

Commercial Reimbursement Policy

Subject: **Partial Hospitalization Program and Intensive Outpatient Program Services - Facility**

Policy Number: **C-19002**

Policy Section: **Facilities**

Last Approval Date: **04/12/2021**

Effective Date: **10/27/2021**

Disclaimer

These 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 a member's Anthem Blue Cross (Anthem) 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

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These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. 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. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan allows reimbursement for one (1) unit per date of service for Partial Hospitalization Program and Intensive Outpatient Program services for facilities under Per Diem, Per Unit, Per Visit, or Percentage Rate methodologies. All other units billed will be denied. In addition, the Health Plan allows reimbursement per date of service for only Partial Hospitalization Program or Intensive Outpatient Program services, not both.

Related Coding

Facilities should report the appropriate PHP or IOP specific revenue code and HCPC code for reimbursement. Standard correct coding applies.

Policy History

10/27/2021	Partial Hospitalization Program definition updated
04/12/2021	Biennial review approved
03/15/2019	Initial policy approval and effective date 08/01/19

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS Level II)

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.

Related Policies and Materials

None

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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