plan	Prior Authorization Requirements
<p>Blue-Care HMO</p> <p>Preferred-Care PPO</p> <p>Preferred-Care Blue® PPO</p>	<ul style="list-style-type: none"> • No authorization is required for outpatient services. • Required for all inpatient and residential services. • Applied Behavior Analysis (ABA) requires prior authorization from first visit. A reference number will then be assigned. (For Autism services, please refer to the Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder Medical Policy located under the Policies & Manuals section of lucethealth.com.) • Required for psychological testing after 5 hours of testing. • Required for neuropsychological testing after 5 hours of testing.



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