

Baltimore County Public Schools
Health Care Benefits

This document is a supplement to the CareFirst Triple Option Managed Point of Service Contract with CareFirst. Effective September 1, 2003, ComPsych was named as the administrator of the managed mental health claims and they also manage the provider network for Baltimore County Public Schools for these services.

PSYCHIATRIC CARE

Terms

MENTAL ILLNESS: an acute psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through short-term medically necessary therapy. Substance abuse (alcohol and drug dependency) is a mental illness only when such dependency exists with other psychiatric symptoms or disorders that require therapy.

OUTPATIENT PSYCHIATRIC FACILITY: a certified facility. It gives outpatient diagnostic services and therapy for the treatment of mental illness. This term also includes a psychiatric day treatment program, structured in accordance with State Regulations 10.04.04 (psychiatric day treatment services) and certified by the Maryland State Department of Health and Mental Hygiene, that provides psychiatric day treatment services.

PRATICITIONER: in this Section is limited to:

1. physician;
2. psychologist;
3. licensed certified social worker-clinical;
4. licensed certified social worker non-clinical, if the patient was referred by a physician; and
5. R.N. who is a certified clinical specialist in psychiatric and mental health nursing.

PSYCHIATRIC HALFWAY HOUSE FACILITY: a transitional living facility approved by the Department of Health and Mental Hygiene of the State of Maryland for persons being treated for a mental illness, including therapy.

PSYCHIATRIC DAY TREATMENT SERVICES: intensive, short-term, non-residential psychiatric treatment rendered for any part of a 24-hour day for a minimum of four consecutive hours per day.

PSYCHIATRIC DAY TREATMENT PROGRAM: a program, structured in accordance with State Regulations 10.04.04 (psychiatric day treatment services) and certified by the Maryland State Department of Health and Mental Hygiene, that provides psychiatric day treatment services.

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PSYCHIATRIC HOSPITAL: a hospital that mainly gives inpatient therapy for mental illness. It must:

1. provide psychiatric treatment; and
2. be accredited by the Joint Commission on Accreditation of Hospitals; or approved by ComPsych.

What is covered

ComPsych will pay a benefit for covered services given by a hospital, or facility, or practitioner. Some covered services may require the submission and approval by ComPsych of a plan of treatment.

A plan of treatment is required for care received in a psychiatric halfway house facility. The maximum number of days certified will be according to the plan of treatment.

1. Inpatient Services

Inpatient services as shown below for treating a mental illness service must be received from a hospital, psychiatric halfway house facility, or psychiatric hospital. Included are assessment and therapy for treating the mental illness.

- a. bed, board, and routine nursing services when a member stays in a:
 1. room with two or more beds;
 2. private room. Private room benefits are equal to the hospital's average charge for a room with two or more beds. If a member stays in a private room for isolation reasons, the room charge will be covered. If the hospital has only private rooms, the room charge will be covered in full.
- b. hospital services and supplies, such as:
 1. use of any type of service room and equipment
 2. drugs and medicines given to a member in the hospital
 3. blood products, except, whole blood and packed red blood cells; includes dispensing of blood
 4. anesthesia; anesthesia supplies and services
 5. medical and surgical dressings; supplies; casts; splints
 6. oxygen
 7. diagnostic services; and
 8. therapy.

2. Practitioner Services

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Practitioner's medical or psychotherapy services (when rendered in a hospital or a psychiatric halfway house facility or a psychiatric hospital) to an inpatient. It must be received during the time that benefits are paid for inpatient services.

3. Outpatient and Out-of-Hospital Psychiatric Services

Treatment of a mental illness is given in an outpatient facility approved by ComPsych, or a psychiatric halfway house facility approved by ComPsych or in a practitioner's office.

Covered Services

- a. psychotherapy
- b. psychological testing
- c. day/night care treatment
- d. individual or family counseling
- e. collateral care
- f. conjoint therapy
- g. group therapy
- h. hypnotherapy; and
- i. convulsive therapy and anesthesia.

4. Psychiatric Day Treatment Benefits (Partial Hospitalization)

ComPsych will pay a benefit for covered services given by a facility.

a. Covered Services

1. individual and group therapy
2. individual and group counseling
3. family counseling
4. activity and vocational therapies
5. psychopharmacological therapy
6. psychiatric evaluation
7. meals (provided on program premises); and
8. practitioner services not billed by the program.

A member shall be eligible for benefits for the psychiatric day treatment program's services, starting on the date that the first service is rendered.

b. Excluded are:

1. services, supplies, and care of any kind not directly related to psychiatric day treatment services
2. laboratory or diagnostic services

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3. cost of transport or admission to any field activity
4. meals not provided on the premises by the program
5. any service or activity to which a patient is referred by the psychiatric day treatment program but is not part of the psychiatric day treatment program.

Limitations

1. inpatient and outpatient covered services require preadmission review and pretreatment certification. Refer to MANAGED CARE.
2. mental health benefits under this contract are provided by a special network of providers. See HOW THE PLAN WORKS: MENTAL HEALTH PROVIDERS

What is not covered

1. hospital, facility and practitioner services are not covered when care is rendered in a Residential Treatment Psychiatric Facility
2. marital counseling
3. any covered services not approved for which a plan of treatment is required to be submitted and approved by ComPsych

ALCOHOLISM/DRUG ABUSE REHABILITATION SERVICES

Terms

NON-HOSPITAL DETOXIFICATION FACILITY: a facility licensed to medically supervise alcohol or drug withdrawal.

OUTPATIENT ABUSE TREATMENT FACILITY: a place certified for treating alcoholism and drug addiction. Can evaluate and treat addiction.

RESIDENTIAL ABUSE TREATMENT FACILITY: a facility licensed or accredited by the Joint Commission on Accreditation of Hospitals for treating alcoholism or drug addiction. Can medically supervise alcohol or drug withdrawal and rehabilitate on an inpatient basis.

What is covered

1. Inpatient Services
 - a. bed, board, and routine nursing service
 - b. facility services only for:

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- i. drugs and solutions when dispensed by the facility;
 - ii. supplies and equipment required for alcohol or drug withdrawal and to rehabilitate;
 - iii. counseling (individual, group and family); psychotherapy (individual and group); psychological testing; or other services by professional and other trained staff employees of the facility. Such services must be deemed medically necessary for patient care and treatment.
 - iv. medical examination.
- c. practitioner services

2. Outpatient Services

- a. therapy
- b. counseling
- c. psychological testing; and
- d. facility services as shown above when received during an outpatient visit.

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All Inpatient Care requires preauthorization through ComPsych. Call 877-595-5283 for assistance.

How is it covered	In-Network (Provider has an agreement with ComPsych)	Out-of-Network (Provider does not have an agreement with ComPsych)
Mental Health Benefits – All inpatient and outpatient covered services require pre-admission review and pre-treatment certification.		
Inpatient Care Calendar year maximum of 70 days for combined in and out-of-network.	Authorized Care will be paid at 100% of the ComPsych Allowed Amount; no deductible applies.	Authorized Care will be paid at 75% of the ComPsych Allowed Amount; no deductible or out-of-pocket (OOP) maximum applies.
Outpatient Care Calendar Year Maximum of 100 visits for combined in and out-of-network.	Authorized care: \$30 co-payment for individual therapy; \$20 co-payment for group therapy, no deductible applies. Co-payments do not count toward out-of-pocket maximums.	Authorized care: Visits 1-20 - 65% of Allowed Amount; no deductible or OOP applies; the 21 st and all subsequent visits are paid at 50% of the Allowed Amount; no deductible or OOP applies.
Substance Abuse Benefits (Maximum of 120 combined days/visits per lifetime) – All inpatient and outpatient covered services require pre-admission review and pre-treatment certification.		
Alcohol/Drug Withdrawal Hospital/Non-Hospital Facility - 7 days per calendar year	Authorized Care will be paid at 100% of the ComPsych Allowed Amount; no deductible applies.	Authorized Care will be paid at 75% of the ComPsych Allowed Amount; no deductible or out-of-pocket maximum applies.
Alcohol/Drug Rehabilitation Residential Facility – 30 days per calendar year Outpatient Facility – 120 visits up to \$3,000 per calendar year		
Additional Benefits Same benefits shown above up to \$3,000 per calendar year	Authorized care: 100% of Allowed Amount; maximum of \$3,000 per calendar year.	Authorized care: 75% of Allowed Amount; no deductible or out-of-pocket applies.
ComPsych Allowed Amount is the ComPsych fee schedule for services. Providers who are not in the ComPsych network can bill patients for the balance if their charge is greater than the ComPsych Allowed Amount.		