Medical Coverage Policy | Mental Illness and Substance Use Disorders Mandate

EFFECTIVE DATE: 05|01|2001
POLICY LAST UPDATED: 07|18|2019

OVERVIEW
This is an administrative policy to document mental illness coverage (Rhode Island State Mandate § 27-38.2). This policy also provides for the coverage of medically necessary services for the treatment of chemical dependency.

This policy is applicable to Commercial Products only.

NOTE: This policy documents services that may be covered under the Rhode Island General Law and Federal Mental Health Parity Act. The Mental Health Parity Act always supersedes a Rhode Island State mandate.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
For information regarding Prior Authorization requirements, please refer to the BCBSRI Behavioral Health Vendor at 800-274-2958.

POLICY STATEMENT
Commercial Products
The treatment of mental illness and substance use disorder is a covered benefit.

BlueCHiP for Medicare
Not applicable

COVERAGE
Commercial Products
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable substance use disorder/chemical dependency coverage/benefits. Self-funded groups may or may not choose to follow state mandates.

BACKGROUND
§ 27-38.2-1. Coverage for treatment of mental health and substance use disorders. [Effective April 1, 2018.].
(a) A group health plan and an individual or group health insurance plan shall provide coverage for the treatment of mental health and substance-use disorders under the same terms and conditions as that coverage is provided for other illnesses and diseases.
(b) Coverage for the treatment of mental health and substance-use disorders shall not impose any annual or lifetime dollar limitation.
(c) Financial requirements and quantitative treatment limitations on coverage for the treatment of mental health and substance-use disorders shall be no more restrictive than the predominant financial requirements applied to substantially all coverage for medical conditions in each treatment classification.

(d) Coverage shall not impose non-quantitative treatment limitations for the treatment of mental health and substance-use disorders unless the processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical/surgical benefits in the classification.
(e) The following classifications shall be used to apply the coverage requirements of this chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4) Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.
(f) Medication-assisted treatment or medication-assisted maintenance services of substance-use disorders, opioid overdoses, and chronic addiction, including methadone, buprenorphine, naltrexone, or other clinically appropriate medications, is included within the appropriate classification based on the site of the service.
(g) Payors shall rely upon the criteria of the American Society of Addiction Medicine when developing coverage for levels of care for substance-use disorder treatment.
(h) Patients with substance-use disorders shall have access to evidence-based, non-opioid treatment for pain, therefore coverage shall apply to medically necessary chiropractic care and osteopathic manipulative treatment performed by an individual licensed under § 5-37-2.

§ 27-38.2-3. Medical necessity and appropriateness of treatment.
(a) Upon request of the reimbursing health insurers, all providers of treatment of mental illness shall furnish medical records or other necessary data which substantiates that initial or continued treatment is at all times medically necessary and appropriate. When the provider cannot establish the medical necessity and/or appropriateness of the treatment modality being provided, neither the health insurer nor the patient shall be obligated to reimburse for that period or type of care that was not established. The exception to the preceding can only be made if the patient has been informed of the provisions of this subsection and has agreed in writing to continue to receive treatment at his or her own expense.
(b) The health insurers, when making the determination of medically necessary and appropriate treatment, must do so in a manner consistent with that used to make the determination for the treatment of other diseases or injuries covered under the health insurance policy or agreement.
(c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter may appeal a denial in accordance with the rules and regulations promulgated by the department of health pursuant to chapter 17.12 of title 23.

§ 27-38.2-4. Network coverage.
The health care benefits outlined in this chapter apply only to services delivered within the health insurer's provider network; provided, that all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the health insurer's provider network where it can be established that the required services are not available from a provider in the health insurer's network.

Mental Health Parity and Addiction Equity Act of 2008 (the "Act")
This law established parity between medical and surgical (M/S) benefits and benefits relating to mental health and/or substance use disorders (MHSA). Group health plans subject to the act cannot establish more restrictive financial requirements or treatment limitations for MHSA than those established for M/S benefits.

CODING
Not applicable

RELATED POLICIES
Chiropractic Services
Physical and Occupational Therapy

PUBLISHED
Provider Update, September 2019
Provider Update, May 2018
Provider Update, April 2018
Provider Update, June 2017
Provider Update, June 2016

REFERENCES

RIGL Mandate 27-38.2. http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-38.2/INDEX.HTM

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