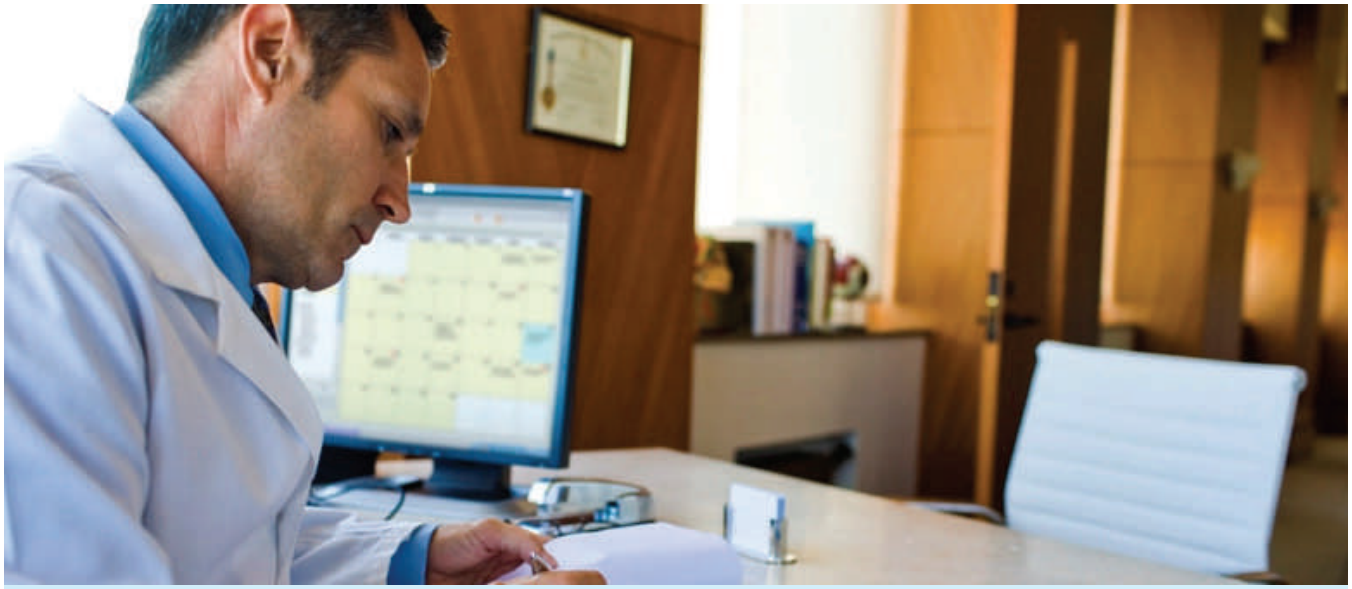
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201019 JUNE 15, 2010



Reimbursement for mental health partial hospitalization for acute needs

Changes to the array of services offered under the Medicaid Rehabilitation Option (MRO) benefit identified a need for changes in the mental health benefit. This bulletin outlines a new service that will be reimbursed beginning July 1, 2010. Partial hospitalization for acute needs will be reimbursed under the parameters outlined below.

Definition of partial hospitalization service

Partial hospital (PH) programs are highly intensive, time-limited medical services intended to either provide a transition from inpatient psychiatric hospitalization to community-based care or, in some cases, substitute for an inpatient admission.

Admission criteria for a PH program are essentially the same as for the inpatient level of care, except that the patient does not require 24-hour nursing supervision. Patients must have the ability to reliably maintain safety when outside the facility. Patients with clear intent to seriously harm themselves or others are not candidates for partial hospitalization.

The program is highly individualized, with treatment goals that are measureable, functional, time framed, medically necessary, and directly related to the reason for admission.

To qualify, members must have a diagnosed or suspected mental illness and one of the following:

- Short-term deficit in daily functioning
- High probability of serious deterioration of the patient's general medical or mental health

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Partial hospitalization

Target population for partial hospitalization

The target population for partial hospitalization is members with psychiatric disturbances that meet the criteria for acute inpatient admission, but who can maintain safety in a reliable, independent housing situation. PH is not covered for persons currently residing in group homes or other residential care settings.

Authorization process

Providers must contact the member's health plan at the time of PH admission to request authorization for services.

- Services will be authorized for up to five days, depending on the patient's condition.
  - If less than four days per week of active treatment is provided, individual services (for example: therapy) provided must be billed instead of PH.
- Re-authorization criteria will be applied to stays that exceed five days.

Programming standards

- Services must be ordered and authorized by a psychiatrist.
- A face-to-face evaluation and assignment of mental illness diagnosis must take place within 24 hours following admission to the program.
- PH programs must include *four to six hours* of active treatment per day and must be provided at least *four days a week*
  - If less than four to six hours (or four days per week) of active treatment is to be provided, the individual services provided (for example, therapy) must be billed instead of partial hospitalization.
- The program has a high degree of structure and scheduling, and does not mix PH patients with other outpatients.
- Some overlap with activities and services with psychiatric inpatients may be acceptable if the services are provided in the least restrictive setting and not in a locked unit.
- A psychiatrist must actively participate in the case review and monitoring of care.
- The treatment team must include licensed mental health providers with direct supervisory oversight by a physician, psychiatrist, or health services provider in psychology (HSPP).
- Evidence of active oversight and monitoring of progress by the physician, psychiatrist, or HSPP must appear in each individual patient record.
- At least one psychotherapy service must be delivered daily (individual, family, or group psychotherapy) by a licensed mental health provider.
- For children, there must be evidence of active therapy, including but not limited to occupational therapy and coordination with school.
- PH is not a Medicaid Rehabilitation Option (MRO) service.

Treatment plan

- The individual treatment plan must identify the following:
  - The coordinated services to be provided around the individual needs of the patient

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Partial hospitalization

- The behaviors and/or symptoms that resulted in admission and treatments for those behaviors/symptoms
- The functional changes necessary for transition to a lower intensity of service, and the means through which progress will be evaluated
- The criteria for discharge and the planned transition to community services

- The treatment plan must receive regular review by the physician, psychiatrist, or HSPP.

Exclusions

The following are excluded from partial hospitalization service:

- Persons who represent an active risk to themselves or others
- Persons who cannot engage in active psychotherapies and commit to change
- Persons in concurrent treatment for addiction and not in recovery
- Persons who by virtue of age or medical condition cannot actively participate in group therapies

Authorization criteria

This service will be offered as an alternative to inpatient admission. All partial hospitalization services will require prior authorization and review by the health plan for medical necessity. Contact the member's health plan to request specific details or to request authorization of services.

Re-authorization criteria

Continued stay requires that at least one of the following criteria be met:

- Clinical evidence indicates the persistence of problems that caused the admission, to the degree that would necessitate continued treatment in the partial hospitalization program.
- Current treatment plan must include documentation of diagnosis, discharge planning, individualized goals of the treatment, and treatment modalities needed and provided.
- Patient's progress confirms that the presenting or newly defined problems will respond to the current treatment plan.
- Daily progress notes, written and signed by the provider, document the treatment received and the patient's response.
- Severe reaction to the medication or need for further monitoring and adjustment of dosage in a controlled setting. This should be documented daily in the progress notes by a physician.
- Clinical evidence that disposition planning, progressive decreases in time spent in the partial hospital program, and attempts to discontinue the partial hospital treatment program have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate inpatient hospitalization.

Level of need

Any Child & Adolescent Needs and Strengths Assessment (CANS) or Adult Needs and Strengths Assessment (ANSA) level of need can qualify for partial hospitalization services.

Applicable service codes

The service code for partial hospitalization is S0201 – *Partial Hospitalization Services, less than 24 hours, per diem*.

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Partial hospitalization

Reimbursement rate

The daily rate for partial hospitalization is $219.86.

Note: This daily rate is for a minimum of four to six hours of active treatment.

Provider qualifications

Subject to prior authorization by the office or its designee, Medicaid will reimburse the physician or HSPP-directed outpatient mental health services for group, family, and individual outpatient psychotherapy when the services are provided by one of the following practitioners:

- A licensed psychologist
- A licensed independent practice school psychologist
- A licensed clinical social worker
- A licensed marital and family therapist
- A licensed mental health counselor
- A person holding a master's degree in social work, marital and family therapy, or mental health counseling
  - Partial hospitalization services provided by the person shall not be reimbursed by Medicaid.
- An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing

Limitations and restrictions

- Prior authorization is required.
- Providers will be subject to postpayment review to ensure that the minimum requirement of four to six hours of active therapy is provided.
- One unit (S0201) is allowed per date of service.
- Inpatient services are not reimbursable on the same date as S0201.
- Physician services and prescription drugs are reimbursed separately from S0201.
- Service must be provided at least four days per week.

QUESTIONS?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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