

North Carolina
State Health Plan

for Teachers and State Employees and
NC Health Choice for Children

www.shpnc.org

PARTIAL HOSPITALIZATION
POLICY NUMBER: IN0550

Definition:

Partial hospitalization is a non-residential day or evening treatment program that may be hospital-based or free-standing. The program provides clinical diagnostic and treatment services at a level of intensity equal to an inpatient program, but on a less than twenty-four hour basis. It is a multi-modal, inter-disciplinary cost-effective alternative to inpatient hospital treatment of certain psychiatric or chemical dependency conditions as determined by patient's level of functioning. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans. This level of treatment is highly structured with a staff-to-patient ratio sufficient to ensure necessary therapeutic services, professional monitoring of mental status, patient behavior and safety, providing control and protection within the treatment environment. Partial hospitalization may be appropriate when a patient does not require the more restrictive and intensive environment of an inpatient setting, but needs up to eight hours of clinical services. Partial hospitalization is used as a time-limited service to stabilize acute symptoms and may therefore be used as a transitional level of care (i.e., step-down from inpatient) as well as a stand-alone level of care to stabilize a deteriorating condition and prevent hospitalization. Treatment must focus on the individual's response during program hours, as well as the continuity and transfer of treatment gains during the individual's non-program hours in the home or community. Family involvement from the beginning of treatment is expected unless contraindicated. Partial hospitalization is under the supervision of the attending physician (psychiatrist for psychiatric or chemical dependency or an addictionologist for chemical dependency only).

Coverage:

1. All benefits for partial hospitalization are subject to the case management requirements as outlined in Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.
2. All partial hospital programs must be licensed by the state in which services are provided and provide at least four hours per day, 20 hours per week of clinical service.
3. Care that is provided in a psychiatric partial hospitalization program not accredited by a nationally recognized accreditation organization approved by the mental health case manager is not covered.

- Care provided in a chemical dependency partial hospitalization program must be consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.

Approval:

- Pre-certification by the Mental Health Case Manager is required prior to initiating treatment and for continued treatment stays and for the following services if utilized during the partial hospitalization stay:
 - Electroconvulsive therapy
 - Psychological testing
- The Mental Health Case Manager will conduct a clinical review to determine medical necessity in response to the treating providers request for partial hospitalization admission. Subsequent requests for authorization must be received prior to the expiration of any certified period, to determine the medical necessity for continued stay
- The rationale for admission must support medical necessity criteria for partial hospitalization; see the Approval section of Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.

Limitations and Exclusions:

- Partial hospitalization for conditions not classified as a psychiatric, emotional, or substance abuse illness is not covered.
- For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
- See <http://www.shpnc.org> for a complete listing of medical policies.

Authority:

N.C. G.S. 135-44.4
N.C. G.S. 135-45.1
N.C. G.S. 135-45.9

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