

Substance Use Disorder Partial Hospital Program Services



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-9003

Line of Business: Medicare

Medical Coverage Policy

Table of Contents

- [Related Medical/Pharmacy Coverage Policies](#)
- [Related Documents](#)
- [Description](#)
- [Coverage Determination](#)
- [Coverage Limitations](#)
- [Coding Information](#)
- [References](#)
- [Change Summary](#)

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
NCD	Outpatient Hospital Services for Treatment of Alcoholism	130.2	N/A	All

iCare's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing. See the [DISCLAIMER](#). All iCare member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Substance Use Disorder Partial Hospital Program Services

NCD	Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic	130.5	N/A	All
NCD	Treatment of Drug Abuse (Chemical Dependency)	130.6	N/A	All
NCD	Withdrawal Treatments for Narcotic Addictions	130.7	N/A	All

Description

Partial Hospitalization Programs (PHP) provide intensive and structured care for members who do not require 24-hour supervision, but who need daily (or near daily) monitoring or management of their substance-related disorders. Members in PHP require a minimum of 20 hours per week of therapeutic services. PHP provides a comprehensive, multidimensional array of professional clinical services that include psychiatric care, individual, group and family counseling, member training and education.⁵

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 Substance Use Disorder 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 member 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 member and include a multidisciplinary team approach to member care under the direction of a physician.⁵

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider [The ASAM Criteria](#).^{6,7}

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.

iCare's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing. See the [DISCLAIMER](#). All iCare member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Substance Use Disorder Partial Hospital Program Services

Coverage Limitations

iCare members may not be eligible under the Plan for Substance Abuse Disorder Partial Hospital Program (PHP) Services for programs that are considered primarily diversionary activities, social or recreational therapies, or vocational rehabilitation.⁵

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 – Outpatient Hospital Psychiatric Services.](#)

[Centers for Medicare & Medicaid Services \(CMS\). Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 130 – Mental Health](#)

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

- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD), Outpatient Hospital Services for Treatment of Alcoholism (130.2) [NCD - Outpatient Hospital Services for Treatment of Alcoholism \(130.2\) \(cms.gov\)](#). Published January 1, 1966. Accessed September 12, 2023.

iCare's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing. See the [DISCLAIMER](#). All iCare member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Substance Use Disorder Partial Hospital Program Services

2. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD), Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (130.5) [NCD - Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic \(130.5\) \(cms.gov\)](#). Published January 1, 1966. Accessed September 12, 2023.
3. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD), Treatment of Drug Abuse (Chemical Dependency) (130.6). [NCD - Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\) \(cms.gov\)](#). Published January 1, 1966. Accessed September 12, 2023.
4. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD), Withdrawal Treatments for Narcotic Addictions (130.7). [NCD - Withdrawal Treatments for Narcotic Addictions \(130.7\) \(cms.gov\)](#). Published January 1, 1966. Accessed September 12, 2023.
5. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B, Section 70 – Outpatient Hospital Psychiatric Services. Published October 1, 2003. Updated December 31, 2020. Accessed September 7, 2023.
6. American Society of Addiction Medicine (ASAM). ASAM Criteria Assessment Interview Guide. [ASAM Criteria Intake Assessment Guide](#). Accessed September 6, 2023.
7. American Society of Addiction Medicine (ASAM). [An Introduction To the ASAM Criteria For Patients and Families](#). Accessed November 8, 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.
9. Centers for Medicare & Medicaid Services (CMS). Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 130 – Mental Health. Published October 1, 2003. Updated March 9, 2023. Accessed September 6, 2023.

Change Summary

- 01/01/2024 New Policy.
-

iCare's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing. See the [DISCLAIMER](#). All iCare member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.