

Intensive Outpatient Programs (IOP) MH

BEACON HEALTH STRATEGIES, LLC	ORIGINAL EFFECTIVE DATE
HAWAII LEVEL OF CARE CRITERIA	2013
	CURRENT EFFECTIVE DATE
	2016

I. Description

Intensive outpatient programs (IOP) offer short-term, multidisciplinary, structured day or evening programming that consists of intensive treatment and stabilization within an outpatient therapeutic milieu setting. IOP must be available at least 3 - 5 days per week. . Treatment reduces in intensity and frequency as the member establishes community supports and resumes daily activities. The short-term nature of IOPs makes it inappropriate to meet the need for long term day treatment. IOPs may be provided by either hospital- based or freestanding outpatient programs to members who experience symptoms of such intensity that they are unable to be safely treated in a less intensive setting and would otherwise require admission to a more intensive level of care. These programs also include 24/7 crisis management services, individual, group, and family therapy, coordination of medication evaluation and management services, as needed. Coordination with collateral contacts and care management/discharge planning services should also occur regularly as needed in an IOP. For **children and adolescents**, the IOP provides services similar to an acute level of care for those who members with supportive environment to return to in the evening. As the child decreases participation and returns to reliance on community supports and school, the IOP consults with the child’s caretakers and other providers to implement behavior plans or participate in the monitoring or administration of medications.

II. Criteria/Guidelines

A. Admission Criteria

All of the following criteria must be met:

1. Symptoms consistent with a DSM or corresponding ICD diagnosis.
2. Member is determined to have the capacity and willingness to improve or stabilize as a result of treatment at this level
3. Member has significant impairment in daily functioning due to psychiatric symptoms or substance use of such intensity that member cannot be managed in routine outpatient or lower level of care;
4. Member is assessed to be at risk of requiring a higher level of care if not engaged in intensive outpatient treatment;
5. There is indication that the member’s psychiatric symptoms will improve within a reasonable time period so that the member can transition to outpatient or community based services;
6. Member’s living environment offers enough stability to support intensive outpatient treatment.
7. Member’s psychiatric/substance use/biomedical condition is sufficiently stable to be managed in an intensive outpatient setting.
8. Needed type or frequency of treatment is not available in or is not appropriate for delivery in an office or clinic setting

B. Continued Stay Criteria

All of the following criteria must be met:

1. Member continues to meet admission criteria.
2. Another less intensive level of care would not be adequate to administer care;
3. Member is experiencing symptoms of such intensity that if discharged, s/he would likely III. Limitations/Exclusions
4. require a more intensive level of care;
5. Treatment is still necessary to reduce symptoms and improve functioning so member may be treated in a less intensive level of care;
6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.
7. Member's progress is monitored regularly, and the treatment plan modified, if the member is not making substantial progress towards a clearly defined and measurable goals;
8. Family/guardian/caregiver is participating in treatment as appropriate.
9. There is documentation around coordination of treatment with all involved parties including state/community agencies when appropriate;
10. The provider has documentation supporting discharge planning attempts to transition the member to a less intensive level of care.

III. Limitations/Exclusions

A. Discharge Criteria

Any one of the following: Criteria #1,2,3, or 4; criteria #5 and 6 are recommended, but optional:

1. Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
2. Member or guardian withdraws consent for treatment.
3. Member does not appear to be participating in the treatment plan.
4. Member is not making progress toward goals, nor is there expectation of any progress.
5. Member's individual treatment plan and goals have been met.
6. Member's support system is in agreement with the aftercare treatment plan.

B. Exclusions

Any of the following criteria is sufficient for exclusion from this level of care:

1. The individual is a danger to self and others or sufficient impairment exists that a more intensive level of service is required.
2. The individual has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.
3. The individual requires a level of structure and supervision beyond the scope of the program.
4. The individual can be safely maintained and effectively treated at a less intensive level of care.
5. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.
6. The main purpose of the admission is to provide structure that may otherwise be achieved via

community based or other services to augment vocational, therapeutic or social activities

IV. Administrative Guidelines

- A. Precertification is not required. HMSA and Beacon reserves the right to perform retrospective review using the above criteria to validate if service rendered met payment determination criteria.
- B. Applicable codes:

Revenue	CPT	
905	S9580	IOP

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

Beacon uses its LOC criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's LOC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular LOC. However, the individual's needs and characteristics of the local service delivery system are taken into consideration.

In addition to meeting Level of Care Criteria; services must be included in the member's benefit to be considered for coverage.

VI. References

- a. MCG Health, LLC 19th Edition Copyright © 2014
 - i. Petersen B, et al. Outcome of a psychotherapeutic programme for patients with severe personality disorders. *Nordic Journal of Psychiatry* 2008;62(6):450-6. DOI: 10.1080/08039480801984271
 - ii. Service planning and placement. In: Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, Provence SM, editors. *ASAM Criteria Treatment Criteria for Addictive*,

Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies; 2013:105-26.

- iii. Kleber HD, et al. Practice guideline for the treatment of patients with substance use disorders. 2nd ed. [Internet] American Psychiatric Association. 2007 Apr Accessed at: <http://psychiatryonline.org/guidelines.aspx>. [created 2006 May; accessed 2014 Sep 8] DOI: 10.1176/appi.books.9780890423363.141077.
 - iv. Sowers WE, Rohland B. American Association of Community Psychiatrists' principles for managing transitions in behavioral health services. *Psychiatric Services* 2004;55(11):1271-5.
 - v. Service planning and placement. In: Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, Provence SM, editors. *ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013:105-26. [Context Link [1](#)]
- b. http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx.

VII. Related Policies

- A. CSNT 123.1 Minimum Program Standards by Level of Care
- B. UM 201.03 Application of Level of Care Criteria and Authorization Procedure for Commercial
- C. UM 202.06 Application of Level of Care Criteria and Authorization Procedure for Medicaid