



An Anthem Company

Behavioral Health Quick Reference Benefit Grid

Benefit	Medicaid and Medicaid Supplemental Security Income (SSI)	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan
Outpatient mental health (OPMH)	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.
Harm reduction services	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Not covered	Not covered
Child and family treatment support services (CFTSS)	Covered: No authorization required for par provider	Not covered	Not covered	Not covered
OPMH home visits	Covered: Must be authorized, based on medical necessity (MN).	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.
Psych testing	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.
Applied behavior analysis (ABA) services	Not covered	Not covered	Covered: Requires authorization.	Covered: Requires authorization.
Transcranial magnetic stimulation (TMS) services	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.
Outpatient (OP) substance use services	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.
OP ambulatory detox	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.

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Opioid Treatment program (previously known as Methadone Maintenance)	Covered: Office of Alcoholism and Substance Abuse Services (OASAS)-licensed facility — No authorization required for par providers.	Covered: OASAS-licensed facility — No authorization required for par providers.	Not covered	Covered: OASAS-licensed facility — No authorization required for par providers.
Inpatient (IP) psychiatric	Covered: Based on MN. Requires authorization; requires concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.
IP detox	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.
IP substance use disorder (SUD) rehabilitation	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.
Electroconvulsive therapy (ECT)	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.
Psychiatric Partial Hospitalization Program (PHP)	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.
Mental health and substance use intensive outpatient (IOP)	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.
Intensive psychiatric rehabilitation treatment (IPRT)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered

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Day treatment	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered
Assertive community treatment (ACT)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered
Personalized recovery oriented services (PROS)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered
SUD OP rehab services	Covered: Requires authorization and concurrent review	Covered: Requires authorization and concurrent review	Not covered	Not covered
Health home care coordination and management	Covered: Outlier Management — authorization required for members identified by plan. Other members do not require authorization.	Covered: Outlier Management — authorization required for members identified by plan. Other members do not require authorization.	Not covered	Not covered
Home and community-based services (HCBS)	Not covered	Covered	Not covered	Not covered
Emergency room (ER)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.

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Screening, brief intervention, and referral to treatment for chemical dependence (SBIRT)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Mobile crisis services	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Residential eating disorder	Not covered	Not covered	Not covered	Covered: Requires authorization.
Community rehabilitation services in residential programs — community residences (CRs) Rehabilitation services for residential service for MH	Year 2	Year 2	Not covered	Not covered
Residential rehabilitation services for SUD	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Covered: Requires authorization.