

6.3. Mental Health – Partial Hospitalization Services

DESCRIPTION OF SERVICES

Partial hospitalization programs (PHP), also known as psychiatric day treatment services, must be rendered by a provider approved under COMAR 10.21.02. This is an outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. PHP is an alternative to inpatient care when the participant can safely reside in the community. This level of service is a benefit for children, adolescents, and adults. (Please refer to Chapter 7.8 for medical necessity criteria.)

Those providers who choose to provide a full day of PHP services must provide at least 6.5 hours of treatment. Freestanding PHPs may provide a full-day or a half-day (minimum of four consecutive hours) of treatment.

PARTICIPANT ELIGIBILITY

Participants with active Medicaid and participants who are dually covered under Medicare and Medicaid are eligible for PHP services. The Maryland Public Behavioral Health Services (PBHS) does NOT reimburse PHP services rendered to uninsured eligible participants.

PROVIDER ELIGIBILITY

PHP services are approved under COMAR 10.21.02. These services may or may not be hospital-based and have applicable reimbursement rates depending on their site. A multidisciplinary team, including a psychiatrist, a nurse, and other professionals, should be available to provide this service.

AUTHORIZATION PROCESS

Authorizations can be requested telephonically, or electronically through Beacon. Telephonic authorizations are initiated by calling the Beacon customer service line (800-888-1965) & providing clinical information to a licensed Clinical Care Manager in the Clinical Department. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. If the level of care is medically necessary, services will be authorized.

Providers obtain additional authorizations through the electronic submission of a continued stay request in Provider Connect. To request initial authorizations, providers are expected to submit the authorization request, with supporting clinical information, on the day of admission. Concurrent authorization requests are submitted with supporting clinical information on the first uncovered day.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Discharge and aftercare planning is expected to begin at the same time as service delivery. All discharge and aftercare plans must be submitted in the authorization request.

SERVICE RULES

Psychological testing for participants enrolled in a PHP requires a separate authorization and must be administered outside of the hours billed for PHP. A physician's service may be billed for a Medicaid recipient, in addition to the PHP stay, when provided in a hospital setting. One psychiatric visit per day is allowed without a separate authorization.

Non-hospital-based PHPs do not have a provision for this additional physician payment as it is already included in the PHP rate.

Occupational therapy performed in a PHP setting, by the PHP staff, does not require an authorization. Private occupational therapists or occupational therapy groups require authorization.

In order to receive reimbursements through PBHS, all providers under COMAR 10.21.02 must also be Medicare providers or compliant with Medicare rules if in a freestanding PHP.

The mental health service provider is expected to exchange information and coordinate care with the participant's PCP and other treatment providers (i.e. substance use disorder treatment) when clinically appropriate.

CLAIMS PROCESS

Claims are required to be submitted on a CMS 1500 form or on a UB-04 form with the following appropriate billing codes.

- For non-hospital staff physicians to be reimbursed for physical examinations, providers must complete a CMS 1500 form. The CPT codes accepted for this service are 99241-99245.
- Claims must specify an ICD-10 code (not DSM-5 code) for reimbursement.
- Claims for unauthorized PHP days will be denied.