

5.3 Partial Hospitalization Services

Service Coverage

Partial Hospitalization Programs (PHP), also known as Psychiatric Day Treatment Services, must be rendered by a provider approved under Maryland Law (COMAR 10.21.02). This is an outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. PHP is an alternative to inpatient care when the consumer can safely reside in the community. This level of service is a benefit for children, adolescents, and adults.

Those providers who choose to provide a full-day of PHP services must provide at least 6.5 hours of treatment. Free-standing PHPs may provide a full day or a half day (minimum of 4 hours) of treatment.

Service Rules

Psychological testing for consumers enrolled in a PHP requires a separate authorization and must be administered outside of the hours billed for Partial Hospitalization.

A physician's service may be billed for a Medicaid recipient, in addition to the Partial Hospital stay, when provided in a hospital setting. One psychiatric visit per day is allowed without a separate authorization. Non-hospital based partial programs do not have a provision for this additional physician payment, as it is already included in the Partial Hospital rate.

For non-hospital staff physicians to be reimbursed for physical examinations, providers must use a CMS (HCFA) 1500 form. The CPT codes accepted for this service are 99241--99245.

Occupational therapy performed in a hospital or Partial Hospitalization setting, by the staff of these organizations, does not require an authorization. Private occupational therapists or occupational therapy groups require authorization, regardless of location. In order to receive reimbursements through the PMHS, all providers approved under COMAR 10.21.02, must also be Medicare providers, or compliant with Medicare rules if a free-standing PHP.

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment providers (i.e. substance abuse treatment) when clinically appropriate.

Service Eligibility

Consumers with MA (except for those with PAC), are eligible for PHP services. This is not a benefit for PAC consumers.

The PMHS does NOT reimburse PHP Services rendered to Uninsured Eligible consumers.

Service Providers

Partial Hospitalization Programs, or Psychiatric Day Treatment Services, are approved under Maryland Law (COMAR 10.21.02). These services may or may not be hospital-based and have reimbursement rates depending on their site. A multidisciplinary team, including a psychiatrist, nurse, etc., should be available to provide this service.

Authorizations

To obtain initial authorization for PHP services, the provider must submit a pre-authorization request through ProviderConnect.

Providers obtain additional authorizations through the submission of a Continuing Review Authorization Request. (see ProviderConnect User Manual for directions on completing an authorization request). The provider must submit a Continuing Review Authorization Request prior to the expiration of the previous authorization time span. If a ValueOptions® Maryland Care Manager is not able to authorize the service as medically necessary, and agreement regarding an alternative level of care cannot be reached, the request for services will be referred to a ValueOptions® Maryland Physician Advisor for review. The determination will be communicated via ProviderConnect downloads to the provider. (See Chapter 9, Grievance and Appeals.)

Discharge planning is expected to begin at the same time as service delivery. All discharge plans must be submitted in the authorization request.

Claims Process

Claims are submitted on a CMS 1500 form or on a UB04 form with the appropriate billing codes. Claims must specify an ICD-9 code (not DSM IV-TR code) for reimbursement.

Claims for unauthorized PHP days will be denied.

Problems and Solutions

If the services requested do not meet Medical Necessity Criteria and care is non-authorized, please refer to Chapter 9, Grievances and Appeals.