

Behavioral health quick reference benefit grid



Benefit	MMC and Medicaid SSI	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Outpatient mental health (OPMH)	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Harm reduction services	Covered ¹	Covered ¹	Not covered	Not covered	Covered ¹
Child and family treatment support services (CFTSS); family peer support, community psychiatric and supports treatment (CPST), other licensed practitioner (OLP); psychosocial rehabilitation (PSR)	Covered ¹	Not covered	Covered ¹	Not covered	Covered ¹
OPMH home visits	Covered ²	Covered ²	Covered ²	Covered ²	Covered ²
Children's home- and community- based services (HCBS)	Covered ³	Not covered	Not covered	Not covered	Covered ³
Psych testing	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴	Covered ⁴
Applied behavior analysis (ABA) services	Covered ⁴	Not covered	Covered ⁴	Covered ⁴	Covered ⁴
Transcranial magnetic stimulation (TMS) services	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Outpatient (OP) substance use services	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
OP ambulatory detox	Covered ¹	Covered ¹	Covered ¹	Covered ¹	Covered ¹
Opioid treatment program (previously known as Methadone Maintenance)	Covered ¹	Covered ¹	Not covered	Covered ¹	Covered ¹
Inpatient (IP) psychiatric	Covered ^{5, 6}	Covered ⁵	Covered ^{5, 6}	Covered ⁵	Covered ^{5, 6}
IP detox	Covered ⁷	Covered ⁷	Covered ⁷	Covered ⁷	Covered ⁷
IP substance use disorder (SUD) rehabilitation	Covered ⁷	Covered ⁷	Covered ⁷	Covered ⁷	Covered ⁷
Electroconvulsive therapy (ECT)	Covered ⁸	Covered ⁸	Covered ⁸	Covered ⁸	Covered ⁸
Psychiatric Partial Hospitalization Program (PHP)	Covered ⁹	Covered ⁹	Covered ⁹	Covered ⁹	Covered ⁹
Mental health and substance use intensive outpatient (IOP)	Covered ¹⁰	Covered ¹⁰	Covered ¹⁰	Covered ¹⁰	Covered ¹⁰
Intensive psychiatric rehabilitation treatment (IPRT)	Covered ⁹	Covered ⁹	Not covered	Not covered	Covered ⁹
Day treatment	Covered ⁹	Covered ⁹	Not covered	Not covered	Covered ⁹

1 No authorization required for participating provider.

2 Bridge on discharge must be authorized, based on medical necessity. Licensed behavioral health provider visits do not require authorizations.

3 Must be authorized, based on care plan review.

4 Must be authorized, based on medical necessity.

5 As of September 1, 2022, notification required. If certain triggers are met, then UM will be conducted. If not, concurrent reviews begin after day 30.

6 Members under age 18: notification within 48 hours for in-network (INN) providers. If notified, no medical necessity reviews for 14 days. If triggers are met, concurrent reviews start on day 15. If no triggers, concurrent reviews start after day 30. Out-of-network (OON) providers and INN providers who do not notify within 48 hours will require authorization.

7 Coverage is based on medical necessity. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. Authorization and concurrent review required for OON providers and INN providers who do not notify.

8 Coverage is based on medical necessity, requires authorization and concurrent review.

9 Requires authorization.

10 Requires authorization and concurrent review.



Benefit	MMC and Medicaid SSI	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Assertive community treatment (ACT)	Covered ⁹	Covered ⁹	Covered ⁹	Not covered	Covered ⁹
Personalized recovery oriented services (PROS)	Covered ¹¹	Covered ¹¹	Not covered	Not covered	Covered ¹¹
SUD OP rehab services	Covered ⁷	Covered ⁷	Not covered	Not covered	Covered ⁷
Residential rehabilitation SUD services for youth	Not covered	Not covered	Covered ⁷	Not covered	Not covered
Health home care coordination and management	Covered ¹¹	Covered ¹¹	Not covered	Not covered	Covered ¹¹
Behavioral health HCBS	Not covered	Covered ⁹	Not covered	Not covered	Not covered
Community oriented recovery and empowerment (CORE) services	Not covered	Covered ¹¹	Not covered	Not covered	Not covered
Emergency room	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹
Screening, brief intervention, and referral to treatment for chemical dependence (SBIRT)	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹
Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹
Mobile crisis services	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹	Covered ¹¹
Residential eating disorder	Not covered	Not covered	Not covered	Covered ⁹	Not covered
Residential rehabilitation services for SUD	Covered ⁷	Covered ⁷	Not covered	Covered ⁷	Covered ⁷
Children's crisis residence	Covered ¹²	Not covered	Not covered	Not covered	Covered ¹²
Residential crisis support	Covered ¹³	Covered ¹⁴	Not covered	Not covered	Covered ¹³
Intensive crisis residence	Covered ¹³	Covered ¹⁴	Not covered	Not covered	Covered ¹³
29-i health facilities	Not covered	Not covered	Covered	Not covered	Covered ¹⁵

11 Does not require authorization.

12 Covered for members under age 21: Notification required.

13 Covered for members age 18 and older: Notification required.

14 Notification required.

15 Medicaid: Out of network requires authorization. CHPlus: Notification required for all providers.



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