



PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS

File Name: partial_hospitalization_intensive_outpatient_programs

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Description

Partial hospitalization programs (PHP) and intensive outpatient programs (IOP) are outpatient care delivery services for psychiatric and/or chemical dependency, which must be furnished by or under the supervision of registered or licensed personnel and under the direction of a North Carolina licensed physician credentialed by Blue Cross NC.

Policy

Blue Cross NC will provide reimbursement for partial hospitalization and intensive outpatient care as outlined in this policy.

Reimbursement Guidelines

Only one (1) unit of PHP (on a facility claim) or IOP (on a facility or professional claim), is allowed per date of service as these services are defined as per diem. PHP and IOP services are mutually exclusive on the same date of service.

Partial Hospitalization Programs (PHP)

PHP (S0201 or H0035) is allowed on facility claims as a per diem and includes all facility, professional, ancillary, and other services rendered to the member at the site.

Intensive Outpatient Programs (IOP)

IOP is allowed on facility or professional claims as a per diem and includes all facility, professional, ancillary, and other services rendered to the member at the site.

- Report S9480 for intensive outpatient treatment focused on mental health.
- Report H0015 for intensive outpatient treatment focused on substance use disorder(s).

Rationale

Partial hospitalization and intensive outpatient programs include, but are not limited to, the following components:

- Assessing the total needs of the member.
- Planning and managing of a member treatment plan involving services where specialized health care knowledge must be applied in order to attain the desired result.
- Observing and monitoring the member's response to care and treatment.



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- Teaching, restoring, and retraining the member.
- Providing directly to the member services requiring specialized education and skills.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

HCPCS / Revenue Code	Description
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0035	Mental health partial hospitalization, treatment, less than 24 hours
S0201	Partial hospitalization services, less than 24 hours, per diem
S9480	Intensive outpatient psychiatric services, per diem
0905	Intensive outpatient services – psychiatric
0906	Intensive outpatient services – chemical dependency
0912	less intense partial hospitalization – three to five (3-5) hours.
0913	more intense partial hospitalization – six or more (6+) hours.
0944	drug rehabilitation
0945	alcohol rehabilitation

Related policy

n/a

References

[Blue Cross NC Provider Manual](#)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R10BP.pdf>

History

9/7/2021	New policy developed. Notification on 9/7/2021 for effective date 11/16/2021. (eel)
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Application



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These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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