

## MCG Care Guidelines adopted for behavioral health services

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Effective with dates of service on and after October 31, 2018, we will begin using MCG Care Guidelines 22nd edition behavioral health guidelines for the review of behavioral health services. This represents a change from the behavioral health medical policies and clinical guidelines currently used.

Please note that the following behavioral health medical policies and clinical guidelines (BEH) will be retained at this time:

- 00002 - Transcranial Magnetic Stimulation
- 00004 - Activity Therapy for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-01 - Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-02 - Adaptive Behavioral Treatment for Autism Spectrum Disorder
- CG-BEH-14 - Intensive In-Home Behavioral Health Services

We may continue to use additional medical policies and clinical guidelines to supplement MCG Care Guidelines.

View our [medical policies and clinical guidelines](#) and view [Customizations to MCG Care Guidelines 22nd edition](#).

This change impacts our Commercial health plans.

Providers should continue to call the phone number indicated on the back of the member's ID card to request prior authorization review or for additional questions regarding behavioral health benefits.

**URL:** <https://providernews.anthem.com/connecticut/article/mcg-care-guidelines-adopted-for-behavioral-health-services-1>

**Featured In:**

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