

# Behavioral Health Intensive Outpatient and Partial Hospitalization Programs

**Policy ADMIN-009** 

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#### Disclaimer:

- 1. Policies are subject to change in accordance with State and Federal notice requirements.
- 2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
- Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
- 4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
- 5. Provisions and terms of the provider contract may supersede this policy.

#### **Description:**

A Partial Hospitalization Program (PHP) is an intensive, structured outpatient treatment program that provides at least 20 hours of service per week, typically delivered over five to seven days. The purpose of PHP is to stabilize and reduce acute symptoms, enhance functioning, and support integration into community life. PHP programs offer comprehensive assessment, diagnostic services, and active behavioral health and substance use treatment for individuals with serious symptoms causing significant distress and impairing psychosocial and environmental functioning. The treatment is multidisciplinary and evidence-based and addresses factors leading to admission through individual therapy, group therapy, family therapy (as clinically indicated), medication management, and psychoeducation. PHPs can treat mental health conditions or specialize in co-occurring mental health and substance-related disorders. PHPs can help to bridge the gap between inpatient treatment and less intensive IOP or traditional outpatient. PHPs aim to stabilize and reduce symptoms, enhance functioning, and prepare the member for a safe transition to less intensive care.

An Intensive Outpatient Program (IOP) is a structured, non-residential treatment program that provides comprehensive behavioral health services for individuals experiencing moderate mental health and/or substance use disorders. IOPs are at least 9 hours per week and offer a

combination of assessment, diagnostic services, and active behavioral health treatment to address significant personal distress and psychosocial/environmental issues. The purpose of IOP is to support long-term recovery and community reintegration. The treatment is multidisciplinary and evidence-based. It addresses factors leading to admission through individual therapy, group therapy, family therapy (as clinically indicated), medication management, and psychoeducation. IOPs can help to bridge the gap between inpatient or PHP treatment and more traditional outpatient services. IOP aims to stabilize and reduce symptoms, enhance functioning, and prepare the member for a safe transition to less intensive care.

#### **Policy Statement and Criteria**

#### 1. Commercial Plans/CHIP

U of U Health Plans covers services provided in a behavioral health partial hospitalization or intensive outpatient treatment when the member and facility meet minimum standards.

#### Required Minimum Standards for Coverage of BH PHP/IOP Services (All Must be Met):

- A. The member must have a documented mental health or substance use disorder that requires intensive treatment but does not necessitate 24-hour inpatient care.
- B. The member must have a condition recognized by the DSM-5 and/or meet the appropriate ASAM Criteria for the level of care
- C. There is documented evidence as to why less intensive outpatient treatment has been insufficient or an inappropriate level of care to manage the member's symptoms.
- D. There should be no immediate risk of harm to self or others that would necessitate a higher level of care.
- E. Referral to PHP/IOP comes from a licensed provider (MD/DO, DNP, APRN, Ph.D., LCSW, etc.)
- F. The program is deemed appropriately able to manage the members' mental health and/or substance use disorder with evidence-based programming.
- G. There is a reasonable expectation that the members presenting problems will improve throughout the treatment.
- H. The member must be willing and able to participate actively and tolerate the intensity and duration of the treatment sessions required by the level of care, including sitting through and engaging in individual and group therapies.
- I. A comprehensive behavioral health evaluation and psychosocial assessment must be completed within 48 hours of admission.
- J. The treatment plan must be goal-directed, individualized, and developed based on the initial assessment. It should include specific, measurable objectives.

- K. Documented crisis plan for issues outside of program hours.
- L. Random toxicology screening, if necessary, for the member's condition.
- M. The members should have a stable living environment and social support system for outpatient treatment.

#### Requirements for Partial Hospitalization Program (PHP) (Must Meet ALL):

- A. A minimum of 20 hours per week of structured programming, typically delivered over five to seven days.
- B. Multidisciplinary team including psychiatrists, APRN/PA, psychologists, licensed therapists, and nursing staff.
- C. Medication evaluation and management by a licensed provider as medically necessary
- D. Provides the following services:
  - i. Individual therapy at least 1x a week
  - ii. Family therapy 1x a week (2 times a week for children only)
  - iii. Group therapy at least 2 to 3x a day (e.g. skill building, psychoeducation, process)
  - iv. Accommodations for continuing education of school-aged members recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board
  - v. Indoor space is available for free and for informal client activities.
- E. Daily clinical assessment by a licensed mental health provider/prescriber that includes, but is not limited to, the member's mental status, safety, symptom severity, and response to treatment.
- F. Daily group notes that document attendance, participation, behavior, themes discussed, progress toward the goal, and therapeutic interventions.
- G. A comprehensive discharge plan addressing follow-up care, social support, housing, barriers to discharge, vocational training, etc.

#### Requirements for Intensive Outpatient Program (IOP) (Must Meet ALL):

- A. Minimum of 9 hours per week for adults and 6 hours per week for adolescents.
- B. Multidisciplinary team including psychiatrists, APRN/PA, psychologists, licensed therapists, and nursing staff.
- C. Medication evaluation and management by a licensed provider as medically necessary

#### D. Provides the following services:

- i. Individual therapy at least 1x a week
- ii. Family therapy 1x a week (2 times a week for children only)
- iii. Group therapy at least 1x a day
- iv. Accommodations for continuing education of school-aged members recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board
- v. Indoor space is available for free and for informal client activities.
- E. Clinical assessment by a licensed mental health provider/prescriber at least 1x a week that includes, but is not limited to, the member's mental status, safety, symptom severity, and response to treatment.
- F. Daily group notes that document attendance, participation, behavior, themes discussed, progress toward the goal, and therapeutic interventions.
- G. A comprehensive discharge plan addressing follow-up care, social support, housing, barriers to discharge, vocational training, etc.

#### **Criteria for Continued Stay for PHP and IOP:**

- A. All criteria for admission into the program must continue to be met. This includes documented mental health or substance use disorder, the severity of the condition, a condition recognized by DSM-5/ASAM Criteria, and all other specified admission requirements.
- B. The member must actively participate in individual, group, and family therapies and other program activities, as outlined in their treatment plan.
- C. Regular updates to the treatment plan based on the member's progress, new symptoms, or changes in circumstances.
- D. The member must continue to be safe in the outpatient setting, with no immediate risk of harm to self or others that would necessitate a higher level of care.
- E. Ongoing and updated discharge planning, including developing a relapse prevention plan (if indicated) and coordination of follow-up care.

#### 2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <a href="https://medicaid.utah.gov/utah-medicaid-official-publications/">https://medicaid.utah.gov/utah-medicaid-official-publications/</a> or the <a href="https://medicaid.utah.gov/utah-medicaid-official-publications/">https://medicaid.utah.gov/utah-medicaid-official-publications/</a> or the <a href="https://medicaid.utah.gov/utah-medicaid-official-publications/">https://medicaid.utah.gov/utah-medicaid-official-publications/</a> or the <a href="https://medicaid.utah.gov/utah-medicaid">Utah Medicaid code Look-Up tool</a>

## CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

### **Applicable Coding**

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<b>CPT Codes</b>	
3085F	Suicide risk assessed (MDD, MDD ADOL)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90899	Unlisted psychiatric service or procedure
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment

such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.

#### **HCPCS Codes**

G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include: (List in addition to primary procedure)
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes
G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2035	Alcohol and/or other drug treatment program, per hour
H2036	Alcohol and/or other drug treatment program, per diem
H0035	Mental health partial hospitalization, treatment, less than 24 hours
S0201	Partial hospitalization services, less than 24 hours, per diem
S3005	Performance measurement, evaluation of patient self-assessment, depression
S9480	Intensive outpatient psychiatric services, per diem

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#### Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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