



# ADMINISTRATIVE POLICY STATEMENT INDIANA MARKETPLACE

| Policy Name   |                       | Policy Number | Date Effective        |
|---|-----------------------|---------------|-----------------------|
| Partial Hospitalization Program– Substance Use Disorder |                       | AD-0960       | 01/01/2022-02/28/2023 |
| Policy Type   |                       |               |                       |
| Medical   | <b>ADMINISTRATIVE</b> | Pharmacy      | Reimbursement         |

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### Partial Hospitalization Program – Substance Use Disorder

## B. Background

Substance Use Disorder (SUD) services are provided on a continuum of care where the level of care varies dependent on the type and intensity of services provided. This policy address the Partial Hospitalization Program (PHP) level of care. This type of care provides day treatment for members with SUD.

Treatment of substance use disorders is dependent on a substance use disorder diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders.

## C. Definitions

- **Partial Hospitalization** – Treatment in a setting with an intensive structured setting providing three (3) or more hours of treatment or programming per day or evening, in a program that is available five (5) days a week. The intensity of services must be similar to Inpatient settings where skilled nursing care and daily psychiatric care (and Substance Use Disorders Treatment if you are being treated in a partial Hospital Substance Use Disorders Treatment program) are available and treatment is provided by a multidisciplinary team of Behavioral Health Care Services professionals.
- **Inpatient Services** – Health care services relating to a patient admitted to a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility. Reimbursement for the service is by a diagnosis-related group system.
- **Health Care Services** – Services, supplies, devices, or pharmaceutical products for the diagnosis, prevention, treatment, cure, or relief of health condition, sickness, Injury, or disease.
- **Outpatient Services** – Health care services other than inpatient services. Reimbursement for the service is per diem; and does not include room and board.
- **Partial Hospitalization Level of Care (LOC)** per The ASAM Criteria® – Level 2.5

## D. Policy

- I. Prior Authorization is required after 5 days of service provided.
  - A. CareSource follows The ASAM Criteria® for medical necessity.
- II. Billing
  - A. H0035 is the CPT code for ASAM LOC 2.5 - Behavioral Health partial hospitalization, less than 24 hours, per diem.
  - B. Reimbursement is considered a bundled service payment and concurrent billing of individual services is not reimbursable.
  - C. PHP is an outpatient service.
  - D. PHP is not reimbursable for non-participating facilities or providers without a mutually agreed upon need for and negotiated single case agreement.
  - E. Payments are made at the group level; not at the individual rendering provider level.



1. Rendering provider is not necessary on either a UB04 or CMS1500 forms.
- F. For UB04 billing, the following revenue codes should be used with identified procedure code:
  1. 0912 for partial hospitalization – less intensive (3-5 hours – half day).
  2. 0913 for partial hospitalization – intensive (6+ hours – full day).

**E. Conditions of Coverage**

**F. Related Policies/Rules**

Partial Hospitalization - Mental Health  
 Evidence of Coverage And Health Insurance Contract Indiana

**G. Review/Revision History**

| DATES                 |            | ACTION  |
|-----------------------|------------|---|
| <b>Date Issued</b>    | 11/11/2020 |   |
| <b>Date Revised</b>   | 08/04/2021 | Prior authorization requirement and references updated. Approved at PGC.  |
| <b>Date Effective</b> | 01/01/2022 |   |
| <b>Date Archived</b>  | 02/28/2023 | This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy. |

**H. References**

1. Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies; 2013. Copyright 2013 by the American Society of Addiction Medicine.
2. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Retrieved July 28, 2021 from [www.doi.org](http://www.doi.org).

**The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.**