**Psychiatric Partial Hospitalization**

**Effective:** May 1, 2021

**Next Review:** January 2022  
**Last Review:** March 2021

**IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

**DESCRIPTION**

Partial Hospitalization (PHP) is an outpatient program that is provided under the supervision of an attending psychiatrist or psychiatric extender. Partial Hospitalization (PHP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

**MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

I. A Partial Hospitalization (PHP) outpatient program provided under the supervision of an attending psychiatrist or psychiatric extender may be indicated when all of the following (A. – B.) are met:

   A. All the following (1. – 8.) must be met:

      1. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
2. The member is able to actively participate in and comply with treatment at this level of care.

3. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

4. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.

5. The member’s family and/or support system are willing to participate in the treatment process and discharge planning as appropriate.

6. If member has comorbid medical issues, they can be safely managed in a partial hospital level of care.

7. Lack of external supports alone is not sufficient for continued treatment at this level of care.

8. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.

B. One or more of the following must be met:

1. The member is demonstrating significant impairments in functioning due to a psychiatric disorder not requiring 24-hour monitoring, as evidenced by both of the following (a. – b.):
   a. The patient’s symptoms or behavioral manifestations are of such severity that there is significant interference with one or more of the following:
      i. Family functioning.
      ii. Vocational functioning.
      iii. Educational functioning.
      iv. Other age appropriate social role functions.
   b. The member is unable to employ the appropriate coping skills outside of a structured setting which puts member at risk of the condition worsening.

2. The member has recently demonstrated non-lethal self-injurious behavior (example: superficial cutting) or made serious threats of self-harm or harm to others but does not require 24-hour monitoring.

3. The member’s psychiatric condition is interfering with their ability to manage a serious medical condition which, left unmanaged, could be life-threatening.

II. A continued stay in a Partial Hospitalization (PHP) outpatient program provided under the supervision of an attending psychiatrist or psychiatric extender may be indicated when all of the following (A. – B.) are met:

A. All the following must be met:

1. Member continues to meet admission criteria (I.A. - B.).

2. The member continues to demonstrate motivation for change, interest in and ability to actively engage in their behavioral health treatment, as evidenced by
active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If member is not engaged, there are documented interventions by the treatment team to address.

3. There is evidence of active discharge planning

B. One or more of the following criteria must be met:

1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.

2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member’s condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.

3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

**POLICY GUIDELINES**

**Treatment Expectations**

Members should receive a diagnostic evaluation by a psychiatrist or psychiatric extender within 48 hours of admission. An individualized treatment plan should be completed within 5 days of admission. Member should be evaluated on every day of programming by a licensed behavioral health clinician, including individual therapy once weekly. Members should also receive, at a minimum, weekly evaluations by a psychiatrist or psychiatric extender with evidence of active treatment. Partial hospitalization should provide at least 20 hours/week of programming (individual and group therapy, psychoeducation, etc.) with nursing care available on site. Partial hospitalizations can be 5-7 days per week. Partial hospitalization is intended to be an outpatient program and does not include lodging/boarding of any kind. If the daily programs are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment'.

**LIST OF INFORMATION NEEDED FOR REVIEW**

**REQUIRED DOCUMENTATION:**

The information below must be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

**Initial Request:**

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
• Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
  o Preliminary Individualized Treatment Plan

Continued Stay/Concurrent Review:

  o Supporting clinical documentation, including:
    • Most recent psychiatric evaluation
    • MD Notes
    • Individualized Treatment Plan/Progress Reports

CROSS REFERENCES
1. Eating Disorder Inpatient Treatment, Behavioral Health, Policy No. 25
2. Eating Disorder Intensive Outpatient, Behavioral Health, Policy No. 26
3. Eating Disorder Partial Hospitalization, Behavioral Health, Policy No. 27
4. Eating Disorder Residential Treatment, Behavioral Health, Policy No. 28
5. Psychiatric Inpatient Hospitalization, Behavioral Health, Policy No. 29
6. Psychiatric Intensive Outpatient, Behavioral Health, Policy No. 30
7. Psychiatric Residential Treatment, Behavioral Health, Policy No. 32

REFERENCES
7. Medicare Benefit Policy, Outpatient Hospital Psychiatric Services, Manual, Chapter 6, Section 70 - Hospital Services Covered Under Part B, A3-3112.7, HO-230.5 (Rev. 157, 06-08-12).


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*Date of Origin: January 2019*