

Mental Health Partial Hospitalization and Intensive Outpatient Treatment

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Developed By: Medical Necessity Criteria Committee

I. Description

Psychiatric Partial Hospitalization (PHP) and Intensive Outpatient Programs (IOP) provide clinical diagnostic and treatment services on a level of intensity similar to an inpatient or residential program, but on a less than 24 hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation, medication management, and group/individual/ family counseling. The treatment setting may be at a hospital or clinic and provides a highly structured environment to ensure continuity of treatment and safety. PHP and IOP may be appropriate when a patient does not require a restrictive, intensive 24 hour inpatient setting, but does need a higher intensity of services than outpatient treatment can provide. PHP and IOP provide a time-limited service to stabilize acute symptoms and can be used as either a step-down from inpatient care, or as a stand-alone level of care to stabilize a deteriorating condition and prevent hospitalization.

IOP for children and adolescents may include home- and community-based services including therapy, skills training and peer-delivered services. In Oregon, IOP includes the following Coordinated Specialty Programs: Crisis and Transition Services (CATS), Intensive Outpatient Services and Supports (IOSS), and Intensive In-home Behavioral Health Treatment (IIBHT).

Partial Hospital Programs provide no less than 4 hours of direct, structured treatment services per day and include psychiatric services provided by a licensed psychiatrist or psychiatric nurse practitioner.

Intensive Outpatient means mental health services more intensive than routine outpatient and less intensive than a Partial Hospital Program. Mental Health Intensive Outpatient is three or more hours per week of direct treatment.

The following criteria are intended as a guide for establishing medical necessity for the requested level of care. They are not a substitute for clinical judgment and should be applied by appropriately trained clinicians giving consideration to the unique circumstances of each patient, including co-morbidities, safety and supportiveness of the patient's environment, and the unique needs and vulnerabilities of children and adolescents.

II. Criteria: CWQI BHC-0007

A. Program Requirements:

1. Facility holds licensure and/or accreditation for the level and type of care provided and is practicing within the scope of its license.
 - a. Facilities in Oregon must be licensed as hospitals or certified under OAR Chapter 309.
 - b. Facilities not contracted and credentialed with Moda Health must be licensed as hospitals or hold accreditation from the Joint Commission or Commission on Accreditation of Rehabilitation Facilities (CARF).
 - c. Appropriately licensed medical and mental health professionals may provide Intensive Outpatient Services within the scope of their individual licenses.
2. Regular psychiatric medication reviews (PHP). Any changes in the patient's mental status should be shared with the psychiatrist so that appropriate changes or modifications can be made to the medication regimen.
3. Patient must be involved in a structured treatment program for at least 4 hours per day (PHP).
4. Family therapy should be included in the treatment plan, unless there is evidence and documentation as to reasons why it is contraindicated.
5. The treatment focuses on strengthening coping skills and social supports, with active planning to move the patient to the outpatient level of care for ongoing therapeutic work in a timely manner.
6. The patient's outpatient therapist should be involved in treatment and discharge planning. In the event that a patient does not have an outpatient therapist, efforts to secure an outpatient provider should begin upon admission.

B. Admission Criteria:

Authorization for admission is indicated by **ALL** of the following:

1. Patient has an active psychiatric diagnosis which requires therapeutic intervention.
2. **Either** of the following:
 - a. The patient is at risk to self or others due to suicidal or homicidal ideation, risk-taking, self-endangering behavior, loss of impulse control, significantly impaired judgment, or significant role failure which is not so severe that it requires 24 hour supervision, but does require intensive structure and supervision.
 - b. The patient has a documented chronic pain condition substantially interfering with functioning or quality of life (applies only to IOP programs for pain management).
3. The patient cannot be treated safely and effectively at a lower level of care.
4. The treatment plan clearly states what benefits the patient can expect to receive by participating in the program and promotes the patient's ability to independently manage symptoms and resolve problems. The goals of treatment cannot be based solely on the need for structure and support.
5. Services are provided at the least intensive level required to support the patient's stability and recovery as the patient progresses in the ability to function independently.
6. For recent readmissions, the treatment plan clearly states what will be done differently to address risk factors that led to the readmission, identifies additional interventions, builds upon

previous treatment and promotes increased use of skills to support a successful transition to a lower level of care.

C. Continued Care Criteria:

Continued authorization is indicated by **ALL** of the following:

1. The patient has not progressed enough in treatment to be safely and effectively treated at a lower level of care, or there has been an emergence of additional problems that meet admission criteria.
2. The patient is actively participating in treatment and is expected to improve to a point where a lower level of care is appropriate.
3. Treatment is provided at the lowest level of intensity (including number of days per week) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.
4. Progress in meeting treatment goals can be clearly demonstrated and described in objective terms, or changes in interventions are implemented when there is a lack of progress.
5. Treatment is coordinated with and not duplicative of outpatient services.
6. Discharge planning begins at admission and is continuously updated throughout treatment.

D. Discharge Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Treatment plan goals appropriate to the current level of care have been met.
2. The patient's condition has improved to the point where treatment can be provided safely and effectively at a lower level of care.
3. The patient is not making progress toward treatment goals at the current level of (unless a recent treatment plan change is reasonably expected to resolve the lack of progress).

III. Information Submitted with the Prior Authorization Request:

1. Diagnosis, symptoms, and functional impairment;
2. Relevant biopsychosocial and treatment history;
3. Alcohol and other drug use history, or assessment;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Treatment plan;
8. Specific goals for stabilization; and
9. Plan for outpatient follow-up following discharge.

IV. Annual Review History

Review Date	Revisions	Effective Date
05/2013	Annual Review. Added table with review date, revisions, and effective date. Minor word changes.	5/2013
05/2014	Annual Review.	05/2014
05/2015	Annual Review. Added criteria for pain management.	05/2015
07/2016	Annual Review.	07/2016
06/2017	Annual Review. Clarified licensure/accreditation requirements.	09/2017
07/2018	Annual Review. Added definitions. Refined accreditation requirements. Other minor clarifications.	08/2018
07/2019	Annual Review. Added description of IOP specific to children and adolescents. Added guidance regarding the application of the criteria.	09/2019
10/2020	Annual Review. Included Coordinated Specialty Programs in description. Added/updated OAR references.	11/2020

V. References

1. American Psychiatric Association (2003). Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors. Available at http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx.
2. Bateman, A, Fonagy, P. (1999). Effectiveness of partial hospitalization in the treatment of borderline personality disorder: A randomized control trial. *American Journal of Psychiatry*. 156 (10): 1563 – 1569.
3. Bystritsky, A et al. (1999). Quality-of-life changes among patients with obsessive-compulsive disorder in a partial hospitalization program. *Psychiatric Services*. 50 (3); 4012-414.
4. Horvitz-Lennon, M, Normand, S, Gaccione, P, Frank, R. (2001). Partial versus full hospitalization for adults in psychiatric distress: A systematic review of the published literature (1057 – 1997). *American Journal of Psychiatry*, 158 (5); 676-685.
5. Lamers, A., van Nieuwenhuizen, C., Twisk, J., de Koning, E., Vermeiren, R. (2016, Jul 18) Longitudinal results of strengthening the parent-team alliance in child semi-residential psychiatry: does team investment make a difference? Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27433279>.
6. Oregon Administrative Rules. Intensive treatment services for children and adolescents and children’s emergency safety intervention specialist. OAR 309-022-0100 to 309-022-0190. 2020.
7. Oregon Administrative Rules. Standards for the approval of providers of non-inpatient mental health treatment services. OAR 309-039-0500 to 309-039-0580. 2020.
8. Oregon Administrative Rules. Definitions of Coordinated Care and Case Management for Behavioral Health Care Services. OAR 836-053-1403. 2020.
9. Oregon Administrative Rules. Intensive In-Home Behavioral Health Treatment (IIBHT) for Children. OAR 309-019-0167. 2020.
10. Raskin, R, Novacek, J, Bahlinger, D, Firth, L. (1996). A model for evaluating intensive outpatient behavioral health care programs. *Psychiatric Services*. 47: 1227-1232.
11. Smith, GW, Ruiz-Sancho, A, Gunderson. (2001). An intensive outpatient program for patients with borderline personality disorder. *Psychiatric Services*. 52 (4); 532- 533.

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC