 <p>KMTSJ, Inc.</p>	DEPARTMENT:	Utilization Management
	SUBJECT:	Mental Health Partial Hospitalization/Day Treatment Program
	PRODUCT LINE:	All
	POLICY NUMBER:	066
	ORIGINAL POLICY EFFECTIVE DATE:	06/02/2011
	LAST REVISED DATE:	07/23/2024
	LAST REVIEWED DATE:	07/23/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) correctly authorizes services for Partial Hospitalization and/or Day Treatment Programs consistently administering per member's policy benefit.

POLICY: It is the policy of the Cooperative that these services may not be billed in conjunction with outpatient therapies (individual, group, family, or in home) unless an exception is made by the case manager in consultation with the HM Manager/CMO.

PROCEDURE: **Prior Authorization: YES**

DEFINITIONS:


The terms Partial Hospitalization Program and Day Treatment are used interchangeably by providers and are considered the same level of care.

Partial Hospitalization Program: Services are provided for a minimum of 12-15 hours per week and a maximum of 25-30 hours per week usually for a maximum of 2-3 weeks and is used to stabilize severe symptoms. The focus of this type of program is intensive therapy. Medication management is often offered in conjunction with this service but is billed separately. Services include individual, family, and group therapy, medication management, and would include academic instruction on child/adolescent cases.

Day Treatment Program: Services are provided for a minimum of 12-15 hours per week and a maximum of 25-30 hours per week and may last up to several months in duration for child/adolescent cases. Designed for patients who have emotional, behavioral, and/or substance abuse problems and may be at high risk of requiring more intensive services such as residential, inpatient, or alternate placement in child/adolescent cases including foster care, group home, or correctional institution. Services include individual, family, and group therapy and intensive coordination with schools and/or other county/treating agencies. Day Treatment would also include academic instruction in child/adolescent cases.

Required components of partial hospitalization/day treatment:

- For child/adolescent cases family therapy must occur at a level of frequency and intensity needed to achieve treatment goals (a minimum of once per review/period)
- For child/adolescent cases prompt family involvement is expected at every level of treatment including assessment, development of treatment plan, and discharge planning
- The member should transition to an alternate level of service at the completion of day treatment programming, whether that be more or less intensive services.
- Coordination with school and/or county agencies as appropriate.
- Psychiatric evaluation/medication management as appropriate.

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COMMERCIAL

Criteria for Prior Authorization for Services: Partial Hospitalization or Day Treatment services are considered medically necessary when the following criteria are met:

1. Available clinical documentation is reviewed using InterQual guidelines, which evaluate the current symptoms, impact on functioning, and the member’s support system, AND
2. Compliance with the following requirements:
 - a. Claims history/documentation must demonstrate a history of consistent outpatient therapy which has failed to result in improvement of symptoms. All other treatment options/lower levels of care must have been considered before day treatment services are pursued.
 - b. Compliance with medication management interventions where applicable

Member plan of care must demonstrate significant improvement through short term therapy.


MEDICAID

Criteria for Prior Authorization for Services: Partial Hospitalization or Day Treatment services are considered medically necessary when the following criteria are met:

1. Available clinical documentation is reviewed using InterQual guidelines, which evaluate the current symptoms, impact on functioning, and the member’s support system, AND
2. Compliance with the following requirements:
 - a. Annual Health Check Screening with primary care physician must have been completed within the last 12 months for child/adolescent cases. Depending on the treatment setting this may be applicable up to age 20. This does NOT apply to commercial child/adolescent cases.
 - b. Claims history/documentation must demonstrate a history of consistent outpatient therapy which has failed to result in improvement of symptoms. All other treatment options/lower levels of care must have been considered before day treatment services are pursued.
 - c. Compliance with medication management interventions where applicable.

When requesting this level of service, the provider should submit the following:

- ✓ Partial Hospitalization Program Prior Authorization form
- ✓ A clinical assessment that identifies current symptoms/behaviors, level of functioning affected, and availability/competency of support system

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- ✓ Documentation indicating the member has completed a Health Check Screen in the past year **(for child/adolescent MA members only)**. This must be a Health Check screen and include a BMI, anticipatory guidance, physical examination and health and developmental history. Appropriate CPT codes for this exam include 99381-99385 & 99391-99395. Either an appropriately billed claim must be on file, or clinical documentation from the appointment to verify that a Health Check was performed. A signed Health Check referral form does not suffice.
- ✓ Other relevant supporting documentation from the member's school, social worker, therapist, county agency, etc.
- ✓ Psychiatric evaluation when available

If requirements are met and services are determined to be medically necessary, the following apply:


- ✓ To be billed with CPT H2012 (MA), commercial cases may bill either H2012 or H0035
- ✓ Treatment is reviewed on a weekly to monthly cadence.
- ✓ Total treatment duration for Day Treatment should be no more than nine months, with expected transition to appropriate alternate level services at that time.

Continued Services:

- Treatment progress is to be monitored through case management efforts and provider's resubmission of authorization for these services.
- **When requesting authorization for continued services, the provider should submit the following:**
 - ✓ The Cooperative's Partial Hospitalization Program Prior Authorization form
 - ✓ Updated clinical information indicating current symptoms and functioning, compliance with treatment/medications, attendance, and progress made toward treatment goals, compliance and involvement of support system.
 - ✓ Clinical notes from family therapy sessions should be included on child/adolescent cases with requests for concurrent services.
 - ✓ Total treatment duration should be no more than nine months for Day Treatment.
- Authorization of continued services will be determined based on service limits, compliance with above listed requirements, and whether this level of care continues to be medically necessary based on the clinical information provided.
- A limited time period will be allowed for transition back to full time school and/or outpatient therapy, generally two weeks or up to one additional month after Day Treatment intensity level of care criteria are no longer met, but still not to exceed a total of nine months.

At the conclusion of day treatment, the provider shall:

- ✓ Notify insurer of discharge date
- ✓ Arrange and coordinate (with the HMO or appropriate entity such as the County) alternate and appropriate level treatment services for the member and family.

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ASSOCIATED CODES:

99381-99385 Initial preventive medicine new patient
 99391-99395 Periodic preventive med established patient
 H2012 Behavioral health day treatment, per hour

APPROVED: *Michele Bauer MD* DATE: 07/23/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02-26-2013	Carol E. Ebel	No change to P & P
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/12/2015	Terry Weaver, RN	Updated and removed references to Benchmark and Core Plan.
04/28/2016	Betsy Kelly, RN	Reviewed with no changes
06/27/2017	Terry Weaver, RN	Updated policy.
03/10/2021	Michele Bauer, MD, CMO	Updated criteria.
03/10/2022	Michele Bauer, MD, CMO	Removed Region 1 information.
02/03/2023	Terry Weaver, RN, HM Manager	Updated policy; removed IEP language and SED criteria, adjusted minimum times for level of care
08/07/2023	Michele Bauer, MD, CMO	Max hours/week extended up to 30 for intensive hospital-based services per DHS 40.10(4)b
07/23/2024	Michele Bauer, MD, CMO	Adjusted to address level of care for both child/adolescent cases as well as adult cases