

Psychiatric Partial Hospitalization Programs (PHPs) - Preauthorization And Day Limits

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Authority: [32 CFR 199.4\(a\)\(12\)](#) and [\(b\)\(10\)](#)

1.0 BACKGROUND

The Fiscal Year (FY) 1992 Defense Authorization Conference Report directed the Secretary of Defense to establish a partial hospitalization benefit. As a result, the partial hospitalization benefit, previously limited to treatment of alcoholism, was expanded to cover other mental health disorders. This added level of care improves the availability of mental health services. The intent is to provide a needed service at a lower cost than the full hospitalization rate, and to allow more efficient use of resources for needed mental health care.

2.0 DESCRIPTION

Psychiatric partial hospitalization is a treatment setting capable of providing an interdisciplinary program of medical therapeutic services at least three hours per day, five days per week, which may embrace day, evening, night and weekend treatment programs which employ an integrated, comprehensive and complementary schedule of recognized treatment approaches. To be approved, such programs must enter into a participation agreement, and be accredited and in substantial compliance with the Joint Commission's **Mental Health Manual** (formerly **Consolidated Standards Manual**).

3.0 POLICY

3.1 Preadmission and continued stay authorization is required for all admissions to a psychiatric Partial Hospitalization Program (PHP) without exception, as the concept of an emergency admission does not pertain to a partial hospitalization level of care. Preauthorization is required even if the facility is transferring a patient to a lower level of care within its own structure.

3.2 The admission criteria shall not be considered fulfilled unless the patient has been personally evaluated prior to the admission by a physician or other authorized health care professional with admitting privileges operating within the scope of his/her license.

3.3 Day Limits for Psychiatric Partial Hospitalization. The benefits for institutional services for psychiatric partial hospitalization are limited to 60 treatment days (whether a full day or partial day program) in a fiscal year or in an admission. This limit may be extended by waiver. The 60 treatment days are not offset by or counted toward the 30-45 day inpatient limit.

3.4 Criteria for determining medical or psychological necessity of psychiatric partial hospitalization services. Psychiatric partial hospitalization services will be considered necessary only if all of the following conditions are present:

3.4.1 The patient is suffering significant impairment from a mental disorder (as defined in [32 CFR 199.2](#)) which interferes with age appropriate functioning.

3.4.2 The patient is unable to maintain himself or herself in the community, with appropriate support, at a sufficient level of functioning to permit an adequate course of therapy exclusively on an outpatient basis (but is able, with appropriate support, to maintain a basic level of functioning to permit partial hospitalization services and presents no substantial imminent risk of harm to self or others).

3.4.3 The patient is in need of crisis stabilization, treatment of partially stabilized mental health disorder, or services as a transition from an inpatient program.

3.4.4 The admission into the PHP is based on the development of an individualized diagnosis and treatment plan expected to be effective for that patient and permit treatment at a less intensive level.

3.5 Claims for outpatient psychotherapy provided during the period a patient is participating in a PHP are to be denied as "noncovered services". Professional services provided by an attending physician that do not duplicate treatment provided in a PHP may be billed separately.

3.6 Outpatient psychotherapy services provided by a PHP after the patient's care has been denied or after the patient has been discharged, are not a benefit of the PHP. Partial hospitalization is an institutional benefit, not a professional services benefit. The PHP services provided by the institutional provider are covered by the all-inclusive per diem rate when authorized. If authorization is denied due to the PHP stay not being medically necessary or appropriate, none of the services related to that stay are payable regardless of how they are billed. Psychotherapy services provided by a PHP after a patient has been discharged from the PHP are not part of the partial hospitalization benefit nor is the PHP an authorized provider under TRICARE for these outpatient services.

3.7 Authorized PHPs have entered into participation agreements to provide multi-disciplinary programs in exchange for all-inclusive per diem reimbursement. Any attempt by a PHP to carve out certain services and bill on a fee-for-service basis would be considered a violation of that agreement.

3.8 PHPs may also provide a service they call "Intensive Outpatient Program" or IOP. Freestanding and hospital-based PHPs may provide partial hospitalization services, also referred to as IOP, provided less than five days per week, at least three hours per day but less than six hours per day, with reimbursement occurring at half-day PHP rate (i.e., three to five hours), in accordance with the TRICARE Reimbursement Manual (TRM), [Chapter 7, Section 2](#); TRM, [Chapter 7, Addendum B](#); and TRM, [Chapter 13, Section 2](#). IOPs must be provided by a TRICARE-certified PHP. All program policies that apply to TRICARE-certified PHPs shall also apply to the IOPs provided by PHPs.

4.0 POLICY CONSIDERATIONS

4.1 Payment Responsibility.

4.1.1 Any care in a psychiatric PHP obtained without requesting preadmission authorization or rendered in excess of the 60-day limit without following concurrent review requirements, in which the services are determined excluded by reason of being not medically necessary, is not the financial responsibility of the patient or the patient's family until:

4.1.1.1 Receipt of written notification from a contractor that the services are not authorized; or

4.1.1.2 Signing of a written statement from the provider which specifically identifies the services which will not be reimbursed. The beneficiary must agree, in writing, to personally pay for the non-reimbursable services. General statements, such as those signed at admission, do not qualify.

4.1.2 If a request for waiver is filed and the waiver is not granted, benefits will only be allowed for the period of care authorized by the contractor.

4.2 For purposes of counting day limits, a move from one facility to another facility can be considered a transfer when documentation establishes that coordination for the move existed between two like facilities for the purpose of ensuring continued treatment of the condition requiring the original admission. Under these circumstances, the admission to a new facility would be considered a continuous uninterrupted Episode Of Care (EOC). If the documentation does not establish that coordination for the move existed between the two facilities, then the intent to transfer cannot be established and the move should be considered a discharge.

5.0 EXCEPTIONS

Waiver of the 60-day psychiatric partial hospitalization limit. The purpose of partial hospitalization is to provide an appropriate setting for crisis stabilization, treatment of partially stabilized mental health disorders, and as a transition from an inpatient program when medically necessary to avoid a serious deterioration in functioning within the context of a time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment. There is a regulatory presumption against the appropriateness of partial hospitalization in excess of 60 days. However, a waiver may be authorized through the contractor and payment allowed for care beyond the 60-day limit in certain circumstances.

5.1 The criteria for waiver are set forth in [paragraph 3.0](#). In applying these criteria in the context of a waiver request review, special emphasis is placed on determining whether additional days of partial hospitalization are medically/psychologically necessary to complete essential elements of the treatment plan prior to discharge. Consideration is also given in cases in which a patient exhibits well-documented new symptoms or maladaptive behaviors which have appeared in the partial hospitalization setting requiring significant revisions to the treatment plan.

5.2 The clinician responsible for the patient's care is responsible for documenting the need for additional days and must establish an estimated length-of-stay (LOS) beyond the date of the 60-day limit. There must be evidence of a coherent and specific plan for assessment, intervention and

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reassessment that reasonably can be accomplished within the time frame of the additional days of coverage requested under the waiver provisions.

5.3 For patients in care at the time the PHP limit is reached, a waiver must be granted prior to the limit. The contractor will handle the waiver requirement by asking for additional information during continued stay reviews. For patients being readmitted after having received 60 days in the fiscal year, the waiver review will be conducted at the time of the preadmission authorization.

6.0 EXCEPTION

Effective October 1, 2003, TRICARE's preadmission and continued stay authorization is not required for inpatient mental health care for Medicare-TRICARE dual eligibles for the period when Medicare is primary payer and has authorized the care. In the event that TRICARE is primary payer for these services and preauthorization was not obtained, the contractor shall obtain the necessary information and perform a retrospective review.

7.0 EXCLUSION

IOP services rendered by a provider that is not TRICARE-authorized (i.e., IOPs that are not TRICARE-authorized hospital-based or freestanding PHPs).

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