



**Kaiser Foundation Health Plan  
of Washington**

**Clinical Review Criteria  
Mental Health Services**

- [Inpatient Services](#)
- [Intensive Outpatient Services](#)
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**Criteria**

**Medicare Members**

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual <a href="#">Chapter 2</a> and <a href="#">Chapter 4</a> . <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

**Non-Medicare members**

Service	Criteria
<b>Inpatient Services</b>	Kaiser Permanente has elected to use the following MCG* guidelines for medical necessity determinations: <ul style="list-style-type: none"> <li>• Inpatient Behavioral Health Level of Care, Adult (B-KP-901-IP)</li> <li>• Inpatient Behavioral Health Level of Care, Child/Adolescent (B-KP-902-IP)</li> </ul>
<b>Intensive Outpatient Services</b>	Kaiser Permanente has elected to use the following MCG* guidelines for medical necessity determinations: <ul style="list-style-type: none"> <li>• Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-901-IOP v2 eff 12.01.2021)</li> <li>• Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-902-IOP v2 eff 12.01.2021)</li> </ul>
<b>Outpatient Services</b>	Kaiser Permanente has elected to use the following MCG* guidelines for medical necessity determinations: <ul style="list-style-type: none"> <li>• Outpatient Behavioral Health Level of Care, Adult (B-KP-901-AOP v2 eff 12.01.2021)</li> <li>• Outpatient Behavioral Health Level of Care, Child or Adolescent (B-KP-902-AOP v2 eff 12.01.2021)</li> </ul>

<p><b>Partial Hospitalization &amp; Day Treatment Services</b></p>	<p>Kaiser Permanente has elected to use the following MCG* guidelines for medical necessity determinations:</p> <ul style="list-style-type: none"> <li>• Partial Hospital Behavioral Health Level of Care, Adult (B-KP-901-PHP)</li> <li>• Partial Hospital Behavioral Health Level of Care, Child or Adolescent (B-KP-902-PHP)</li> </ul>
<p><b>Residential Services</b></p>	<p>Kaiser Permanente has elected to use the following MCG* guidelines for medical necessity determinations:</p> <p><u>Medical Necessity Criteria for Coverage of Admission:</u></p> <ul style="list-style-type: none"> <li>• Residential Acute Behavioral Health Level of Care, Adult ORG: B-KP-901-RES</li> <li>• Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-KP-902-RES</li> </ul> <p><u>Medical Necessity Criteria for Coverage of Continued Stay:</u></p> <ul style="list-style-type: none"> <li>• Residential Acute Behavioral Health Level of Care, Adult ORG: B-KP-901-RES</li> <li>• Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-KP-902-RES</li> </ul>

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

The MCG guidelines will be used for determination of Initial Authorization of Service, Continued Authorization of Service, and for Discontinuation of Service.

Exclusions:

- Outpatient mental health services may not be authorized or reimbursed if any of the contract exclusions are met.
- Partial hospital mental health services will not be authorized if any of the exclusion criteria are met as referenced in the member's coverage contract.
- Residential psychiatric services will not be authorized for any exclusion criteria referenced in a member's contract.

*Mental health services are subject to post service review for the determination of medical necessity. It is required that supporting documentation of services performed be submitted to facilitate a thorough review.*

**The following documentation is required for determining medical necessity:**

- Clinical notes from a requesting provider and/or specialist
- Documentation must address the need for services and progress made
- Records should encompass the entire episode of care up to a period of 6 months

For more extensive guidance on documentation requirements please refer to the following sections of the [Kaiser Permanente Provider Manual](#):

- [Medical records and documentation standards and reviews](#)
- [Post-service: Claims payment review & reconsideration process](#)
- [Obtaining outpatient mental health care, including addiction and recovery](#)

**\*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 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 an individual's social, medical, and/or occupational functioning."
- Mental health partial hospital services are provided or authorized with the overall goals of assessing and improving the member's symptoms and function. In addition, 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."

Partial hospitalization designates a structured, intensive, multidisciplinary treatment program that provides psychiatric, medical, and nursing care which meets the standards for licensure as a partial hospital program. The program is usually offered in an inpatient setting, but the patient goes home in the evening and on weekends. The program delivers a highly structured environment and 20 or more hours of treatment per week. Patients are expected to participate 5 to 7 days per week. Patient must be medically stable and live near treatment setting.

- Mental health, acute residential treatment is utilized when it is the most appropriate and 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 Care Guidelines for mental health acute residential treatment, and with the overall goals of assessing and stabilizing the member's acute symptoms, in order that treatment can be continued effectively and safely in a less restrictive and disruptive level of care. 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.
- 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.

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

## Resources

While psychotherapy is an important component of a treatment plan, *very frequent utilization* of psychotherapy has not shown to improve outcomes as referenced in the article below.

Lee AA, Sripada RK, Hale AC, Ganoczy D, Trivedi RB, Arnow B, Pfeiffer PN. Psychotherapy and depressive symptom trajectories among VA patients: Comparing dose-effect and good-enough level models. *J Consult Clin Psychol.* 2021 May;89(5):379-392. doi: 10.1037/ccp0000645. PMID: 34124925; PMCID: PMC9383046.

## 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
012/15/2006	09/04/2012 <sup>MPC</sup> , 07/02/2013 <sup>MPC</sup> , 05/06/2014 <sup>MPC</sup> , 03/03/2015 <sup>MPC</sup> , 01/05/2016 <sup>MPC</sup> , 11/01/2016 <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> , 07/11/2023 <sup>MPC</sup>	09/03/2024

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Date of Revision	Revision History
11/01/2016	MPC approved to adopt MCG 20 <sup>th</sup> Ed.: Acute Outpatient Behavioral Health Level of Care, Adult (B-901-AOP) and Acute Outpatient Behavioral Health Level of Care, Child or Adolescent (B-902-AOP)
09/05/2017	MPC approved to adopt KP hybrid criteria for Outpatient Services and Intensive Outpatient Services
07/06/2021	MPC approved to adopt MCG 25 <sup>th</sup> Edition with modifications (hybrid) for Outpatient Behavioral Health Level of Care, Adult (B-KP-901-AOP) and Outpatient Behavioral Health Level of Care, Child or Adolescent (B-KP-902-AOP). Requires 60-day notice, effective date 12/01/2021
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
08/29/2023	Added Child/Adolescent hybrid criteria (B-KP-902-IP) based off 2017 MPC approval of the MCG 21 <sup>st</sup> edition guidelines
03/14/2024	Added resource
09/03/2024	MPC voted to amend criteria to add explicit language to clarify the existing policy and the need to submit supporting documentation to clinical reviewers. No 60-day notice.