

Mental Health and Substance-Related and Addictive Disorder Services, Provided by U.S. Behavioral Health Plan, California

Schedule of Benefits

Pre-Authorization is required for certain Mental Health Services and Substance-Related and Addictive Disorder Services. You do not need to go through your Primary Care Physician, but you must obtain prior authorization through U.S. Behavioral Health Plan, California (USBHPC) for Inpatient services, Residential Treatment services, Intensive Outpatient Program Treatment, Outpatient Electro-Convulsive Treatment, Outpatient Treatment extended beyond 45 minutes, Partial Hospitalization/ Day Treatment, Behavioral Health Treatment for PDD/ Autism including Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention programs, Medical Detoxification, Methadone Maintenance Treatment; and Psychological Testing, except in the event of an Emergency. USBHPC is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-999-9585.

Mental Health Services

Inpatient and Residential Treatment Medically Necessary Mental Health services provided at an Inpatient Treatment Center	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information ¹
Outpatient Treatment (includes individual/ group counseling/ monitoring drug therapy) Outpatient Treatment for Mental Health Services (including SMI and SED conditions) includes Partial Hospitalization/ Day Treatment, Intensive Outpatient Treatment, Outpatient Electro-Convulsive Therapy (ECT), Outpatient Treatment extended beyond 45 minutes, psychological and neuropsychological testing , applied behavior analysis (ABA) and other evidence-based behavioral intervention programs	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information
Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment.	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information
Emergency and Urgently Needed Services ²	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information

Substance-Related and Addictive Disorder Services

Inpatient and Residential Treatment Medically Necessary treatment of Substance-Related and Addictive Disorders, Including Medical Detoxification, provided at a Participating Facility	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information ¹
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Substance-Related and Addictive Disorder Services (Continued)

Outpatient Treatment Outpatient Treatment for Substance-Related and Addictive Disorder Services includes outpatient evaluation and treatment for chemical dependency: • individual and group Substance-Related and Addictive Disorder counseling; • medical detoxification • methadone maintenance treatment; and • outpatient treatment extended beyond 45 minutes.	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information
Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment.	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information
Emergency and Urgently Needed Services²	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information

Severe Mental Illness Benefit and Serious Emotional Disturbances of a Child³

Inpatient and Residential Treatment Unlimited days	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information ¹
Outpatient Treatment Outpatient Treatment for Mental Health Services (including SMI and SED conditions) includes Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, Outpatient Electro-Convulsive Therapy (ECT), Outpatient Treatment extended beyond 45 minutes, psychological and neuropsychological testing, applied behavior analysis (ABA) and other evidence-based behavioral intervention programs	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information
Partial Hospitalization/Day Treatment or Intensive Outpatient Treatment.	
Emergency and Urgently Needed Services²	Please refer to your UnitedHealthcare of California Medical Schedule of Benefits for Copay information

¹ Each Hospital Admission may require an additional Copayment. Please refer to your UnitedHealthcare of California Medical Plan *Schedule of Benefits*.

² Emergency and Urgently Needed Services are Medically Necessary behavioral health services required outside the Service Area to prevent serious deterioration of a Member's health resulting from an unforeseen illness or injury manifesting itself by acute symptoms of sufficient severity, including severe pain, and may result in immediate harm to self or others; placing one's health in serious jeopardy; serious impairment of one's functioning; or serious dysfunction of any bodily organ or part, therefore such treatment cannot be delayed until the Member returns to the Service Area. Please refer to the Supplement to the Combined Evidence of Coverage and Disclosure Form for detailed information on this benefit.

³ Severe Mental Illness (SMI) diagnoses include: Anorexia Nervosa; Bipolar Disorder; Bulimia Nervosa; Major Depressive Disorders; Obsessive-Compulsive Disorder; Panic Disorder; Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism; Schizoaffective Disorder; Schizophrenia. Serious Emotional Disturbance (SED) of a Child Under Age 18 includes a condition identified as a Mental Disorder in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), other than a primary substance-related and addictive disorder or developmental disorder that result in behavior inappropriate to the child's age according to expected developmental norms if the child also meets at least one of the following three criteria:

- As a result of the Mental Disorder, (1) the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and (2) either:
 - (i) the child is at risk of removal from home or has already been removed from the home; or
 - (ii) the Mental Disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or
- The child displays psychotic features or risk of suicide or violence due to a Mental Disorder; or
- The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the California Government Code.