



Partial Hospitalization Program  
Teleconference  
March 27, 2008  
Agenda

1. Partial Hospitalization Program Overview
2. Billing Requirements
3. Medical Review Findings
4. Resources



# *Partial Hospitalization Program Teleconference*

*March 27, 2008*

## *Topics*

- Partial Hospitalization Program Overview
- Billing Requirements
- Medical Review Findings
- Resources

2

# ***Partial Hospitalization Program Overview***

3

# ***Partial Hospitalization Program Overview***

## **Program Criteria**

- Active treatment that incorporates an individualized treatment plan
  - Describes coordination of services wrapped around particular needs of the patient
  - Includes a multidisciplinary team approach to patient care under direction of physician
- Treatment goals should be
  - Measurable, functional, time-framed, medically necessary, directly relate to the reason for admission

CMS Pub. 100-02, Ch. 6, §70.3

4

## *Partial Hospitalization Program Overview*

### Not considered PHP

- Diversionary activity, social or recreational therapy
- Psychosocial programs which provide only a structured environment, socialization and/or vocational rehabilitation
- Only monitors management of medication for patient who are otherwise stable

CMS Pub. 100-02, Ch. 6, §70.3

5

## *Partial Hospitalization Program Overview*

### Patient Eligibility Criteria

- Meet benefit requirements as defined in §§1861 (ff) and 1835 (a)(2)(F)
- Under care of a physician who certifies need for partial hospitalization
- Patient requires comprehensive, structured, multimodal treatment requiring medical supervision and coordination under individual plan of care

6

## *Partial Hospitalization Program Overview*

### Patient Eligibility Criteria

- Patient's who meet benefit category requirements are comprised of two groups
  - Discharged from inpatient hospital treatment and PHP is in lieu of continued inpatient treatment
  - In absence of partial hospitalization, would be at risk of requiring inpatient hospitalization
- Recertification must address continuing serious nature of the psychiatric condition requiring active treatment in PHP

7

## *Partial Hospitalization Program Overview*

### Covered Services (§1861(ff)(2))

- Individual or group psychotherapy
- Occupational therapy requiring skills of qualified occupational therapist; must be component of treatment plan
- Services of other staff trained to work with psychiatric patients
- Drugs and biologicals not self-administered
- Individualized activity therapies not primarily recreational or diversionary
- Family counseling
- Training and education
- Medically necessary diagnostic services

8

## *Partial Hospitalization Program Overview*

### Reasonable and Necessary Services

- Diagnosis and active, intensive treatment of the psychiatric condition
- Reasonably expected to improve or maintain condition and functional level to prevent relapse or hospitalization
- Admission to PHP to treat presenting psychiatric symptoms
- Continued treatment to maintain stable condition or functional level requires less intensive treatment options cannot provide level of support to maintain and prevent hospitalization

9

## *Partial Hospitalization Program Overview*

### Reasonable and Necessary Services, cont.

- Patients do not require 24 hour supervision
- Patients generally have an acute onset or decompensation of covered mental disorder, which severely interferes with multiple areas of life
- Impairment severe enough to require multidisciplinary intensive, structured treatment program; not so limiting that patient cannot benefit from participation in an active treatment program
- It is the need for intensive, structured combination of services that constitute active treatment, necessary to appropriately treat presenting psychiatric condition

10

## *Partial Hospitalization Program Overview*

### Reasonable and Necessary Services, cont.

- Patients may be discharged by either:
  - Stepping up to an inpatient level of care, requiring 24 hours supervision
  - Stepping down to outpatient care, no longer requiring structured, intensive, multimodal treatment

11

## *Partial Hospitalization Program Overview*

### Reasons for Denial

- Benefit category denials under 1861(ff) or 1835(a)(2)(F):
  - Day care programs
  - Programs attempting to maintain psychiatric wellness
  - Patients who are otherwise psychiatrically stable or require medication management only

12

## *Partial Hospitalization Program Overview*

### Reasons for Denial

- Coverage denials under 1861(ff):
  - Services to hospital inpatients
  - Meals, self-administered medications, transportation
  - Vocational training

13

## *Partial Hospitalization Program Overview*

### Reasons for Denial

- Reasonable and necessary denials 1862(a)(1)(A):
  - Patient who cannot, or refuse, to participate with active treatment or who cannot tolerate the intensity of a PHP
  - Treatment of chronic condition without acute exacerbation or symptoms that place individual at risk of relapse or hospitalization

14

## *Partial Hospitalization Program Overview*

### Documentation Requirements

- Initial psychiatric evaluation/certification
  - Upon admission, physician must certify that admission to PHP would require inpatient psychiatric hospitalization if partial hospitalization services were not provided
- Certification should identify the diagnosis and psychiatric need
- PHP must be furnished under an individualized written plan of care, which includes active treatment through combination of structured, intensive services

15

## *Partial Hospitalization Program Overview*

### Documentation Requirements

- Re-certification requirements
  - Signature
  - Timing
    - 1<sup>st</sup> re-cert by 18<sup>th</sup> calendar day
    - Subsequent at intervals no less frequently than every 30 days
  - Content
    - Patients response to the therapeutic interventions
    - Patients psychiatric symptoms that continue to place patient at risk of hospitalization
    - Treatment goals for coordination of services to facilitate discharge

16

## *Partial Hospitalization Program Overview*

### Documentation Requirements

- Treatment plan
  - Prescribed and signed by physician
  - Identifies goals
  - Describes a coordination of services
  - Structured to meet needs of patient
  - Includes multidisciplinary team approach

17

## *Partial Hospitalization Program Overview*

### Documentation Requirements

- Treatment plan, cont.
  - Treatment goals
    - Directly address presenting symptoms
    - Designed to measure patient's response to active treatment
  - Treatment plan should document ongoing efforts to restore patient to higher level of functioning that would permit discharge
  - Reflect the continued need for the intensity of active therapy to maintain and prevent lapse or hospitalization
- Activities primarily recreational and diversionary or provide level of functional support that does not treat symptoms placing patient at risk, do not qualify as partial hospitalization services

18

## ***Partial Hospitalization Program Overview***

### **Documentation Requirements**

- Progress notes
  - Include description of the nature of the treatment
  - Patient's response to therapeutic intervention and its relation to goals in treatment plan

19

## ***Billing Overview***

20

## *Billing Requirements*

- Bill types
  - Hospital, 13X
  - CAH, 85X
  - CMHC, 76X
- Hospitals report condition code 41

CMS Pub. 100-04, Ch. 4, §§260.1 – 260.1.1

21

## *Billing Requirements*

- Revenue codes

0250	Drugs and Biologicals
043X	Occupational Therapy
0900	Behavioral Health Treatment/Services
0904	Activity Therapy
0914	Individual Therapy
0915	Group Therapy
0916	Family Therapy
0918	Testing
0942	Education Training

CMS Pub. 100-04, Ch. 4, §§260.1 – 260.1.1

22

## Billing Requirements

- HCPCS codes\*

G0129	Occupational Therapy
90801, 90802, 90899	Behavioral Health Treatment/Services
G0176	Activity Therapy
90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829	Individual Psychotherapy
90849, 90853, 90857	Group Therapy
90846, 90847, 90849	Family Psychotherapy
96100, 96115, 96117	Psychiatric Testing
G0177	Education Training

\* Hospitals & CMHCs only, not CAHs

CMS Pub. 100-04, Ch. 4, §§260.1 – 260.1.1

23

## Billing Requirements

- Professional Services are billed to the Part B Carrier/Contractor
  - Physician
  - Physician Assistant
  - Nurse Practitioner and Clinical Nurse Specialist
  - Clinical Psychologist
- Other Practitioners (clinical social workers and occupational therapists) are bundled

CMS Pub. 100-04, Ch. 4, §§260.1 – 260.1.1

24

## ***Billing Requirements***

- **Units**
  - Hospitals and CMHCs
    - report the number of times the service or procedure was performed, as defined by the HCPCS/CPT code
  - CAHs
    - report the number of times the revenue code was performed
  
- **Line item Date of Service**
  - Hospitals and CMHCs report a line item date of service for each revenue code line

CMS Pub. 100-04, Ch. 4, §§260.1 – 260.1.1

25

## ***Medicare Review Findings***

26

## *Medical Review Findings*

- Pre-pay Probe in March 2006
  - 100 claims
- Error rate = 31%
  - 2<sup>nd</sup> re-probe of 100 claims
- Findings
  - 15.2% partial denial
  - 14.1% full denial
  - 26.3% denied no records received

27

## *Medical Review Findings*

- Major reasons for claim denials
  - Insufficient documentation
  - Missing documentation
- Use the additional development request (ADR) as a check list

28

## *Medical Review Findings*

- Insufficient documentation
  - Doc does not support individual revenue codes and/or HCPCS for dates billed
  - Insufficient doc to support services requested to prevent relapse or hospitalization
  - Insufficient doc to support medical necessity of services provided
  - Incorrect billing of units and/or lack of documentation to support units billed
  - Doc did not support physician order for change in level of treatment from outpatient to PHP

29

## *Medical Review Findings*

- Missing documentation
  - Physician certification / re-certification of the treatment plan
  - Treatment plans
  - Initial physician evaluations
  - Calendar dates missing on individual documents vital to supporting services billed
  - Matrix grid when utilizing a numerical identification of services provided

30

## *Medical Review Findings*

- Some examples include, but not limited to:
  - When patient relapses back to PHP due to an exacerbation of symptoms, documentation does not show the progression towards release from PHP and what symptoms caused a relapse
  - When patient vacillates between PHP and IOP, documentation does not clearly show progression and regression

31

## *Medical Review Findings*

- Some examples include, but not limited to:
  - PHP program requires attendance 3 times a week, if this does not occur, the reason for non-attendance should be clearly documented and if rescheduled
    - A period of transition is appropriate
  - A repeated pattern of non-attendance will result in denials; there is no benefit to treatment

32

## *Medical Review Findings*

- Some examples include, but not limited to:
  - Three therapeutic session are billed, however, only 2 are clearly identified in the documentation; while the 3<sup>rd</sup> session was documented, the type of therapy provided was not
  - Calendar dates not on documentation vital to supporting services billed...ensure the documentation is dated and relevant to the current plan of treatment
  - Providers using a numeric system to identify the type of therapy sessions, should include the matrix to identify the therapy and it's numeric value

33

## *Summary*

- Partial Hospitalization Program Overview
  - Be sure all facets of the program are met
  - Be sure your patient's meet the definition of the PHP
- Billing Requirements
  - Be sure all billing requirements are met
- Medical Review Findings
  - Be sure to include all documentation requested on the ADR
  - Use the ADR as a check list
  - Documentation should provide a clear mental picture of the patient

34

# *Resources*

## *PHP Resources*

- Provider Notice 08-004, Partial Hospitalization Program  
[www.highmarkmedicareservices.com/bulletins/parta/general/2008/mpr08004.html](http://www.highmarkmedicareservices.com/bulletins/parta/general/2008/mpr08004.html)
- CMS Pub. 100-02, Benefit Policy Manual, Ch. 6, §70.3  
[www.cms.hhs.gov/manuals/Downloads/bp102c06.pdf](http://www.cms.hhs.gov/manuals/Downloads/bp102c06.pdf)
- CMS Pub. 100-04, Claims Processing Manual, Ch. 4, §260  
[www.cms.hhs.gov/manuals/downloads/clm104c04.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c04.pdf)

36

## ***Highmark Medicare Services Resources***

- Customer Contact Center/IVR
  - 1-800-560-6170 (PA)
  - 1-866-488-0545 (MD/DC)
- Website  
[www.highmarkmedicare.services.com](http://www.highmarkmedicare.services.com)
- Mailing list  
[www.highmarkmedicare.services.com/maillinglists.html](http://www.highmarkmedicare.services.com/maillinglists.html)

37

## ***Highmark Medicare Services Resources***

- Outreach and Education  
[www.highmarkmedicare.services.com/parta/outreach/index.html](http://www.highmarkmedicare.services.com/parta/outreach/index.html)
- Calendar of Events  
[www.highmarkmedicare.services.com/calendar/parta/index.html](http://www.highmarkmedicare.services.com/calendar/parta/index.html)
- Provider Bulletins  
[www.highmarkmedicare.services.com/bulletins/parta/bulletins.html](http://www.highmarkmedicare.services.com/bulletins/parta/bulletins.html)
  - Don't have access to the Internet? You may request hard copy bulletins

38

## ***CMS Resources***

- CMS Website address  
[www.cms.hhs.gov/](http://www.cms.hhs.gov/)
- CMS Open Door Forums  
[www.cms.hhs.gov/OpenDoorForums/](http://www.cms.hhs.gov/OpenDoorForums/)
- CMS Provider Quarterly Update  
[www.cms.hhs.gov/QuarterlyProviderUpdates](http://www.cms.hhs.gov/QuarterlyProviderUpdates)
- CMS MLN Matters  
[www.cms.hhs.gov/MLNMattersArticles/](http://www.cms.hhs.gov/MLNMattersArticles/)

39

## ***CMS Resources***

- CMS Preventive Services  
[www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp)
- CMS Web-based training  
[www.cms.hhs.gov/MLNProducts/03\\_WebBasedTraining.asp](http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp)
- Understanding the Remittance Advice  
[www.cms.hhs.gov/MLNProducts/downloads/RA\\_Guide\\_Full\\_03-22-06.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf)
- CMS Electronic Mailing Lists  
[www.cms.hhs.gov/apps/maillinglists/](http://www.cms.hhs.gov/apps/maillinglists/)

40



***Thank you for your participation.  
Please complete the evaluation  
form and fax it to fax number that  
appears on the form.***

## ***Partial Hospitalization Program (PHP) Teleconference***

Your assessment of this program is very important to us. By completing this evaluation form, you will help us measure the effectiveness of this program and prepare for future teleconferences. Thank you for your cooperation.

Date: March 27, 2008

Medicare Speaker Name(s): Tammy Potteiger

Your Name/Telephone Number: \_\_\_\_\_

(Optional) \_\_\_\_\_

Medicare Provider Number: \_\_\_\_\_

Using the rating system of **(1) Poor, (2) Fair, (3) Good, (4) Very Good, (5) Excellent**, please circle the number that best expresses your rating of each of the following:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The teleconference was informative.                              | 1 | 2 | 3 | 4 | 5 |
| 2. The visual aids/handouts were beneficial.                        | 1 | 2 | 3 | 4 | 5 |
| 3. The Speaker(s) was knowledgeable of the subject matter.          | 1 | 2 | 3 | 4 | 5 |
| 4. The Speaker(s) presented the subject matter clearly.             | 1 | 2 | 3 | 4 | 5 |
| 5. The Speaker(s) provided clear and complete answers to questions. | 1 | 2 | 3 | 4 | 5 |
| 6. Overall, how would you rate this teleconference?                 | 1 | 2 | 3 | 4 | 5 |

What additional comments do you have for changing/improving this program to better meet your needs?

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Please fax the completed form to 717-302-3658.