

- Category:** Utilization Management
- Code:** UM 2.0 Attach J PHP
- Subject:** Partial Hospitalization (PHP) Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for PHP services.
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for PHP when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy both of the following: I and II

I. Patient Requirements

A. Admission - must satisfy: 1, or all of 2-6

1. Care is court ordered; or
2. The patient's clinical condition meets criteria for a DSM or ICD-10 mental disorder diagnosis; and
3. The patient demonstrates a significant impairment and/or decrease in functioning; and.
4. The patient resides in a safe environment and is medically stable for this level of care; and
5. Within 30 days prior to admission, the patient was assessed by a licensed health care professional appropriate to this program and deemed to be safe for this level of care.
6. The patient must have one of the following: a-c
 - a. An adequate trial of ongoing, active outpatient treatment (such as, but not limited to, weekly psychotherapy) has not been sufficient in meeting treatment goals, or such therapy is clearly inappropriate or unsafe at this time.
 - b. Is transitioning from an acute care setting
 - c. Is unlikely to improve in less intensive outpatient treatment due to the severity of symptoms and/or co-morbid condition

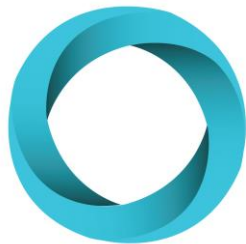


B. Continued treatment – must satisfy: 1, or all of 2-7

1. Care is court ordered; or
2. The patient's clinical condition continues to meet the diagnostic criteria for a DSM or ICD-10 diagnosis; and
3. The patient continues to demonstrate impairment and/or decrease in functioning that requires continued treatment at this level of care; and
4. Care is directed by an individualized treatment plan that is based on a physical and mental status examination that includes comprehensive assessments of DSM V; and
5. Treatment goals are realistically achievable and directed toward re-stabilization to allow treatment to continue in a less restrictive environment; and
6. The patient continues to regularly attend and actively participate in the program - one of the following:
 - i. There is substantial risk of decompensation from baseline level of functioning if the patient is discharged to a less intensive treatment setting; or
 - ii. The patient has yet to complete the goals and objectives of the individualized treatment plan that is necessary to facilitate transition to a less intensive treatment setting.
7. Regularly scheduled comprehensive multi-disciplinary assessments of diagnosis and treatment are performed in a timely manner that includes comprehensive assessments of DSM V.

C. Discharge – must satisfy one or more of the following: 1-8

1. The patient's symptomatology and level of functioning have improved sufficiently to allow transition to a less intensive level of care; or
2. The patient is persistently not attending or refuses to participate or cooperate in the PHP Program, despite repeated staff attempts to engage the patient and address nonparticipation issues; or
3. The patient has met the treatment goals and objectives on their individualized treatment plan; or
4. The patient's symptomatology and level of functioning have not improved or have deteriorated requiring an alternative treatment setting; or.
5. Care is custodial or maintenance in nature; or
6. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment



(may merit need for substance abuse evaluation or treatment); or

7. The patient demonstrates severe exacerbation of symptoms and/or disruptive/unsafe behaviors that require a more intensive level of treatment; or

8. The patient demonstrates stability consistent with a lower level of care.

Note: Discharge criteria do not apply to court ordered care

II. Program requirements – all of the following: A-C

A. The program must have a contractual relationship with a mental health system of care that includes mental health emergency and inpatient services and regular consultation with a staff board certified or eligible psychiatrist; and

B. The program must provide all of the following: 1-4

1. At least 4 days but not more than 5 out of 7 calendar days of partial hospitalization services; and
2. Ensure a minimum of 20 service components and a minimum of 20 hours in a 7 calendar day period; and
3. Ensure a minimum of services per day-one of the following: a or b
 - a. For adults, age 18 years or over, 5-6 hours of services per day; or
 - b. For children, under age 18, 4-5 hours of services per day
4. Include, at a minimum, one session of individual, group, or family psychotherapy and two or more other services, such as activity therapy or training and education; and

C. Specific goals for completion should be in place within three (3) days of admission.

DEFINITIONS:

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health disorders.

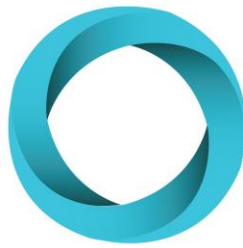
ICD:

The most current edition of the International Statistical Classification of Diseases and Related Health Problems.

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

Partial hospitalization is defined as a "multi-disciplinary, time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated and structured clinical services within a stable therapeutic milieu" for patients experiencing significant impairment resulting from psychiatric, emotional or behavioral disorders (DSM IV). The Partial Hospitalization Program must be licensed by the state and supervised by licensed mental health professionals. The program must have a contractual relationship with a mental health system of care that includes mental health emergency services as well as inpatient services, a board certified or



eligible psychiatrist on staff. The attending M.D. will examine the patient and document progress no less frequently than every three program days.

For PIC individual plans refer to the enrollee’s benefit document for Mental Health/Substance Abuse benefits.

Regulatory / External References: NCQA UM 2.0. Chapter 62M.

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2013.
2. Minnesota Department of Human Services. Partial Hospitalization Program. 2019. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=id_058156. Accessed 06-18-20.
3. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD): Psychiatric Partial Hospitalization Program. Revision Effective Date: 11-14-19. Retrieved from <https://www.cms.gov/medicarecoverage-database/details/lcd-details.aspx?LCDId=33626&ver=36&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA|CAL|NCD|MEDCAC|TA|MCD&ArticleType=BC|SAD|RTC|Reg&PolicyType=Both&s=28&KeyWord=Partial+Hospitalization&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=EAAAABAAAA&> Accessed 06-18-20.
4. Hennepin County Medical Center. Partial Hospital Program. Retrieved from <https://www.hennepinhealthcare.org/specialty/psychiatry/partial-hospital-program/>. Accessed 06-18-20.

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

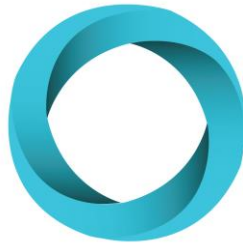
Date Effective: 03/01/2014

Date Revised: 03/01/2014, 01/11/2017, 12/10/19, 12/21/2020

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021

Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u>	<u>Details of Revision Made</u>
	List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure	



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	<ul style="list-style-type: none">- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	
12/10/19	Updated Content to reflect minor Preferred One changes	Updated Program Requirements to match Preferred One
12/21/2020	Minor changes	Wording updated for admission criteria #2 (page 1). Updated references.