



Medica Central Coverage Policy

Policy Name: Partial Hospitalization Program (PHP) – Behavioral Health MP9555

Effective Date: 05/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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1. Admission to Partial Hospitalization **does not require** prior authorization and is considered medically necessary when **ALL** of the following criteria are met:
 - a. The member has been diagnosed with a moderate-to-severe and acute mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (in the case of substance abuse related Partial Hospitalization, this diagnosis is of substance use disorder), and this is the focus of active, daily treatment; **AND**
 - b. The member meets **1 or more** of the following criteria:
 - i. The member is demonstrating significant acute impairments in functioning secondary to a psychiatric disorder (in the case of substance abuse related Partial Hospitalization, this diagnosis is of substance abuse disorder), as evidenced by **BOTH** of the following:
 - 1) The member is severely impaired and is not able to complete essential daily social, family, school, and/or work activities; **AND**
 - 2) The member is not able to employ sufficient coping skills to compensate for this in the community without this intensity of treatment; **OR**
 - ii. The member has recently demonstrated actions of or made serious threats of self-harm or harm to others, but does not require a 24 hours monitoring environment; **OR**
 - iii. The member requires a structured program to manage acute psychiatric symptoms that are seriously interfering with treatment of a potentially life-threatening medical condition that cannot be safely and effectively managed at a less restrictive level of care (e.g. pregnancy, uncontrolled diabetes); **OR**

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- iv. The member requires a structured program to manage acute medical symptoms that are seriously interfering with treatment of a serious co-existing psychiatric disorder that cannot be safely and effectively managed at a less restrictive level of care
 - c. PHP admission requires (1.1) and (1.2) criteria are met and **ALL** of the following:
 - i. Member is cognitively capable of actively engaging in the treatment program; **AND**
 - ii. There is reasonable expectation for improvement in the severity of the current condition and behaviors, and that this will require a minimum of twenty hours of treatment each week, as described in Additional Information; **AND**
 - iii. Member is able to live in the community without the restrictions of a 24 hour supervised setting; **AND**
 - iv. Member expresses willingness to engage in treatment; **AND**
 - v. Member is able to develop a safety plan with the provider that includes being able to access emergency services so that a more intensive level of care is not required; **AND**
 - vi. Member has a support system that includes family or significant others who are able to actively participate in treatment **OR** If the member has no primary support system, the member has the skills to develop supports and/or become involved in a self-help support system; **AND**
 - vii. If the member has medical issues, they can be safely managed in this level of care; **AND**
 - viii. This level of care is necessary to provide structure for treatment, as demonstrated by **ANY** of the following:
 - 1) The member's provider(s) have submitted clinical documentation that the member requires the requested level of care secondary to factors including but not limited to **EITHER** of the following:
 - (a) Medical comorbidity with instability that impairs overall health; **OR**
 - (b) Concurrent substance use disorder, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes or lack of community resources.
 - 2) Clinical presentation and documentation suggest that lower level of care is not likely to be sufficient, e.g. documented history of an inability to adhere to the clinical plan of care at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment at lower level of care; **OR**
 - 3) The member is at high risk for admission to acute inpatient care or residential treatment if partial hospitalization program is not pursued, e.g. there is documentation of multiple failed attempts at stabilization.
2. Continued PHP **does not require** prior authorization and is considered medically necessary when **ANY** of the following criteria are met:
- a. The treatment provided is leading to measurable clinical improvements in the moderate-to-severe and acute symptoms and/or behaviors that led to this admission **AND** a progression toward discharge from the present level of care, but the member is not sufficiently stabilized so that they can be safely and effectively treated in a less restrictive level of care; **OR**
 - b. If the clinical plan of care implemented is not leading to measurable clinical improvements in the moderate-to-severe and acute symptoms and/or behaviors that led to this admission



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and a progression toward discharge from the present level of care, there must be ongoing reassessment and modifications to the treatment that address specific barriers to achieving improvement when clinically indicated; **OR**

- c. The member has developed new symptoms and/or behaviors that require Partial Hospitalization intensity of service for safe and effective treatment
- d. In addition to **one or more** of the criteria above (2.1, 2.2 or 2.3) **ALL** of the following are required for continued Partial Hospitalization:
 - i. The member and family are involved in the treatment and discharge planning process; **AND**
 - ii. Continued stay is not primarily for the purpose of providing a safe and structured environment; **AND**
 - iii. Continued stay is not primarily due to a lack of external supports; **AND**
 - iv. There is a reasonable expectation for improvement in the severity of the current condition; **AND**
 - v. Continued stay is not primarily for the purpose of bridging care to another program; **AND**
 - vi. Request for continued Partial Hospitalization is not based on a pre-determined program or preset number of days; **AND**
 - vii. Neither a higher nor lower level of care is more appropriate (e.g. patient condition not has deteriorated such that more intensive supervision is necessary; nor has patient stabilized or improved such that effective treatment is available at a lower level of care.)
- 3. In addition to criteria in 1.0 or 2.0, **ALL** of the following criteria should be met if the member is a child or adolescent (under 18 years of age):
 - a. The facility providing Partial Hospitalization should be either a stand-alone mental facility intended for children/adolescents **OR** a physically and programmatically-distinct unit within a facility licensed for this purpose **OR** a department within a general medical healthcare system reserved for this purpose; **AND**
 - b. The child is not a resident at the program, but rather lives in the community without the restrictions of a 24 hour supervised setting during non-program hours and may interact with the community independently, as age appropriate; **AND**
 - c. The program should provide for the child/adolescent's mental health, physical health and educational needs, including access to education at the appropriate developmental level to facilitate transition back to the child/adolescent's previous school setting upon discharge; **AND**
 - d. The treatment should be family-centered with the patient and family included in care, unless this is clinically contraindicated or would not be in compliance with existing federal or state laws.
- 4. In addition to meeting the criteria of 1.0 or 2.0 and 3.0 if applicable, **ALL** of the following criteria should be met if the PHP stay is related to substance abuse (alcohol and other drug abuse, AODA):
 - a. Signs or symptoms of withdrawal requiring acute management, if they are present, are manageable at the level of Partial Hospitalization; **AND**
 - b. The member and/or family are made aware of the Medication Assisted Treatments available; if applicable **AND**

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- c. Active substance abuse is a substantial contributor to the current treatment episode; **AND**
 - d. There is documentation of ongoing active medical issues secondary to the substance use disorder **OR** the member has symptomology related to substance use disorder which requires evaluation and management; **AND**
 - e. There are acute psychiatric symptoms or cognitive deficits that directly relate to a high risk of relapse and require mental health treatment at the PHP level of care.
5. The following services are considered not medically necessary, and therefore are not covered (this is not an all-inclusive list):
- a. Biofeedback
 - b. Family counseling for non-medical and/or non-psychiatric reasons
 - c. Therapeutic group homes
 - d. Wilderness camps, boot camps, boarding school, academy-vocational programs, and/or Outward Bound programs
 - e. Halfway houses
 - f. Hypnotherapy
 - g. Long-term or maintenance therapy
 - h. Marriage counseling
 - i. Phototherapy
 - j. Partial Hospitalization for purposes of convenience, alternative to incarceration, respite or housing
 - k. Partial Hospitalization for the provision of a safe and structured environment due to a lack of external support or housing, when criteria in (1.0) or (2.0) are not otherwise met
 - l. Custodial care

Description

Partial hospitalization (also called a PHP), is a time-limited and structured, intensive treatment program provided in an outpatient hospital setting or a community mental health center (CMHC) for children, adolescents, and adults struggling with various mental health conditions. It is a step-down level of care from inpatient hospitalization and provides a higher level of support than traditional outpatient therapy. Partial hospitalization is provided by a multidisciplinary team under the direction of a physician. The goal of a PHP is to provide individuals with the necessary support and skills to manage their mental health condition and improve overall ability to cope with life stressors while still living at home.

Partial hospitalization treatment typically involves daily treatment sessions, usually lasting six to eight hours, for five days a week. These sessions may include individual therapy, group therapy, medication management and other therapeutic activities.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).



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CPT Codes

Use the current applicable CPT/HCPCS code(s).

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