



Clinical Review Criteria Mental Health – Inpatient Services

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Criteria For Medicare Members

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual Chapter 2 and Chapter 4 .
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members Inpatient Behavioral Health Level of Care, Adult

Kaiser Permanente has elected to use the MCG* Inpatient Behavioral Health Level of Care, Adult (B-KP-901-IP) for medical necessity determinations.

Inpatient Behavioral Health Level of Care, Child/Adolescents

Kaiser Permanente has elected to use the MCG* Inpatient Behavioral Health Level of Care, Child/Adolescent (B-KP-902-IP) for medical necessity determinations.

*For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access

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 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 by our Behavioral Health Department, you may request a copy of the criteria that is being used to make the coverage determination. Call the Behavioral Health Unit for more information regarding the case under review.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

In January 2006, Kaiser Permanente adopted and integrated into its clinical review criteria, the MCG 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 yearly. 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."

Inpatient Psychiatric services are provided or authorized with the overall goals of assessing and stabilizing the member's acute symptoms, in order that treatment can be continued effectively in a less restrictive and disruptive level of care. Under specific circumstances (e.g. initiation of ECT), the inpatient level of care may be required for safe administration of certain treatments.

Inpatient psychiatric treatment is utilized when it is the most effective level of care that can safely be provided for the member's immediate condition. Service authorization is based on the member's contract and the MCG Guidelines for inpatient mental health treatment. When treating children or adolescents, the parents or guardians must be included in both the evaluation and treatment planning processes, except for children age 13 or older who refuse to have a parental figure involved.

Date Created	Date Reviewed	Date Last Revised
08/01/2006	05/07/2013 ^{MPC} , 03/04/2014 ^{MPC} , 01/06/2015 ^{MPC} , 11/03/2015 ^{MPC} , 09/06/2016 ^{MPC} , 07/11/2017 ^{MPC} , 05/01/2018 ^{MPC} , 05/07/2019 ^{MPC} , 05/05/2020 ^{MPC} , 05/04/2021 ^{MPC} , 05/03/2022 ^{MPC} , 05/02/2023 ^{MPC}	08/29/2023

^{MPC} Medical Policy Committee

Revision History	Description
01/06/2016	MPC approved to adopt 19 th Edition MCG guidelines
09/06/2016	MPC approved to adopt 20 th Edition MCG guidelines
07/11/2017	MPC approved to adopt 21 st Edition MCG guidelines
08/29/2023	Added Child/Adolescent hybrid criteria (B-KP-902-IP) based off 2017 MPC approval of the MCG 21 st edition guidelines