

## 6.39. Partial Hospitalization (ASAM Level 2.5)

Beacon utilizes ASAM criteria to determine medical necessity for all substance use disorder (SUD) related service requests. The description of services provided by Partial Hospitalization (ASAM Level 2.5) and its applicable criteria can be accessed here:

<http://maryland.valueoptions.com/provider/manual/Appendix-C-ASAM-Criteria.pdf>.

### **SERVICE RULES**

The Partial Hospitalization level of service must provide structured, individualized clinical services for between 20 and 35 hours per week.

### **PARTICIPANT ELIGIBILITY**

Participants who have a Medicaid or are Dually Eligible (Medicare and Medicaid) are eligible for Medicaid reimbursement for partial hospitalization services. Providers should contact their Local Addictions Authority (LAA) in order to explore the possibility of using grant funds to support anyone not in one of these eligibility categories.

### **PROVIDER ELIGIBILITY**

Programs providing ASAM Level 2.5, partial hospitalization services must be enrolled in Maryland Medicaid as a Medicaid Provider Type 50 or as an acute general hospital, and must be registered with Beacon. Conditions for program participation include:

- A community-based substance use program shall meet and comply with all requirements set forth in COMAR 10.09.36 and COMAR 10.09.80.
- A community-based substance use program shall receive certification by the Office of Health Care Quality in accordance with COMAR 10.47.01.

## AUTHORIZATION PROCESS

Authorizations for initial ASAM Level 2.5 services 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 continued stay authorizations through the electronic submission of a continued stay request in Provider Connect. To request initial authorizations, providers submit the authorization request with supporting clinical information on the day of admission. Concurrent authorization 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).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

## CLAIMS PROCESS

Provider Type 50 Programs should submit claims electronically using the 837P format or on a CMS 1500 form. Claims must specify an ICD-10 code for reimbursement.

Hospital-based programs should submit claims electronically using the 837I format or on a UB04 form.

Claims for unauthorized partial hospitalization days will be denied.

### Billing Codes

#### Community-based Programs

The procedure code for partial hospitalization for a provider type 50 community-based program service is H2036. It is a daily rate. Sessions must be a minimum of two hours per day. This code cannot be billed concurrently with Level 1 services (H0004, H0005, H0015, H0016, H0020, or H0047).

Partial hospitalization providers may also bill H0001 for the initial comprehensive assessment. This code can only be billed once per 12 months per provider unless there is more than a 30-day break in treatment.

Partial hospitalization providers may bill up to five days of ambulatory detoxification using procedure code H0014.

#### Hospital-based programs

Hospital-based programs should use revenue code 0912 or revenue code 0913.