

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Level of Care Criteria for Inpatient, Residential, Partial Hospital, and Intensive Outpatient Mental Health Services for Adults and Children
Policy Number	3.01.21
Category	Behavioral Health
Original Effective Date	01/01/23
Committee Approval Date	12/10/20, 11/17/22
Current Effective Date	05/08/23
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program(DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

- I. Reviews for medical necessity of behavioral health services that are requested and rendered in New York State will be subject to the following criteria:

The Health Plan will use InterQual Behavioral Health Adult and Geriatric Psychiatry Criteria, (“InterQual BH Adult Criteria”), for patients aged 18 years or older, and InterQual® Behavioral Health Child and Adolescent Psychiatry Criteria, (“InterQual BH Child Criteria”), for patients aged four through 17 years, to determine the medical necessity of the current or proposed level of care, when the services provided or proposed are subject to utilization review. InterQual Behavioral Health Level of Care Criteria address **ALL** of the following domains:

- risk of harm;
- functional status; and
- co-morbidity.

*Adult patients:* If an adult patient does not meet InterQual BH Adult Criteria for the current or proposed level of care and the service requested and rendered is in New York State, the following additional criteria will be applied:

- Based upon our criteria, inpatient level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for an adult patient when the patient cannot be safely managed in a less intensive level of care and **ALL FOUR** of the following criteria are met:
  - High or severe level of stress in the recovery environment, impacting the patient’s functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - unavoidable subjection to substance use in immediate living environment (only applicable to persons with co-occurring substance use disorders);
    - physical and/or sexual abuse;

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- c. chaotic, violent, and/or threatening family environment;
  - d. homelessness;
  - e. chronic, disabling pain or unstable medical issues;
  - f. inability to carry out activities of daily living and lack of access to care support;
  - g. traumatic life event (i.e., sudden or unexpected death of close relative, witness to violence, natural disaster, etc.), causing a severe, functional deficit; and/or
  - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND
2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. few sources of support;
    - b. current supports unwilling or unable to provide assistance; and/or
    - c. unwilling or refusing to utilize existing supports; AND
  3. Poor or minimal response to treatment and recovery history, impacting the patient's functioning and symptoms, when **ONE OR BOTH** of the following apply to the patient:
    - a. historical or present treatment has resulted in an inability to maintain gains, even with repeated or intensive treatment; and/or
    - b. persistent functional deficit due to symptoms after structured treatment; AND
  4. Inability to engage in recovery, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following are met:
    - a. Inability to understand disease;
    - b. refusal or lack of insight resulting in inability to take action in mental health recovery (i.e., refusal to take medications or engage in treatment, participation in high-risk behaviors); and/or
    - c. anger, mental/emotional paralysis, and/or paranoia, resulting in inability to make gains in treatment.
- B. Based upon our criteria, residential level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
1. High or severe level of stress in the recovery environment, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. unavoidable subjection to substance use in immediate living environment (only applicable to persons with co-occurring substance use disorders);
    - b. physical and/or sexual abuse;
    - c. chaotic, violent, and/or threatening family environment;
    - d. homelessness;
    - e. chronic, disabling pain or unstable medical issues;
    - f. inability to carry out activities of daily living and lack of access to care support;
    - g. traumatic life event (i.e., sudden or unexpected death of close relative, witness to violence, natural disaster, etc.), causing a severe, functional deficit; and/or
    - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND
  2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. few sources of support;
    - b. current supports unwilling or unable to provide assistance; and/or
    - c. unwilling or refusing to utilize existing supports; AND
  3. Partial response to treatment and recovery, impacting the patient's functioning and symptoms, when **ONE OR BOTH** of the following apply to the patient:
    - a. partial remission of symptoms as result of historical or present treatment; and/or
    - b. despite treatment, no sustained recovery maintained and/or symptoms continue; AND

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4. Moderate to no engagement and recovery, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
  - a. complete lack of engagement in treatment and/recovery;
  - b. ambivalence in effort to understand or engage in treatment and/or education;
  - c. difficulty engaging in treatment and/or establishing and maintaining relationships, due to poor impulse control and/or poor frustration tolerance; and/or
  - d. desire to engage in treatment, despite a secondary or underlying condition that has caused physical or mental barriers and may require additional support/assistance.
- C. Based upon our criteria, partial hospitalization program (PHP) level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
  1. Moderate/high level of stress in the recovery environment, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. strained interpersonal relationships;
    - b. changes in personal/life events (e.g., loss of employment, decline in health, change in residence, legal issues, divorce, death);
    - c. access to drugs/alcohol (only applicable to persons with co-occurring substance use disorders);
    - d. violence in or near home; and/or
    - e. extremely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND
  2. Limited engagement with supportive recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. social supports available, even if patient not fully engaged with supports;
    - b. clinical supports available, even if patient not fully engaged with supports; and/or
    - c. sources of support available, but only partially engaged with patient; AND
  3. Partial response to treatment and recovery, impacting the patient's functioning and symptoms, when **ONE OR BOTH** of the following apply to the patient:
    - a. partial remission of symptoms as result of historical or present treatment; and/or
    - b. despite treatment, no sustained recovery maintained and/or symptoms continue; AND
  4. Moderate engagement and recovery, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. ambivalence in effort to understand or engage in treatment and/or education; or
    - b. difficulty engaging in treatment and/or establishing and maintaining relationships, due to poor impulse control and/or poor frustration tolerance; or
    - c. desire to engage in treatment, despite a secondary or underlying condition that has caused physical or mental barriers and may require additional support/assistance.
- D. Based upon our criteria, intensive outpatient program (IOP) level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
  1. Low, moderate, or high level of stress in the recovery environment, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. no or few problems/difficulties in social or personal interactions or environmental factors;
    - b. strained interpersonal relationships;
    - c. changes in personal/life events (e.g., loss of employment, decline in health, change in residence, legal issues, divorce, death);
    - d. access to drugs/alcohol (only applicable to persons with co-occurring substance use disorders);
    - e. violence in or near home; and/or
    - f. extremely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND

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2. Supportive recovery environment (e.g., social, clinical), when **ANY ONE OR MORE** of the following apply to the patient:
  - a. complete access to fully-engaged supports;
  - b. social supports available, even if patient not fully engaged with supports;
  - c. clinical supports available, even if patient not fully engaged with supports; and/or
  - d. sources of support available, but only partially engaged with patient; AND
3. Partial response to treatment and recovery, when **ANY ONE OR MORE** of the following apply to the patient:
  - a. positive or successful previous or current treatment history;
  - b. partial remission of symptoms as result of historical or present treatment;
  - c. despite treatment, no sustained recovery maintained and/or symptoms continue;
  - d. no prior treatment experience, and **ONE** of the following criteria is met:
    - i. limited capacity or some functional impairment, due to poor response to stress, pressures, or life events; or
    - ii. ability to integrate into structured treatment environment activities/relationships, with support; AND
4. Moderate engagement and recovery, when **ANY ONE OR MORE** of the following apply to the patient:
  - a. understanding of condition;
  - b. investment in recovery process and/or willingness to work toward change;
  - c. ambivalence in effort to understand or engage in treatment and/or education;
  - d. beginning of relationship development and use of available resources;
  - e. difficulty engaging in treatment and/or establishing and maintaining relationships, due to poor impulse control and/or poor frustration tolerance; and/or
  - f. desire to engage in treatment, despite secondary or underlying condition that has caused physical or mental barriers and may require additional support/assistance.

**H. Child or Adolescent Patients:** If a child or adolescent patient does not meet the InterQual® BH Child Criteria for the current or proposed level of care, and the service requested and rendered is in New York State, the following additional criteria will be applied.

- A. Based upon our criteria, inpatient level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for a child or adolescent patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
  1. High or severe level of stress in the recovery environment, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. unavoidable subjection to substance use in immediate living environment;
    - b. physical and/or sexual abuse;
    - c. chaotic, violent, and/or threatening family environment;
    - d. unsecured or non-permanent residence;
    - e. chronic, disabling pain or unstable medical issues;
    - f. inability to carry out activities of daily living and lack of access to care support;
    - g. traumatic or unexpected life event impacting patient and/or caregiver (i.e., sudden or unexpected death of close relative, witness to violence, natural disaster, unanticipated pregnancy, etc.), causing a severe, functional deficit for the patient; and/or
    - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND
  2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. caregiver unable to provide for patient's needs;
    - b. few sources of support or inability to access;
    - c. current caregiver unwilling or unable to provide assistance;
    - d. lack of care coordination with social service agencies; and/or

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- e. change in community relationships resulting in hostile or unsafe environment outside of residence (e.g., gang pressure, bullying, street violence); AND
  3. Poor or minimal response to treatment and adaptability, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. historical or present treatment has resulted in an inability to maintain gains, even with repeated or intensive treatment;
    - b. developmental progress at-risk due to poor response to stress, pressures, or life events (e.g., inappropriate emotional reactions, poor impulse control, inability to participate in school); and/or
    - c. difficulty integrating into structured treatment environment activities/relationships; AND
  4. Inability to engage in recovery, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. inability to form relationships with health care providers;
    - b. refusal or inability to understand consequences of not participating in treatment plan (i.e., refusal to take medications or engage in treatment, participation in high-risk behaviors, self-sabotage of treatment);
    - c. inability to engage in treatment, due to a secondary or underlying condition that has caused physical or mental barriers; and/or
    - d. anger, mental/emotional paralysis, paranoia resulting in inability to make gains in treatment.
- B. Based upon our criteria, residential level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for a child or adolescent patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
1. High or severe level of stress in the recovery environment, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. unavoidable subjection to substance use in immediate living environment;
    - b. physical and/or sexual abuse;
    - c. chaotic, violent, and/or threatening family environment;
    - d. unsecured or non-permanent residence;
    - e. chronic, disabling pain or unstable medical issues;
    - f. inability to carry out activities of daily living and lack of access to care support;
    - g. traumatic or unexpected life event impacting patient and/or caregiver (i.e., sudden or unexpected death of close relative, witness to violence, natural disaster, unanticipated pregnancy, etc.), causing a severe, functional deficit for the patient; and/or
    - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; AND
  2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. caregiver unable to provide for patient's needs;
    - b. few sources of support or inability to access;
    - c. current caregiver unwilling or unable to provide assistance;
    - d. lack of care coordination with social service agencies; and/or
    - e. change in community relationships, resulting in hostile or unsafe environment outside of residence (e.g., gang pressure, bullying, street violence); AND
  3. Partial response to treatment and adaptability, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. historical or present treatment has resulted in inability to maintain gains after any previous level of care;
    - b. previous treatment gains made in structured treatment deteriorate quickly after discharge;
    - c. developmental progress at risk, due to poor response to stress, pressures, or life events (e.g., inappropriate emotional reactions, poor impulse control, inability to participate in school); and/or
    - d. ability to integrate into structured treatment environment activities/relationships most of the time, or difficulty integrating into structured treatment environment activities/relationships; AND

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4. Moderate to no engagement and acceptance, impacting the patient's functioning and symptoms, **ANY ONE OR MORE** of the following apply to the patient:
  - a. inability to form, or difficulty forming, relationships with health care providers;
  - b. acknowledging, but resistant or refusing/unable to understand consequences of not participating in treatment plan (i.e., refusal to take medications or engage in treatment, participation in high-risk behaviors, self-sabotage of treatment, frequent tardiness/truancy for appointments);
  - c. inability to engage in treatment due to a secondary or underlying condition that has caused physical or mental barriers;
  - d. anger, mental/emotional paralysis, paranoia, resulting in inability to make gains in treatment; and/or
  - e. minimization of impact and consequences of inappropriate behaviors.
- C. Based upon our criteria, partial hospitalization program (PHP) level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for a child or adolescent patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
  1. Moderate/high level of stress in the recovery environment, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. exposure to substance use in immediate living environment;
    - b. physical and/or sexual abuse;
    - c. chaotic family environment;
    - d. unsecured or non-permanent residence;
    - e. chronic, disabling pain or unstable medical issues;
    - f. lack of caregiver support, affecting daily needs;
    - g. traumatic or unexpected life event impacting patient and/or caregiver (i.e. sudden or unexpected death of close relative, witness to violence, natural disaster, unanticipated pregnancy, etc.), causing a severe, functional deficit for the patient; and/or
    - h. life responsibilities and demands inappropriate for age (i.e., caregiving for younger siblings, transporting self to appointments, etc.); AND
  2. Limited engagement with supportive recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. caregiver partially able or fully able to provide for patient's needs;
    - b. limited or sufficient sources of support;
    - c. current caregiver willing and able (partially or fully) to provide assistance;
    - d. social service agencies engaged and involved; and/or
    - e. community resources are limited or unsatisfactory; AND
  3. Partial response to treatment and adaptability, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. historical or present treatment has resulted in an inability to maintain gains after any previous level of care;
    - b. previous treatment gains deteriorate quickly after discharge or are only maintained with strong support;
    - c. optimal control of symptoms not achieved with previous lower levels of care;
    - d. limited follow-up with treatment plan shown by patient;
    - e. limited capacity or functional impairment due to poor response to stress, pressures, or life events; and/or
    - f. ability to integrate into structured treatment environment activities/relationships most of the time, or difficulty integrating into structured treatment environment activities/relationships; AND
  4. Moderate engagement and acceptance, impacting the patient's functioning and symptoms, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. inability or difficulty forming relationships with health care providers;

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- b. acknowledging, but resistant or refusing/unable to understand consequences due to lack of participation in treatment plan (i.e., refusal to take medications or engage in treatment, participation in high-risk behaviors, self-sabotage of treatment, frequent tardiness/truancy for appointments);
  - c. inability to engage in treatment due to a secondary or underlying condition that has caused physical or mental barriers;
  - d. disruptive or hostile interactions with treatment providers; and/or
  - e. minimization of impact and consequences of inappropriate behaviors.
- D. Based upon our criteria, intensive outpatient program (IOP) level of care has been medically proven to be effective and, therefore, is considered **medically appropriate** for a child or adolescent patient, when the patient cannot be safely managed in a less intensive level of care, and **ALL FOUR** of the following criteria are met:
1. Low, moderate or high level of stress in the recovery environment, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. no or few problems/difficulties in social or personal interactions or environmental factors;
    - b. exposure or potential exposure to substance use in immediate living environment;
    - c. physical and/or sexual abuse;
    - d. chaotic family environment;
    - e. unsecured or non-permanent residence;
    - f. medical co-morbidity or unstable medical issues;
    - g. lack of caregiver support, affecting daily needs;
    - h. life event impacting patient and/or caregiver (i.e. sudden or unexpected death of close relative, witness to violence, natural disaster, unanticipated pregnancy, new teacher, etc.), which may cause functional deficits for the patient; and/or
    - i. life responsibilities and demands inappropriate for age (i.e., caregiving for younger siblings, transporting self to appointments, etc.); AND
  2. Supportive recovery environment (e.g., social, clinical), when **ANY ONE OR MORE** of the following apply to the patient:
    - a. caregiver partially able or fully able to provide for patient's needs;
    - b. limited or sufficient sources of support;
    - c. current caregiver willing and able (partially or fully) to provide assistance;
    - d. social service agencies engaged and involved; and/or
    - e. community resources limited or unsatisfactory; AND
  3. Partial or full response to treatment and adaptability, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. historical or present treatment has resulted in an inability to maintain gains after any previous level of care; or
    - b. previous treatment successful or previous treatment gains deteriorate quickly after discharge or are only maintained with strong support; or
    - c. optimal control of symptoms not achieved by patient with previous, lower levels of care;
    - d. limited follow-up with treatment plan shown by patient; and/or
    - e. patient has no treatment history and at least **ONE** of the following:
      - i. limited capacity or some functional impairment due to poor response to stress, pressures, or life events; or
      - ii. ability to integrate into structured treatment environment activities/relationships with support; AND
  4. Moderate engagement and acceptance, when **ANY ONE OR MORE** of the following apply to the patient:
    - a. full engagement in clinical relationships;
    - b. active participation in treatment plan;
    - c. difficulty forming relationships with health care providers;

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- d. acknowledging, but resistant or having only limited understanding of consequences due to not participating in treatment plan (i.e., lack of insight affecting medication adherence/engagement in treatment, frequent tardiness/truancy for appointments); and/or
  - e. minimization of impact and consequences of inappropriate behaviors.
- IV. Reviews for medical necessity for behavioral health services requested or rendered outside of New York State will be conducted utilizing the appropriate current InterQual Criteria (LOC:Adult/Geriatric or Child/Adolescent).

**POLICY GUIDELINES**

- I. Services requested or rendered within New York state by both in and out-of-network providers are subject to the criteria in policy statements I-III.
- II. Utilization review is prohibited for patients under 18 years of age during the first 14 days of admission to an in-network, in-state, inpatient hospital setting licensed by the Office of Mental Health for inpatient psychiatric hospital services.
- III. If the recommended level of care is not available, the next highest level of care will be authorized.
- IV. When a patient's clinical presentation straddles two different levels of care, and if placement remains ambiguous even after thoughtful clinical review and discussion with the clinical treatment team, the Health Plan's utilization review staff will authorize the higher level of care.
- V. It is essential that providers cooperate, communicate, and engage in close care coordination with the Health Plan. Providers have the following responsibilities to ensure effective communication:
  - A. Notify the Health Plan of members' admissions to inpatient care, partial hospital programs, residential treatment, and IOP within two business days;
  - B. Respond in a timely manner when the Health Plan requests clinical consultation for any patient; and
  - C. Notify the Health Plan two days prior to a member's planned discharge date, so that Health Plan staff can work collaboratively with provider to establish the discharge plan, suggest additional or alternative resources, and ensure that the patient follows up with care.

**DESCRIPTION**

New York State requires that Health Plan clinical review activities and criteria for all mental health services take into consideration patient need and risk factors in all of the following domains:

- I. For adults:
  - A. risk of harm;
  - B. functional status;
  - C. co-morbidity;
  - D. level of stress and support in the recovery environment;
  - E. treatment and recovery history; and
  - F. engagement and recovery status.
- II. For children/adolescents (information from all of the following domains must be considered in a developmentally appropriate context):
  - A. risk of harm;
  - B. functional status;
  - C. co-morbidity;
  - D. environmental stress and support in recovery environment;
  - E. resiliency and treatment history; and
  - F. acceptance and engagement of child/adolescent and caregivers.

**RATIONALE**



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Effective January 1, 2020, a new provision has been added to the utilization review program standards set forth in New York Insurance Law § 4902 and Public Health Law § 4902. The new provision requires that, when conducting utilization review for purposes of determining health care coverage for a mental health (MH) condition, health plans utilize evidence-based and peer reviewed clinical review criteria that are appropriate to the age of the patient and that have been deemed appropriate and approved for use in determining health care coverage for the treatment of MH conditions by the Commissioner of the NYS Office of Mental Health (OMH), in consultation with the Commissioner of Health and the Superintendent of Financial Services. Other provisions in the Insurance and Public Health laws prohibit health plans from conducting utilization review more frequently than is reasonably required to assess whether the health care services under review are medically necessary.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

**CPT/ Revenue Codes**

<b>Code</b>	<b>Description</b>
	Multiple CPT and Revenue codes

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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
	None

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
	Numerous

**REFERENCES**

\*InterQual Behavioral Health Criteria.

\*New York State Insurance Law § § 4902 (12) and Public Health Law § 4902 (j).

[<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:>] accessed 10/26/22.

\*New York State Office of Mental Health. Guiding principles for the review and approval of clinical review criteria for mental health services. 2019 Nov 25. [[https://omh.ny.gov/omhweb/bho/omh\\_mnc\\_guiding\\_principles.pdf](https://omh.ny.gov/omhweb/bho/omh_mnc_guiding_principles.pdf)] accessed 10/26/22.

\*Key Article

**KEY WORDS**

Behavioral health, inpatient mental health, partial hospitalization program, mental health residential treatment, intensive outpatient mental health

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Inpatient psychiatric hospital services is addressed in the Medicare Benefit Policy Manual, Chapter 2. Please refer to the following website for Medicare Members: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c02.pdf>

There is currently a Local Coverage Determination (LCD) for Psychiatric Inpatient Hospitalization. Please refer to the following LCD website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33624&ver=33&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA|CAL|NCD|MEDCAC|TA|MCD&ArticleType=BC|SAD|RTC|Reg&PolicyType=Both&s=41&KeyWord=mental&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=MAAAAAGAAAA&>

There is currently a Local Coverage Determination (LCD) for Psychiatric Partial Hospitalization Programs. Please refer to the following LCD website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33626&ver=36&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=BC%7cSAD%7cRTC%7cReg&PolicyType=Both&s=41&KeyWord=mental&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=MAAAAAGAAAA&>

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members: [Local Coverage Determination for Psychiatry and Psychology Services \(L33632\)](#)