

## Partial Hospitalization Program

Policy Number: SC14P0034A3

Effective Date: May 1, 2018

Last Update: April 6, 2021

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
April 6, 2021	The Partial Hospitalization Policy is renamed Partial Hospitalization Program. The policy was moved to an updated template and as a result some information may have been reformatted.
July 17, 2019	Based on notification by the State Register effective April 23, 2019, billing for H0035 and H0035 –HA is changing from per unit billing to per session billing. All internal links within the policy and the UCare logo have been updated.
May 1, 2018	The Partial Hospitalization policy was posted by UCare.

### APPLICABLE PRODUCTS

This policy applies to the UCare products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓
UCare Medicare Plans	
UCare EssentiaCare	
UCare Medicare M Health Fairview & North Memorial	
UCare Individual & Family Plans	
UCare Individual & Family Plans M Health Fairview	

**TABLE OF CONTENTS**

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY .....	1
APPLICABLE PRODUCTS .....	1
TABLE OF CONTENTS.....	2
PAYMENT POLICY OVERVIEW .....	4
POLICY DEFINITIONS .....	4
ENROLLEE ELIGIBILITY CRITERIA.....	5
ELIGIBLE PROVIDERS OR FACILITIES .....	6
Provider.....	6
EXCLUDED PROVIDER TYPES .....	6
MODIFIERS, CPT, HCPCS, AND REVENUE CODES .....	7
General Information .....	7
Modifiers.....	7
CPT and/or HCPCS Code(s).....	7
Revenue Codes.....	7
Payment Information.....	8
BILLING REQUIREMENTS AND DIRECTIONS .....	9
Billing Guidelines.....	9
PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION .....	10
Prior Authorization, Notification, and Threshold Requirements.....	10
RELATED PAYMENT POLICY INFORMATION.....	10
SOURCE DOCUMENTS AND REGULATORY REFENCES.....	10
DISCLAIMER.....	11

This page was intentionally left blank

**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

Partial hospitalization is a time- limited, structured program of multiple and intensive psychotherapy and other therapeutic services provided by a multidisciplinary team (as defined by Medicare) provided in an outpatient hospital setting outpatient department facility or a Medicare-certified community mental health center (CMHC) meeting Medicare requirements. Partial hospitalization programs focus on resolving or stabilizing an acute episode of mental illness.

Outlined below are UCare’s billing payment guidelines for partial hospitalization services.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Essential Community Provider	<p>Means a health care provider that serves high-risk, special needs, and underserved individuals that demonstrates the ability to integrate appropriate supportive and stabilizing services with medical services. In order to be designated as an ECP, a provider must demonstrate that it meets the requirements of Minnesota Statutes <a href="#">62Q.19</a> and <a href="#">Minnesota Rules Chapter 4688</a>. Those regulations require that ECPs:</p> <ul style="list-style-type: none"> <li>• Provide or coordinate supportive and stabilizing services, such as transportation, childcare, linguistic services, and culturally sensitive and competent services to its patients;</li> <li>• Serve all patients, regardless of their financial limitations; and</li> </ul>

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <li>Charge patients for their services based on a sliding fee schedule, if the ECP is a non-profit organization.</li> </ul>
Level of Care Utilization System (LOCUS) Assessment	Means a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services along a continuum of care. The assessment is used to ensure and support that an accurate level of care is being utilized for the considerations of an individual's needs. All LOCUS recording forms must be reviewed and signed by a clinical supervisor, unless it is completed by a mental health professional or a Mental Health Rehabilitative Professional. The assessment form is not valid without all necessary signatures.
Partial Hospitalization	Means a time-limited, structured program of multiple and intensive psychotherapy and other therapeutic services provided by a multidisciplinary team as defined by Medicare, providing services in an outpatient hospital facility or community mental health center (CMHC), meeting Medicare requirements to provide partial hospitalization program services. The goal of a partial hospitalization program is to resolve or stabilize an acute episode of mental illness.
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member's benefit set. Services submitted prior to notification will be denied by UCare. UCare does update its' authorization, notification, and threshold requirements from time-to-time.
Prior Authorization	Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. UCare does update its' authorization, notification, and threshold requirements from time-to-time.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

To receive partial hospitalization program services, an UCare member must:

- Be experiencing an acute episode of mental illness that meets the criteria for an inpatient hospital admission
- Have the ability to participate in treatment
- Have appropriate family or community resources needed to support and enable the member to benefit from less than 24-hour care
- Be admitted to partial hospitalization program (PHP) under the care of a physician who certifies the need for partial hospitalization, stating the member would otherwise require inpatient psychiatric care, if PHP were not provided.
- Have completed an ECSII and SDQ for children aged 5 years and younger
- Have completed a CASII and SDQ for children 6 years of age and older
- Have a completed [LOCUS](#) assessment with a Level 4 indication for adults aged 18 and older

#### **ELIGIBLE PROVIDERS OR FACILITIES**

**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

#### **Provider**

In order to provide partial hospitalization services a provider must be a Medicare certified Community Mental Health Center (CMHC) or an outpatient hospital facility. Providers must follow Medicare guidelines for partial hospitalization program content, physician certification requirements, and documentation.

#### **EXCLUDED PROVIDER TYPES**

**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not applicable.

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES**

**General Information**

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

**Modifiers**

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HA	Child or Adolescent

**CPT and/or HCPCS Code(s)**

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0035		Partial Hospitalization – age 18 and older
H0035	HA	Partial Hospitalization – under the age of 18

CPT® is a registered trademark of the American Medical Association.

**Revenue Codes**

REVENUE CODE(S)	NARRATIVE DESCRIPTION
0912	Partial Hospitalization, Less Intensive
0913	Partial Hospitalization, Intensive

---

## Payment Information

### *Covered Services*

At a minimum, partial hospitalization includes at least one session of individual, group or family psychotherapy and two or more other services. To be consistent with Medicare recommended standards partial hospitalization programs must:

- Provide at least four (4) days, but not more than five (5) out of seven (7) calendar days, of partial hospitalization program services
- Ensure a minimum of twenty (20) service components and minimum of twenty (20) hours in a seven (7) calendar-day period
- Provide a minimum of five (5) to six (6) hours per day for adults (eighteen (18) years of age and older)
- Provide a minimum of four (4) to (5) hours of service per day for a child under the age of eighteen (18)

### *Professional Services*

UCare follows MHCP guidelines when applying master's level provider reductions to eligible mental health services. Master's level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the Master's level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
  - Clinical Nurse Specialist
  - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCs codes and rates chart.

The grid below identifies whether the Master's level provider reduction and/or 23.7% increase applies to service(s) associated with a partial hospitalization program.



CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
H0035		Partial Hospitalization – age 18 and older	Per session	No	No	<ul style="list-style-type: none"> <li>DHS and Medicare approved: Outpatient Hospital or CMHC, Multidisciplinary Team: MH Professional or MH Practitioner</li> </ul>
H0035	HA	Partial Hospitalization – under the age of 18	Per session	No	No	

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 9-18 Fee Schedule Updates).

**BILLING REQUIREMENTS AND DIRECTIONS**

**Billing Guidelines**

Submit partial hospitalization program services using the 837-I format and include the following:

- Indicate the patient status information as continuing service; indicating discharge instead of continuing service may deny the claim
- Outpatient facilities enter the type of bill (TOB) 13X (Outpatient)
- Community Mental Health Center enter the type of bill (TOB), 76X (CMHC)
- Use revenue code 0912 or 0913
- Append CPT code H0035 for adults or H0035 HA for children or adolescent services as the procedure code
- Report the attending provider as the physician who has overall responsibility for the patient’s medical care and treatment

**PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION****Prior Authorization, Notification, and Threshold Requirements**

Notification is required within 24 hours of intake and concurrent review will take place for approval of additional days. UCare does update its' authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

**RELATED PAYMENT POLICY INFORMATION  
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR  
MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFENCES  
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY  
REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, Partial Hospitalization Program](#)

[Minnesota Rules 9505.0370, subpart 24](#)

[Minnesota Rules 9505.0372, subpart 9](#)

[Code of Federal Regulations, title 42, section 410.43](#)

[Code of Federal Regulations, title 42, section 410.110](#)

**DISCLAIMER**

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”

