

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date	July 2, 2024
	To	All Network Providers
	From	Provider Experience
	Subject	PHP Coverage & Staffing Requirements
	Document number	Aetna-1902

Partial Hospitalization Program (PHP) Covered Services

Aetna Better Health of Kentucky would like to remind providers about the regulatory requirements for coverage and reimbursement of PHP (H0035) services.

- PHP is an intensive treatment program for an adult or minor who is experiencing significant impairment to daily functioning due to a mental health or substance use disorder.
- PHP is a short-term program with an average of four (4) to six (6) weeks.
- PHP services must be provided at least four (4) hours per day, focus on (1) primary presenting problem, and be **provided face-to-face**.
- PHP programming is inclusive of **individual therapy, group therapy, family therapy and medication management**.
 - **Medication Management** services provided to address the recipient’s mental health or substance use disorder are included in the PHP service and are not separately billable. Medication management is inclusive of the following activities performed within an evaluation and management service.
 - Management, involving prescribing and reviewing medications for their side effects.
 - Monitoring, involving observing and encouraging patients to take their medications as prescribed.
 - Administering oral or injectable medication.
 - Training and educating patients and families on how to follow their medication regime and the importance of doing so.

Partial Hospitalization Program (PHP) Required Staffing

A PHP operated by a Behavioral Health Service Organization (BHSO) or Community Mental Health Center (CMHC) must include the following personnel.

- An advanced practice registered nurse, a physician assistant, or a physician **available on-site during PHP program hours.**

In addition, to provide PHP, the provider group must have:

- Access to a **board-certified or board-eligible psychiatrist** for consultation.

What does “access to” mean? “Access to” means that the provider group must have a contract with a psychiatrist for consultation.

Please refer to the following applicable KAR.

907 KAR 1:044. Coverage provisions and requirements regarding community mental health center behavioral health services.

<https://apps.legislature.ky.gov/law/kar/titles/907/001/044/>

907 KAR 15:020. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/020/>

907 KAR 15:022. Coverage provisions and requirements regarding services provided by behavioral health services organizations for substance use disorder treatment and co-occurring disorders.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/022/>

Please note that all provider notices require Kentucky Department of Medicaid Services approval prior to dissemination.

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

<<<insert Network Listing >

