

## Commercial Reimbursement Policy

|  |                                   |
|--|-----------------------------------|
| Subject: <b>Partial Hospitalization Program and Intensive Outpatient Program Services - Facility</b> |                                   |
| Policy Number: <b>C-19002</b>  | Policy Section: <b>Facilities</b> |
| Last Approval Date: <b>09/27/2023</b>  | Effective Date: <b>10/27/2021</b> |

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Anthem allows reimbursement for one (1) unit per date of service for Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) services for facilities under Per Diem, Per Unit, Per Visit, or Percentage Rate methodologies, all other units billed will be denied unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Facilities should report the appropriate PHP or IOP specific revenue code and HCPCS code for reimbursement.

Anthem allows reimbursement per date of service for either PHP or IOP services, not both.

## Related Coding

Standard correct coding applies

## Policy History

|            |  |
|------------|--|
| 09/27/2023 | Review approved: no changes                          |
| 10/27/2021 | Partial Hospitalization definition updated           |
| 04/12/2021 | Review approved: no changes                          |
| 03/15/2019 | Initial approval 03/15/2019 and effective 07/01/2019 |

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023

## Definitions

|                                       |   |
|---------------------------------------|---|
| Intensive Outpatient Program (IOP)    | Structured, short-term treatment modality that provides a combination of individual, group and family therapy. Intensive outpatient treatment is an alternative to inpatient or partial hospital care for patients with an active psychiatric or substance related illness.   |
| Partial Hospitalization Program (PHP) | Structured, short-term treatment modality and an alternative to acute inpatient care that offers intensive, coordinated multidisciplinary clinical and diagnostic services for patients under the direction of a physician. Partial hospitalization services are intended for patients who require a minimum of 20 hours per week of therapeutic services. Multiple therapeutic services are expected for each date of member participation. These services include physician or other qualified health care professional, nursing services, as well as individual, group, family therapies and educational services. |

General Reimbursement Policy Definitions

## Related Policies and Materials

None

## Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Anthem.

©2019-2024 Anthem. All Rights Reserved.