

MENTAL HEALTH SERVICES

You are required to give Prior Notice and Prior Authorization to MVP before you receive certain **Mental Health Services**. To give Prior Notice, you or your Provider must contact the MVP Behavioral Health Access Center at 1-800-568-0458. 

A Clinical Intake Specialist can help in selecting a Provider, carefully matching you with a Provider that meets your specific clinical requirements and is geographically accessible. For **In Network Mental Health Services**, you must pay the applicable Copayment listed on your Summary of Covered Services. For **Out of Network Mental Health Services**, you must pay the applicable Deductible and Coinsurance listed on Summary of Covered Services and you must also pay the difference, if any, between MVP's Allowable Charges and the Non-Participating Provider's Charges.

Mental Health Condition. Means a condition or disorder involving mental illness that falls under a diagnostic category listed in the mental disorders section of the International Classification of Disease (ICD-CM-10), or the Diagnostic and Statistical Manual of Mental Disorders, as periodically revised. Mental Health Condition does not include:

- a. Mental Retardation, provided however that we would provide Benefits for Acute Mental Health Services when other diagnoses are present;
- b. Learning Disorders;
- c. Motor Disorders;
- d. Communication Disorders;
- e. Dementia, provided however that we would provide Benefits for Acute Mental Health Services when other diagnoses are present;
- f. Partner Relational Problems;
- g. Academic Problems;
- h. Religious or Spiritual Problems;
- i. Acculturation Problems.

Mental Health Services. Benefits are available for the treatment of Acute Mental Health Conditions for the services set forth below. All inpatient services require prior authorization.

A. **Inpatient Services**. 

For Covered Services accessed within New York State, for purposes of this subsection, "Hospital" is defined as the inpatient services of a psychiatric center under the jurisdiction of the office of mental health or other psychiatric in-patient facility in the department, a psychiatric in-patient facility maintained by a political subdivision of the state for the care or treatment of the mentally ill, a ward, wing, unit, or other part of a hospital, as defined in Article 28 of the Public Health Law, operated as part of such hospital for the purpose of providing services for the mentally ill pursuant to an operating certificate issued by the Commissioner of Mental Health, or other facility providing an operating certificate by the Commissioner. For Covered Services accessed outside New York State, comparable legislation will be reviewed.

Your Plan will also cover inpatient mental health care services relating to the diagnosis and treatment of mental, nervous and emotional disorders received at Facilities that provide residential treatment, including room and board charges. Coverage for residential treatment services is limited to Facilities defined in New York Mental Hygiene Law Section 1.03(33) and to residential treatment facilities that are part of a comprehensive care center for eating disorders identified pursuant to Article 27-J of the Public health Law; and, in other states, to Facilities that are licensed or certified to provide the same level of treatment.

B. Outpatient and Professional Services.

The Plan will cover outpatient mental health care services, including but not limited to partial Hospitalization program services and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Coverage for outpatient services for mental health care includes Facilities that have been issued an operating certificate pursuant to Article 31 of the New York Mental Hygiene Law or are operated by the Office of Mental Health and, in other states, to similarly licensed or certified Facilities; and services provided by a licensed psychiatrist or psychologist; a licensed clinical social worker with at least three years of additional experience in psychotherapy; a licensed mental health counselor; a licensed marriage and family therapist; a licensed psychoanalyst; or a professional corporation or a university faculty practice corporation thereof.

The following Benefits are available for outpatient mental health services:

1. Outpatient Provider visits;
2. Outpatient psychiatric emergency visits. A psychiatric emergency is defined as a situation in which a person appears to have a mental illness for which immediate observation care and treatment is appropriate and the absence of treatment is likely to result in serious harm to him or others.
3. Partial Hospitalization. (PHP) The Plan will provide Benefits listed in a structured therapeutic program that may be either attached to a hospital or free standing. The program may provide medical/psychiatric treatment services for a minimum of 6 hours a day 3 to 5 days per week, for members who require intensive treatment and structure.
4. Intensive Outpatient. (IOP) The Plan will provide a level of care in the continuum between day treatment and traditional outpatient treatment. IOP services provide comprehensive and coordinated treatment plans which include multiple services and modalities delivered in an outpatient setting with a minimum of 3 hours per day, 2 to 4 times per week. (No less than nine (9) hours per week).

Benefits shall be paid for the above-mentioned Services ONLY when such Services are performed and billed by a facility operated by the Office of Mental Health; a facility issued an operating certificate by the Commissioner of Mental Health pursuant to the provisions of Article 31 of Mental Hygiene Law; or a psychiatrist, psychologist, or duly certified social worker who are certified pursuant to the requirements of Section 4303(n) of the New York State Insurance Law or comparable legislation outside the State of New York.

SUBSTANCE USE DISORDER SERVICES

You are required to give Prior Notice and Prior Authorization to MVP before you receive certain Substance Use Disorder Services. To give Prior Notice or request Prior Authorization, you or your Provider must contact the MVP Behavioral Health Access Center at 1-800-568-0458. ☎

A Clinical Intake Specialist can help in selecting a Provider, carefully matching you with a Provider that meets your specific clinical requirements and is geographically accessible. **For In Network Substance Use Disorder Services, you must pay the applicable Copayment listed on your Summary of Covered Services. For Out of Network Substance Use Disorder Services, you must pay the applicable Deductible and Coinsurance listed on Summary of Covered Services. and you must also pay the difference, if any, between MVP's Allowable Charges and the Non-Participating Provider's Charges.**

Substance Abuse Condition. Means a disorder involving alcohol or substance abuse that falls as listed in the mental disorders section of the International Classification of Disease (ICD-CM-10), or the Diagnostic and Statistical Manual of Mental Disorders, as periodically revised. Substance Abuse Condition does not include:

- a. Caffeine Related Disorders
- b. Nicotine Related Disorders

Substance Use Disorder Services. Your Plan provides Benefits for Acute Substance Abuse Conditions for the services set forth below.

A. Inpatient Services.

Detoxification Treatment for Alcohol and/or Substance Dependence. Active treatment for detoxification needed because of alcohol dependence or substance dependence. Within New York State, care must be received from an Office of Alcoholism and Substance Abuse Services (OASAS) certified facility. Outside New York State, care must be received in a facility whose alcoholism and/or substance abuse treatment program has been approved by the Joint Commission of Accreditation of Hospitals.

Your Plan will also cover inpatient substance use services relating to the diagnosis and treatment of substance use disorder received at Facilities that provide residential treatment, including room and board charges. Coverage for residential treatment services is limited to OASAS-certified Facilities that provide services defined in 14 NYCRR 819.2(a)(1), 820.3(a)(1) and (2) and Part 817; and, in other states, to those Facilities that are licensed or certified by a similar state agency or which are accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs to provide the same level of treatment.

B. Outpatient and Professional Services. This Plan will cover outpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance abuse, including methadone treatment provided at a facility or practitioner's office. Provided the person in need of treatment is a Member under this Plan, benefits are also available for family counseling visits. These Family counseling visits are eligible for Coverage even if the person in need of treatment has not yet begun that treatment. Benefits for family counseling are limited to one (1) visit per day.

1. **Partial Hospitalization.** (PHP) The Plan will provide Benefits listed in a structured therapeutic program that may be either attached to a hospital or free standing. The program may provide medical/psychiatric treatment services for a minimum of 6 hours a day 3 to 5 days per week, for members who require intensive treatment and structure.
2. **Intensive Outpatient.** (IOP) The Plan will provide a level of care in the continuum between day treatment and traditional outpatient treatment. IOP services provide comprehensive and coordinated treatment plans which include multiple services and modalities delivered in an outpatient setting with a minimum of 3 hours per day, 2 to 4 times per week. (No less than nine (9) hours per week).

Within New York State, coverage is limited to facilities certified by the Office of Alcoholism and Substance Abuse Services or licensed by such Office as outpatient clinics or medically supervised ambulatory substance abuse programs or multidisciplinary group practices approved by MVP. In other states, coverage is limited to those facilities accredited by the Joint Commission on Accreditation of Hospitals as alcoholism or chemical dependence substance abuse treatment programs.