

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

## **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 Blue Cross and Blue Shield (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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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**

The Health Plan 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

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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.

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

# **Related Coding**

Standard correct coding applies

Exemptions	
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	

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# **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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