

Psychiatric Partial Hospital Program Services



INDEPENDENT CARE HEALTH PLAN

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Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medical/Pharmacy Coverage Policies

If no applicable Medicare coverage documents are found, please use the coverage guidelines below.

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
LCD and Article	Psychiatric Partial Hospitalization Programs	L33626 A56850	National Government Services, Inc – A and B MAC	IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD and Article	Psychiatric Partial Hospitalization Programs	L34196 A57053	CGS Administrators LLC – Part A and B MAC	KY and OH

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LCD and Article	Partial Hospitalization Programs	L37633 A56685	Palmetto GBA – A and B MAC	AL, GA, TN, SC, VA, WV, NC
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Description

Partial Hospitalization Programs (PHP) provide intensive and structured psychiatric care for members who do not require 24 hour per day supervision as provided in an inpatient setting. Members in PHP require a minimum of 20 hours per week of therapeutic services. PHP is a comprehensive, structured, multimodal treatment requiring medical supervision and coordination, provided under an individualized plan of care, because of a mental disorder which severely interferes with multiple areas of daily life, including social, vocational, and/or educational functioning.⁷

Coverage Determination

iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

iCare members may be eligible under the Plan for Partial Hospital Program (PHP) Services when:

- Services are reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization;
- There is a need for active treatment of the condition to maintain a functional level and prevent relapse or hospitalization; and
- The patient is able to cognitively and emotionally participate in the active treatment process and be capable of tolerating the intensity of a PHP program

For the services to be designated as active treatment, they must incorporate an individualized treatment plan which describes a coordination of services wrapped around the particular needs of the patient and include a multidisciplinary team approach to patient care under the direction of a physician.⁷

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider [InterQual Guidelines](#).

For jurisdictions with no Medicare guidance, iCare will utilize generally accepted guidance based on prevailing medical practice standards and clinical guidelines supporting our determinations regarding specific services in conjunction with adhering to Medicare's reasonable and necessary requirement.

Admission Criteria:

Examples of PHP admission criteria include (but are not limited to):

- Members who are discharged from an inpatient hospital treatment program, and the PHP is in lieu of continued inpatient treatment. Where partial hospitalization is used to shorten an inpatient stay

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and transition the patient to a less intense level of care, there must be evidence of the need for the acute, intense, structured combination of services provided by a PHP; **OR**

- Members who in the absence of partial hospitalization would be at reasonable risk of requiring inpatient hospitalization
- Members must also have the need for the active treatment provided by the program of services.
- This program of services provides for the diagnosis and active, intensive treatment of the individual's serious psychiatric condition and in combination, are reasonably expected to improve or maintain the individual's condition and functional level and prevent relapse or hospitalization
- Continued treatment in order to maintain a stable psychiatric condition or functional level requires evidence that less intensive treatment options (e.g., intensive outpatient, psychosocial, day treatment, and/or other community supports) cannot provide the level of support necessary to maintain the patient and to prevent hospitalization.
- Members admitted to a PHP do not require 24 hour per day supervision as provided in an inpatient setting and must have an adequate support system to sustain/maintain themselves outside the PHP.
- Members admitted to a PHP generally have an acute onset or decompensation of a covered Axis I mental disorder, as defined by the current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association (APA) or listed in Chapter 5 of the most current edition of the International Classification of Diseases (ICD).
 - The disorder severely interferes with multiple areas of daily life.
 - The degree of impairment will be severe enough to require a multidisciplinary intensive, structured program, but not so limiting that members cannot benefit from participating in an active treatment program.
 - The treating physician must certify the need for the structured combination of services provided by the program.
 - This active treatment is required to appropriately treat the patient's presenting psychiatric condition.⁵

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

The following are considered noncovered services:

- Day care programs, which provide primarily social, recreational, or diversionary activities, custodial or respite care
- Programs attempting to maintain psychiatric wellness, where there is no risk of relapse or hospitalization, e.g., day care programs for the chronically mentally ill
- Members who are otherwise psychiatrically stable or require medication management only
- Services to hospital inpatients
- Meals, self-administered medications, transportation
- Vocational training^{5,7}

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It is not considered reasonable and necessary to provide Partial Hospital Services for the following:

- Members who cannot, or refuse, to participate (due to their behavioral or cognitive status) with active treatment of their mental disorder (except for a brief admission necessary for diagnostic purposes), or who cannot tolerate the intensity of a PHP
- Treatment of chronic conditions without acute exacerbation of symptoms that place the individual at risk of relapse or hospitalization^{5, 7}

Refer to:

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage.](#)

[Centers for Medicare & Medicaid Services \(CMS\). Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B, Section 70.3 – Partial Hospitalization Services.](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

Revenue Code(s)	Description	Comments
0900, 0904, 0910, 0912, 0913, 0914, 0915, 0916, 0918, 0942	Partial Hospital Program	N/A
CPT® Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Psychiatric Partial Hospitalization Programs (L33626). [LCD - Psychiatric Partial Hospitalization Programs \(L33626\) \(cms.gov\)](#). Published April 4, 2014. Updated June 29, 2023. Accessed September 11, 2023.

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2. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Psychiatric Partial Hospitalization Programs (A56850). [Article - Billing and Coding: Psychiatric Partial Hospitalization Programs \(A56850\) \(cms.gov\)](#). Published November 8, 2019. Updated May 26, 2022. Accessed September 11, 2023.
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Psychiatric Partial Hospitalization Programs (L34196) [LCD - Psychiatric Partial Hospitalization Programs \(L34196\) \(cms.gov\)](#). Published March 17, 2014. Updated February 24, 2023. Accessed September 11, 2023.
4. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Psychiatric Partial Hospitalization Programs (A57053) [Article - Billing and Coding: Psychiatric Partial Hospitalization Programs \(A57053\) \(cms.gov\)](#). Published September 18, 2019. Updated September 19, 2022. Accessed September 11, 2023.
5. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) Partial Hospitalization Programs (L37633) [LCD - Partial Hospitalization Programs \(L37633\) \(cms.gov\)](#). Published December 7, 2017. Updated August 30, 2020. Accessed September 11, 2023.
6. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Partial Hospitalization Programs (A56685) [Article - Billing and Coding: Partial Hospitalization Programs \(A56685\) \(cms.gov\)](#). Published July 2, 2019. Updated January 17, 2023. Accessed September 11, 2023.
7. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B, Section 70 – Outpatient Hospital Psychiatric Services. <https://www.cms.gov>. Published October 1, 2003. Updated December 31, 2020. Accessed September 7, 2023.
8. US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 –Particular services excluded from coverage. <https://www.ecfr.gov>. Published October 11, 1989. Updated January 19, 1990. Accessed September 5, 2023.

Change Summary

- 1/1/2024 New Policy.
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