

Partial Hospital Program (PHP) – MH

BEACON HEALTH STRATEGIES, LLC	ORIGINAL EFFECTIVE DATE
HAWAII LEVEL OF CARE CRITERIA	2013
	CURRENT EFFECTIVE DATE
	2016

I. Description

Partial hospital programs (PHP) are short-term day programs consisting of intensive, acute, active treatment in a therapeutic milieu equivalent to the intensity of services provided in an inpatient setting. These programs must be available at least 5 days per week, though may also be available 7 days per week. The short-term nature of an acute PHP makes it inappropriate for long-term day treatment. A PHP requires psychiatric oversight with at least weekly medication management as well as highly structured treatment. The treatment declines in intensity and frequency as a member establishes community supports and resumes normal daily activities. A partial hospitalization program may be provided in either a hospital-based or community based location. Members at this level of care are often experiencing symptoms of such intensity that they are unable to be safely treated in a less intensive setting, and would otherwise require admission to an inpatient level of care. **Children and adolescents** participating in a partial hospital program must have a supportive environment to return to in the evening. As the child decreases participation and returns to reliance on family, community supports, and school, the PHP consults with the caretakers and the child's programs as needed to implement behavior plans, or participate in the monitoring or administration of medications.

II. Criteria/Guidelines

A. Admission Criteria

Criteria #1 - 8 must be met; For Eating Disorders, criterion #9 – 10 must also be met:

1. Symptoms consistent with a DSM or corresponding ICD diagnosis;
2. The member manifests a significant or profound impairment in daily functioning due to psychiatric illness.
3. Member has adequate behavioral control and is assessed not to be an immediate danger to self or others requiring 24-hour containment or medical supervision.
4. Member has a community-based network of support and/or parents/caretakers who are able to ensure member's safety outside the treatment hours.
5. Member requires access to a structured treatment program with an on-site multidisciplinary team, including routine psychiatric interventions for medication management.
6. Member can reliably attend and actively participate in all phases of the treatment program necessary to stabilize their condition.
7. The severity of the presenting symptoms is not able to be treated safely or adequately in a less intensive level of care.
8. Member has adequate motivation to recover in the structure of an ambulatory treatment program.

For Eating Disorders:

1. Member requires admission for Eating Disorder Treatment and requires at least one of the following:
 - a. Weight stabilization: generally >85% of IBW (or BMI of 16 or more) with no significant co-existing medical conditions (see IP #14)

- b. Continued monitoring of corresponding medical symptoms;
 - c. Reduction in compulsive exercising or other repetitive eating disordered behaviors that negatively impacts daily functioning.
2. Any monitoring of member's condition when away from partial hospital program can be provided by family, caregivers, or other available resources

B. Continued Stay Criteria

Criteria # 1 - 7 must be met; For Eating Disorders, criterion # 8 must also be met:

1. Member continues to meet admission criteria;
2. Another less intensive level of care would not be adequate to administer care.
3. Treatment is still necessary to reduce symptoms and increase functioning so the member may be treated in a less intensive level of care.
4. Member's progress is monitored regularly, and the treatment plan modified, if the member is not making substantial progress toward a set of clearly defined and measurable goals.
5. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.
6. Family/guardian/caregiver is participating in treatment as clinically indicated and appropriate, or engagement efforts are underway.
7. Coordination of care and active discharge planning are ongoing, with goal of transitioning member to a less intensive Level of Care.

For Eating Disorders:

8. Member has had no appreciable stabilization of weight since admission;
9. Other eating disorder behaviors persist and continue to put the member's medical status in jeopardy.

III. Limitations/Exclusions

A. Discharge Criteria

Any one of the following: Criteria 1, 2, 3, or 4; criteria # 5 and 6 are recommended, but optional; For Eating Disorders, criterion # 7 is also appropriate:

1. Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
2. Member or parent/guardian withdraws consent for treatment.
3. Member does not appear to be participating in treatment plan.
4. Member is not making progress toward goals, nor is there expectation of any progress.
5. Member's individual treatment plan and goals have been met.
6. Member's support systems are in agreement with the aftercare treatment plan.

For Eating Disorders:

7. Member has been compliant with the Eating Disorder related protocols, medical status is stable and appropriate, and the member can now be managed in a less intensive level of care.

B. Exclusions

Any of the following criteria are sufficient for exclusion from this level of care:

1. The individual is an active or potential danger to self or others or sufficient impairment exists that a more intense level of service is required.
2. The individual does not voluntarily consent to admission or treatment or does not meet criteria for involuntary admission to this level of care.
3. The individual has medical conditions or impairments that would prevent beneficial utilization of services
4. The individual exhibits a serious and persistent mental illness consistent throughout time **and** is not in an acute exacerbation of the mental illness;
5. The individual requires a level of structure and supervision beyond the scope of the program (e.g., considered a high risk for non-compliant behavior and/or elopement).
6. The individual can be safely maintained and effectively treated at a less intensive level of care.

IV. Administrative Guidelines

- A. Precertification is not required. HMSA and Beacon reserves the right to perform retrospective review using the above criteria to validate if service rendered met payment determination criteria.
- B. Applicable codes:

<i>Revenue</i>	<i>CPT</i>	
912	H0035	PHP - ½ day
913	H0035	PHP – 1 day

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

Beacon uses its LOC criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's LOC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular LOC. However, the individual's needs and characteristics of the local service delivery system are taken into consideration.

In addition to meeting Level of Care Criteria; services must be included in the member's benefit to be considered for coverage.

VI. References

1. MCG Health LLC 19th Edition Copyright © 2014
 - a. Marshall M, Crowther R, Sledge WH, Rathbone J, Soares-Weiser K. Day hospital versus admission for acute psychiatric disorders. *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD004026. DOI: 10.1002/14651858.CD004026.pub2.
 - b. Lariviere N, Desrosiers J, Tousignant M, Boyer R. Who benefits the most from psychiatric day hospitals? A comparison of three clinical groups. *Journal of Psychiatric Practice* 2010;16(2):93-102. DOI: 10.1097/01.pra.0000369970.87779.ca.
 - c. Mazza M, Barbarino E, Capitani S, Sarchiapone M, De Risio S. Day hospital treatment for mood disorders. *Psychiatric Services* 2004;55(4):436-8.
 - d. Degraft-Johnson A, Fisher M, Rosen L, Napolitano B, Laskin E. Weight gain in an eating disorders day program. *International Journal of Adolescent Medicine and Health* 2013;1-4. DOI: 10.1515/ijamh-2013-0027.
 - e. Kallert TW, et al. Are day hospitals effective for acutely ill psychiatric patients? A European multicenter randomized controlled trial. *Journal of Clinical Psychiatry* 2007;68(2):278-87.
 - f. Garrison D, Daigler GE. Treatment settings for adolescent psychiatric conditions. *Adolescent Medicine Clinics* 2006;17(1):233-50. DOI: 10.1016/j.admecli.2005.10.002.
 - g. Olmsted MP, McFarlane T, Trottier K, Rockert W. Efficacy and intensity of day hospital treatment for eating disorders. *Psychotherapy Research* 2013;23(3):277-86. DOI: 10.1080/10503307.2012.721937.
 - h. Yager J, et al. Guidelines watch (August 2012): practice guideline for the treatment of patients with eating disorders, 3rd edition. [Internet] American Psychiatric Association. 2012 Aug Accessed at: <http://psychiatryonline.org/guidelines.aspx>. [accessed 2014 Sep 8]
2. http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx.

VII. Related Policies

- A. CSNT 123.1 Minimum Program Standards by Level of Care
- B. UM 201.03 Application of Level of Care Criteria and Authorization Procedure for Commercial
- C. UM 202.06 Application of Level of Care Criteria and Authorization Procedure for Medicaid