Medical Coverage Policy

Blue Cross Blue Shield of Rhode Island

Mental Illness and Substance Abuse Mandate

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	5/1/2001	Policy Last Updated:	12/6/2011

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

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.

Description:
This is an administrative policy to document mental illness coverage (Rhode Island State Mandates § 27-38.2-1; § 27-38.2-4): This policy also provides for the coverage of medically necessary services for the treatment of chemical dependency.

> ***§ 27-38.2-1 Mental illness coverage****: Every health care insurer that delivers or issues for delivery or renews in this state a contract, plan, or policy except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the medical treatment of mental illness and substance abuse under the same terms and conditions as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant to this statute must include the same durational limits, amount limits, deductibles, and co-insurance factors for mental illness as for other illnesses and diseases.*
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> ***§ 27-38.2-4 Limitations of coverage: (a)*** *The health care benefits outlined in this chapter apply only to services delivered within the state of Rhode Island; provided, that all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the state of Rhode Island where it can be established through a pre-authorization process that the required services are not available in the state of Rhode Island from a provider in the health insurer's network.*
> ***(b)*** *For the purposes of this chapter, outpatient services, with the exception of outpatient medication visits, shall be provided for up to thirty (30) visits in any calendar year; outpatient services for substance abuse treatment shall be provided for up to thirty (30) hours in any calendar year; community residential care services for substance abuse treatment shall be provided for up to thirty (30) days in any calendar year; and detoxification benefits shall be provided for up to five (5) detoxification occurrences or thirty (30) days in any calendar year, whichever comes first.*

Mental Health Parity and Addiction Equity Act of 2008 (the "Act")

This new law establishes 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. Please refer to the *Mental Health Parity and Addiction Equity Act* policy in Lotus Notes for further details.

Policy:
The treatment of mental illness and substance abuse is a covered benefit.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable substance abuse/chemical dependency coverage/benefits.

Rhode Island mandated benefits do not apply to Plan 65, FEHBP, Medicare Advantage, and RIte Care plans. Self-funded groups may or may not choose to follow state mandate(s).

Related policy:
Mental Health Parity and Addiction Equity Act

Published:
Policy Update, November 2006
Policy Update, November 2007
Provider Update, December 2008
Provider Update, November 2009
Provider Update, December 2010
Provider Update, February 2012

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.