Chapter 7 Section 2

Psychiatric PHP Reimbursement Before May 1, 2009 (Implementation Of OPPS), And Thereafter, Freestanding Psychiatric PHP Reimbursement

Issue Date: July 14, 1993
Authority: 32 CFR 199.14(a)(2)(ix)

1.0 APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

2.0 ISSUE

Reimbursement of Psychiatric Partial Hospitalization Programs (PHPs) before May 1, 2009 (implementation of Outpatient Prospective Payment System (OPPS)), and thereafter, Freestanding PHPs.

3.0 POLICY

3.1 Per Diem Payment For Psychiatric Partial Hospitalization Services

Psychiatric partial hospitalization services authorized and provided under 32 CFR 199.4(b)(10) and provided by psychiatric PHPs authorized under 32 CFR 199.4(b)(3)(xii) are reimbursed on the basis of prospectively determined, all-inclusive per diem rates. The per diem payment amount must be accepted as payment in full for all PHP services provided. The following services and supplies are included in the per diem rate approved for an authorized PHP and are not covered even if separately billed by an individual professional provider. Effective on May 1, 2009 (implementation of OPPS), hospital-based PHP services are reimbursed under the hospital OPPS as described in Chapter 13, Section 2, paragraph 3.7.

3.1.1 Board. Includes use of the partial hospital facilities such as food service, supervised therapeutically constructed recreational and social activities, etc.

3.1.2 Patient assessment. Includes the assessment of each individual accepted by the facility, and must, at a minimum, consist of a physical examination; psychiatric examination; psychological assessment; assessment of physiological, biological and cognitive processes; developmental assessment; family history and assessment; social history and assessment; educational or vocational history and assessment; environmental assessment; and recreational/activities

assessment. Assessments conducted within 30 days prior to admission to a partial program may be used if approved and deemed adequate to permit treatment planning by the PHP.

3.1.3 Psychological testing and assessment.

3.1.4 Treatment services. All services including routine nursing services, group therapy, supplies, equipment and space necessary to fulfill the requirements of each patient's individualized diagnosis and treatment plan (with the exception of the psychotherapy as indicated in paragraph 3.2.1). All mental health services must be provided by a authorized individual professional provider of mental health services. [Exception: PHPs that employ individuals with master's or doctoral level degrees in a mental health discipline who do not meet the licensure, certification and experience requirements for a qualified mental health provider but are actively working toward licensure or certification, may provide services within the all-inclusive per diem rate but the individual must work under the clinical supervision of a fully qualified mental health provider employed by the PHP.]

3.1.5 Ancillary therapies. Includes art, music, dance, occupational, and other such therapies.

3.1.6 Overhead and any other services for which the customary practice among similar providers is included as part of the institutional charges.

3.2 Services Which May Be Billed Separately.

The following services are not considered as included within the per diem payment amount and may be separately billed when provided by an authorized individual professional provider:

3.2.1 Psychotherapy sessions. Professional services provided by an authorized individual professional provider (who is not employed by or under contract with the PHP) for purposes of providing clinical patient care to a patient in the PHP may be cost-shared when billed by the individual professional provider. Any obligation of a professional provider to provide services through employment or contract in a facility or distinct program of a facility would preclude that professional provider from receiving separate TRICARE reimbursement on a fee-for-service basis to the extent that those services are covered by the employment or contract arrangement. Psychotherapy services provided outside of the employment/contract arrangement can be reimbursed separately from the PHPs per diem. Professional mental health benefits are limited to a maximum of one session (60 minutes individual, 90 minutes family, etc.) per authorized treatment day not to exceed five sessions in any calendar week in any combination of individual and family therapy. Five sessions per week is an absolute limit, and additional sessions are not covered.

Note: Group therapy is strictly included in the per diem and cannot be paid separately even if billed by an individual professional provider.

3.2.2 Primary/Attending Provider. When a patient is approved for admission to a PHP, the primary or attending provider (if not contracted or employed by the partial program) may provide psychotherapy only when the care is part of the treatment environment which is the therapeutic partial program. That is why the patient is there--because that level of care and that program have been determined as medically necessary. The therapy must be adapted toward the events and

interactions outlined in the treatment plan and be part of the overall partial treatment plan. Involvement as the primary or attending is allowed and covered only if he is part of the coherent and specific plan of treatment arranged in the partial setting. The treatment program must be under the general direction of the psychiatrist employed by the program to ensure medication and physical needs of the patients are met and the therapist must be part of the treatment team and treatment plan. An attending provider must come to the treatment plan meetings and his/her care must be coordinated with the treatment team and as part of the treatment plan. Care given independent of this is not covered.

3.2.3 Non-mental health related medical services. Those services not normally included in the evaluation and assessment of a partial hospitalization patient and not related to care in the PHP. These medical services are those services medically necessary to treat a broken leg, appendicitis, heart attack, etc., which may necessitate emergency transport to a nearby hospital for medical attention. Ambulance services may be cost-shared when billed for by an authorized provider if determined medically necessary for emergency transport.

3.3 Per Diem Rate

For any full-day PHP (minimum of six hours), the maximum per diem payment amount is 40% of the average inpatient per diem amount per case paid to both high and low volume psychiatric hospitals and units established under the mental health per diem reimbursement system. The rates shall be updated to the current year using the same factors as used under the TRICARE mental health per diem reimbursement system. A PHP of less than six hours (with a minimum of three hours) will be paid a per diem rate of 75% of the rate for full-day PHP. TRICARE will not fund the cost of educational services separately from the per diem rate. The hours devoted to education do not count toward the therapeutic half or full day program. See Addendum B, for the current maximum rate limits which are to be used as is for the full day and half day program.

3.4 Other Requirements

No payment is due for leave days, for days in which treatment is not provided, for days in which the patient does not keep an appointment, or for days in which the duration of the program services was less than three hours.

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