

MEDICAL POLICY

Medical Policy Title	Continuing Day Treatment Programs
Policy Number	3.01.20
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. Services provided by Continuing Day Treatment (CDT) Programs that are licensed or operated by the New York State Office of Mental Health (OMH) are **eligible for coverage** under New York State Medicaid Managed Care Plans and Health and Recovery Plans (HARP).
- II. For CDT to be considered **medically necessary**, the following criteria must be met:
 - A. **Admission Criteria - ALL** of the following admission criteria must be met:
 1. The individual must be evaluated by a licensed clinician and meets the criteria for a designated mental illness diagnosis, as specified in the current edition of Diagnostic and Statistical Manual or ICD-10-CM equivalent, and a related dysfunction requiring interventions that cannot be adequately provided in a lower level of care;
 2. The initial and ongoing assessment process identifies the individual's unique strengths, needs, and goals;
 3. The individual demonstrates the capability of developing more complex personal and interpersonal life skills, including problem solving, self-advocacy and the appropriate use of community resources;
 4. The individual does not require 24-hour supervision and management such as an inpatient or residential treatment program; **and**
 5. The resulting treatment plans identify specific services that are among the services that the CDT program is authorized to provide (see Policy Guideline I and Description).
 - B. **Continuing Stay Criteria (concurrent review)** - Concurrent review and authorizations should occur at six-month intervals. **ALL** of the following continuous stay criteria must be met:
 1. The individual continues to meet admission criteria;
 2. The individual continues to make progress toward treatment goals, as evidenced by a lessening of symptoms and stabilization of functioning, but either goals of treatment have not yet been achieved or adjustments in the treatment plan are needed to address lack of progress;

Medical Policy: Continuing Day Treatment Programs

Policy Number: 3.01.20

Page: 2 of 6

3. There is documentation of coordination of care and active discharge planning throughout the course of treatment;
 4. The individual continues to require services at that level of care and could not be more appropriately discharged or referred to another program; **and**
 5. Either another less intensive level of care would not be adequate to provide care, or there is a lack of availability of a viable alternative program.
- C. **Discharge Criteria - ONE (1)** of the following criteria must be met:
1. The individual has achieved current recovery goals and can identify no other goals that would require additional CDT services;
 2. The individual is not participating in a recovery plan and is not making progress toward any goals, extensive engagement efforts have been exhausted, and no significant benefit is expected from participation;
 3. The individual can live, learn, work, and socialize in the community with supports from natural and/or community resources; **or**
 4. The individual has become more acutely symptomatic and requires a higher level of care for stabilization.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

- I. A written individual treatment plan must be completed prior to the 12th visit or within 30 days of admission, whichever occurs first. Review of the treatment plan must take place at least every three (3) months. The treatment plan should meet **ALL** of the following criteria:
 - A. The treatment plan identifies symptom reduction needs, functional deficits, and maladaptive behaviors that impede the ability of the individual to achieve life goals;
 - B. The services provided should be clinically appropriate in terms of type, frequency, **and** extent, and should be considered effective in the context of the individual's diagnosis and need; and
 - C. The treatment plans should be reviewed and modified to reflect progress, changes in the individual's condition, and any major life events.

DESCRIPTION

The New York State Office of Mental Health (OMH) defines continuing day treatment as a program that provides seriously mentally ill adults with the skills and supports necessary to remain in the community and/or work toward a more independent level of functioning. Individuals often attend the program several days per week, with visits lasting more than an hour.

Medical Policy: Continuing Day Treatment Programs

Policy Number: 3.01.20

Page: 3 of 6

A continuing day treatment program provides active treatment designed to maintain or enhance current levels of functioning and skills, to maintain community living, and to develop self-awareness and self-esteem through the exploration and development of strengths and interests.

Treatment planning is an ongoing assessment process carried out by the professional staff in cooperation with the recipient and family and/or other collaterals, as appropriate. The treatment plan shall be updated or revised as necessary to document changes in the recipient's condition or needs and the services and treatment provided.

Treatment planning shall be based on an assessment of the recipient's psychiatric, physical, social, and/or psychiatric rehabilitation needs which result in the identification of the following:

- the recipient's designated mental illness diagnosis;
- the recipient's problems and strengths;
- the recipient's treatment goals consistent with the purpose and intent of the program; and
- the specific objectives and services necessary to accomplish goals.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

According to Title 14 of the New York Codes, Rules, and Regulations, a continuing day treatment program shall provide assessment and health screening services to all eligible individuals who participate and shall offer all of the following services, to be provided consistent with each individual's condition(s) and needs:

- medication therapy;
- medication education;
- case management;
- health referral;
- rehabilitation readiness development;
- psychiatric rehabilitation readiness determination and referral; and
- symptom management.

A continuing day treatment program may also provide the following additional services:

- supportive skills training;
- activity therapy;

Medical Policy: Continuing Day Treatment Programs

Policy Number: 3.01.20

Page: 4 of 6

- verbal therapy;
- crisis intervention services; and
- clinical support services.

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 Codes

Code	Description
Not Applicable	

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Revenue Codes

Code	Description
0970	Behavioral Health Treatments/Services-Community Behavioral Health Program (Day Treatment)

HCPCS Codes

Code	Description
H2012	Behavioral health day treatment, per hour

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

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 2]. Available from: https://omh.ny.gov/omhweb/bho/omh_mnc_guiding_principles.pdf

Medical Policy: Continuing Day Treatment Programs

Policy Number: 3.01.20

Page: 5 of 6

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New York State Office of Mental Health [Internet]. New York State Medicaid managed care behavioral health billing and coding manual. For individuals enrolled in mainstream, Health and Recovery Plan (HARP), and Human Immunodeficiency Virus-Special Needs Plan (HIV-SNP) product lines. Updated 2025 Oct [accessed 2026 Mar 2]. Available from: <https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>

New York State - Department of State [Internet]. State register search. New York Codes, Rules and Regulations (NY-CRR). Title 14. Department of Mental Hygiene. Chapter XIII Office of Mental Health. Part 587/s587.10 Continuing day treatment programs. 2021 Oct 15 [accessed 2026 Mar 2]. Available from: <https://dos.ny.gov/state-register>

New York State - Department of State [Internet]. State register search. New York Codes, Rules and Regulations (NYCRR). Title 14. Department of Mental Hygiene. Chapter XIII Office of Mental Health. Part 587/s587.16 Treatment planning for clinic treatment programs, continuing day treatment programs, day treatment programs serving children and partial hospitalization programs. 2021 Aug 15 [accessed 2026 Mar 2]. Available from: <https://dos.ny.gov/state-register>

New York State - Department of State [Internet]. State register search. New York Codes, Rules and Regulations (NYCRR). Title 14 Department of Mental Hygiene. Chapter XIII Office of Mental Health. Part 588/s588.7 Standards pertaining to reimbursement for continuing day treatment programs. 2021 Oct 15 [accessed 2026 Mar 2]. Available from: <https://dos.ny.gov/state-register>

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Psychiatry and Psychology Services \(LCD L33632\)](#) [accessed 2026 Mar 2]

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

Medical Policy: Continuing Day Treatment Programs

Policy Number: 3.01.20

Page: 6 of 6

service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
04/23/20, 04/22/21, 04/21/22, 04/20/23, 04/18/24, 04/17/25, 04/16/26	
Date	Summary of Changes
04/16/26	<ul style="list-style-type: none">Annual review, policy intent unchanged.
04/17/25	<ul style="list-style-type: none">Annual review, policy intent unchanged.
01/01/25	<ul style="list-style-type: none">Summary of changes tracking implemented.
04/23/20	<ul style="list-style-type: none">Original effective date