



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Mental Health Services – Acute Outpatient Services

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	Chapter 15 – Covered Medical and Other Health Services
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Kaiser Permanente has elected to use the following MCG* guidelines 21st ed. for medical necessity determinations:

- Acute Outpatient Services, Adult (B-KP-901-AOP)
- Acute Outpatient Services, Child or Adolescent (B-KP-902-AOP)

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

In January 2007, Kaiser Permanente Behavioral Health Service adopted and integrated into its clinical review criteria, the MCG Care Guidelines for determining appropriate levels of care based on symptoms and functional impairment. These criteria are independently developed and based on a review of the scientific literature, expert input, and clinical practice. In addition, the MCG criteria are updated annually.

Mental health outpatient services are provided or authorized with the overall goals of assessing and improving the member's symptoms and function. Also Kaiser Permanente Behavioral Health Services operationally defines clinically indicated services as "services for mental health conditions that are having a clinically significant impact on an individual's social, medical, and/or occupational functioning."

Service authorization decisions also based on the member's contractually covered services and MCG Care Guidelines Behavioral Health criteria.

Date Created	Date Reviewed	Date Last Revised
11/01/2016	11/01/2016 ^{MPC} , 09/05/2017 ^{MPC}	09/05/2017

^{MPC} Medical Policy Committee

Revision History	Description
09/05/2017	MPC approved to adopt KP hybrid criteria

Codes

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