

MEDICAL POLICY



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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
Current Effective Date	April 16, 2026
Next Review Date	April 2027

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.

(Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

- I. Reviews for medical necessity of behavioral health services that are requested and rendered within New York State (NYS) 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 (i.e., episode day 2-13 for inpatient; episode week 2 for residential or partial hospital program; episode week 2-3 for intensive outpatient program) and the service requested and rendered is within New York State, the following additional criteria will be applied:

- A. Inpatient level of care is considered **medically appropriate** for an adult patient when the patient cannot be safely managed in a less intensive level of care and **ONE (1)** 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 (1) 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);

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- 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; **or**
 - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**
 2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) or more** of the following apply to the patient:
 - a. few sources of support;
 - b. current supports unwilling or unable to provide assistance; **or**
 - c. unwilling or refusing to utilize existing supports; **or**
 3. Poor or minimal response to treatment and recovery history, impacting the patient's functioning and symptoms, when **one (1) 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; **or**
 - b. persistent functional deficit due to symptoms after structured treatment; **or**
 4. Inability to engage in recovery, impacting the patient's functioning and symptoms, when **any one (1) 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); **or**
 - c. anger, mental/emotional paralysis, and/or paranoia, resulting in inability to make gains in treatment.
- B. Residential level of care is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ONE (1)** 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 (1) or more** of the following apply to the patient:

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- 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; **or**
 - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**
2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) or more** of the following apply to the patient:
 - a. few sources of support;
 - b. current supports unwilling or unable to provide assistance; **or**
 - c. unwilling or refusing to utilize existing supports; **or**
 3. Partial response to treatment and recovery, impacting the patient's functioning and symptoms, when **one (1) or both** of the following apply to the patient:
 - a. partial remission of symptoms as result of historical or present treatment; **or**
 - b. despite treatment, no sustained recovery maintained and/or symptoms continue; **or**
 4. Moderate to no engagement and recovery, impacting the patient's functioning and symptoms, when **any one (1) 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; **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. Partial hospitalization program (PHP) level of care is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ONE (1)** of the following criteria are met:
1. Moderate/high level of stress in the recovery environment, impacting the patient's

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functioning and symptoms, when **any one (1) 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; **or**
- e. extremely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**

2. Limited engagement with supportive recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) 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; **or**
- c. sources of support available, but only partially engaged with patient; **or**

3. Partial response to treatment and recovery, impacting the patient's functioning and symptoms, when **one (1) or both** of the following apply to the patient:

- a. partial remission of symptoms as result of historical or present treatment; **or**
- b. despite treatment, no sustained recovery maintained and/or symptoms continue; **or**

4. Moderate engagement and recovery, impacting the patient's functioning and symptoms, when **any one (1) or more** of the following apply to the patient:

- a. ambivalence in effort to understand or engage in treatment and/or education;
- 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. Intensive outpatient program (IOP) level of care is considered **medically appropriate** for an adult patient, when the patient cannot be safely managed in a less intensive level of care, and **ONE (1)** of the following criteria are met:

1. Low, moderate, or high level of stress in the recovery environment, when **any one (1) or more** of the following apply to the patient:

- a. no or few problems/difficulties in social or personal interactions or environmental factors;

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- 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; **or**
 - f. extremely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**
2. Supportive recovery environment (e.g., social, clinical), when **any one (1) 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; **or**
 - d. sources of support available, but only partially engaged with patient; **or**
3. Partial response to treatment and recovery, when **any one (1) 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; **or**
 - 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; **or**
4. Moderate engagement and recovery, when **any one (1) 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; **or**

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- f. desire to engage in treatment, despite secondary or underlying condition that has caused physical or mental barriers and may require additional support/assistance.

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 (i.e., episode day 2-13 for inpatient; episode week 2 for residential or partial hospital program; episode week 2-3 for intensive outpatient program), and the service requested and rendered is within New York State, the following additional criteria will be applied.

- E. Inpatient level of care 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 **ONE (1)** 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 (1) 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;
or
 - h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**
 2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) 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; **or**
 - e. change in community relationships resulting in hostile or unsafe environment outside of residence (e.g., gang pressure, bullying, street violence); **or**

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3. Poor or minimal response to treatment and adaptability, impacting the patient's functioning and symptoms, when **any one (1) 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); **or**
 - c. difficulty integrating into structured treatment environment activities/relationships; **or**
 4. Inability to engage in recovery, impacting the patient's functioning and symptoms, when **any one (1) 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; **or**
 - d. anger, mental/emotional paralysis, paranoia resulting in inability to make gains in treatment.
- F. Residential level of 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 **ONE (1)** 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 (1) 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; **or**
 - 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;

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- h. severely overwhelmed with life responsibilities and demands, resulting in inability to cope; **or**
- 2. Non-existent or little support in the recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) 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; **or**
 - e. change in community relationships, resulting in hostile or unsafe environment outside of residence (e.g., gang pressure, bullying, street violence); **or**
- 3. Partial response to treatment and adaptability, impacting the patient's functioning and symptoms, when **any one (1) 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); **or**
 - d. ability to integrate into structured treatment environment activities/relationships most of the time, or difficulty integrating into structured treatment environment activities/relationships; **or**
- 4. Moderate to no engagement and acceptance, impacting the patient's functioning and symptoms, **any one (1) 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; **or**
 - e. minimization of impact and consequences of inappropriate behaviors.

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- G. Partial hospitalization program (PHP) level of care 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 **ONE (1)** 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 (1) 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;
or
 - h. life responsibilities and demands inappropriate for age (i.e., caregiving for younger siblings, transporting self to appointments, etc.); **or**
 2. Limited engagement with supportive recovery environment (e.g., social, clinical), impacting the patient's functioning and symptoms, when **any one (1) 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; **or**
 - e. community resources are limited or unsatisfactory; **or**
 3. Partial response to treatment and adaptability, impacting the patient's functioning and symptoms, when **any one (1) 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;

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- 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; **or**
 - f. ability to integrate into structured treatment environment activities/relationships most of the time, or difficulty integrating into structured treatment environment activities/relationships; **or**
4. Moderate engagement and acceptance, impacting the patient's functioning and symptoms, when **any one (1) or more** of the following apply to the patient:
- a. inability or difficulty forming relationships with health care providers;
 - 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; **or**
 - e. minimization of impact and consequences of inappropriate behaviors.
- H. Intensive outpatient program (IOP) level of care 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 **ONE (1)** of the following criteria are met:
1. Low, moderate, or high level of stress in the recovery environment, when **any one (1) 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; **or**
 - i. life responsibilities and demands inappropriate for age (i.e., caregiving for younger

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- siblings, transporting self to appointments, etc.); **or**
2. Supportive recovery environment (e.g., social, clinical), when **any one (1) 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; **or**
 - e. community resources limited or unsatisfactory; **or**
 3. Partial or full response to treatment and adaptability, when **any one (1) 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 successful or previous treatment gains deteriorate quickly after discharge or are only maintained with strong support;
 - 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; **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; **or**
 4. Moderate engagement and acceptance, when **any one (1) 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;
 - 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); **or**
 - e. minimization of impact and consequences of inappropriate behaviors.

RELATED POLICIES

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Not Applicable

POLICY GUIDELINE(S)

- I. Preauthorization is prohibited of in-network inpatient mental health care and crisis residential care for members of all ages.
- II. 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. Reviews for medical necessity of 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).
- III. Concurrent utilization review is prohibited for patients under 18 years of age during the first 14 days or for patients over the age of 18 years during the first 30 days of admission to an in-network, in-state, inpatient hospital setting licensed by the Office of Mental Health for inpatient psychiatric hospital services if the facility:
 - A. Notifies the patient's insurer of the admission and treatment plan within two (2) days of admission;
 - B. Performs daily clinical reviews;
 - C. Participates in periodic consultations with the insurer.
- IV. Concurrent utilization review for adults can be conducted during the first 30 days if the member meets clinical criteria designated by NYS Office of Mental Health (OMH) OR is admitted to a facility that has been designated for concurrent review by OMH.
- V. If the recommended level of care is not available, the next highest level of care will be authorized.
- VI. 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.
- VII. 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 (2) 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

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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.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

Effective May 1, 2024, New York State amended the insurance law, in relation to utilization review standards for mental health services. The new provision prohibits preauthorization of in-network inpatient mental care and crisis residential care for members of all ages. The new provision also prohibits concurrent review of such services for members under age 18 for the first 14 days of care, and during the first 30 days for members 18 and over, if the facility meets the criteria set by NYS. Per NYS, concurrent review can be performed during the first 30 days if the member meets clinical criteria designated by OMH or is admitted to a facility that has been designated by OMH for concurrent review.

Effective January 1, 2020, a new provision has been added to the utilization review program standards set forth within New York Insurance (ISC) Law §4902 and Public Health (PBH) Law §4902.

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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.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT/Revenue Codes

Code	Description
Multiple Codes	

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HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

New York State Office of Mental Health [Internet]. Guiding principles for the review and approval of clinical review criteria for mental health services. 2019 Nov 25. [revised 2022 June 15; accessed 2026 Mar 3]. Available from: https://omh.ny.gov/omhweb/bho/omh_mnc_guiding_principles.pdf

New York State Senate [Internet]. Consolidated laws of New York. Insurance (ISC). Chapter 28. Article 49. Utilization review and external appeal. Title 1. §4902 (12) 2026 [accessed 2026 Mar 3].

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Available from: <https://www.nysenate.gov/legislation/laws/CONSOLIDATED>

New York State Senate [Internet]. Consolidated laws of New York. Public Health (PBH). Chapter 45. Article 49. Utilization review and external appeal. Title 1. §4902 (j). 2026 [accessed 2026 Mar 3].

Available from: <https://www.nysenate.gov/legislation/laws/CONSOLIDATED>

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Psychiatric Inpatient Hospitalization \(LCD L33624\)](#) [accessed 2026 Mar 3]

[Psychiatric Partial Hospitalization Programs \(LCD L33626\)](#) [accessed 2026 Mar 3]

[Psychiatry and Psychological Services \(LCD L33632\)](#) [accessed 2026 Mar 3]

Medicare Benefit Policy Manual, Chapter 2 – Inpatient psychiatric hospital services. 2018 Dec 14 [accessed 2026 Mar 3]. Available from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c02.pdf>

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- 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.
- 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

12/10/20, 11/17/22, 11/16/23, 02/22/24, 04/17/25, 04/16/26

Date	Summary of Changes
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- | | |
|---------|---|
| 4/16/26 | <ul style="list-style-type: none">• Annual review, policy intent unchanged. |
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Medical Policy: Level of Care Criteria for Inpatient, Residential, Partial Hospital, and Intensive Outpatient Mental Health Services for Adults and Children

Policy Number: 3.01.21

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04/17/25	<ul style="list-style-type: none">Annual review. Policy statements revised to require only one, not all four, criteria points.
01/01/25	<ul style="list-style-type: none">Summary of changes tracking implemented.
05/08/23	<ul style="list-style-type: none">Original effective date