



**Kaiser Foundation Health Plan of Washington**

**Clinical Review Criteria**

**Mental Health Services – Intensive Outpatient Services**

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	<a href="#">Chapter 15 – Covered Medical and Other Health Services</a>
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 for medical necessity determinations:

- Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-901-IOP v2 eff 12.01.2021)
- Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-902-IOP v2 eff 12.01.2021)

\*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 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 or access the MCG Guideline Index using the link provided above.

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 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

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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.

## Applicable Codes

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
11/01/2016	11/01/2016 <sup>MPC</sup> , 09/05/2017 <sup>MPC</sup> , 07/10/2018 <sup>MPC</sup> , 07/09/2019 <sup>MPC</sup> , 07/07/2020 <sup>MPC</sup> , 07/06/2021 <sup>MPC</sup> , 07/05/2022 <sup>MPC</sup> , 07/01/2023 <sup>MPC</sup>	07/06/2021

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
09/05/2017	MPC approved to adopt KP hybrid criteria
07/06/2021	MPC approved to adopt MCG 25 <sup>th</sup> Edition with modifications (hybrid) for Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-901-IOP) and Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-902-IOP). Requires 60-day notice, effective date 12/01/2021.