



## Medica Central Coverage Policy

**Policy Name:** Intensive Outpatient (IOP) Treatment – Behavioral Health MP9556

**Effective Date:** 04/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

#### **Adult Admission to Intensive Outpatient (IOP) Treatment**

Adult admissions to intensive outpatient (IOP) treatment is medically necessary when documentation in the medical record indicates **all of the following** criteria are met:

1. The individual has been diagnosed with a moderate to severe mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders

NOTE: In the case of substance use related Intensive Outpatient treatment, this diagnosis is primarily characterized as a substance use disorder.

2. The individual is demonstrating difficulties in functioning secondary to a psychiatric disorder (NOTE: In the case of substance use related Intensive Outpatient treatment, this diagnosis is characterized as a substance use disorder), as evidenced by **both of the following**:
  - a. The individual is at least mildly to moderately impaired and is not able to complete essential daily social, family, school, and/or work activities.
  - b. The individual is not able to employ necessary coping skills to continue with most routine daily activities.
3. The individual is mentally and emotionally capable of engagement in the treatment program.
4. The individual is able to live in the community without the restrictions of a 24-hour supervised setting.
5. The individual expresses willingness to engage in treatment.

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6. The individual has a documented safety plan developed in conjunction with the provider that includes being able to access emergency services so that a more intensive level of care is not required.
7. **At least one of the following** support system capabilities is documented:
  - a. The individual has a support system that includes family or significant others who are able to actively participate in treatment.
  - b. The individual has the skills to develop supports and/or become involved in a self-help support system.
8. IOP is documented as necessary to provide structure for treatment, as demonstrated when **at least one of the following** criteria are met:
  - a. The individual's provider(s) have submitted clinical documentation that the member requires the requested level of care secondary to adjunctive factors, including but not limited to **at least one of the following**:
    - i. Medical comorbidity with instability that impairs overall health.
    - ii. Concurrent substance use disorder.
    - iii. Unstable living situation(s).
    - iv. Current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes.
    - v. Lack of community resources.
  - b. Clinical presentation and documentation suggest that a lower level of care is not likely to be sufficient, (e.g. documented history of an inability to adhere to the clinical plan of care at an intensive lower level of care; being non-responsive to treatment; failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission).
  - c. A lower level of care is not available in a timely manner and risk of readmission is high.
  - d. The individual is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.

### **Adult Continuation in IOP Treatment**

Adult continuation in IOP Treatment is medically necessary when documentation in the medical record indicates **at least one of the following** criteria are met:

1. **Both of the following** criteria are met:
  - a. The treatment provided is leading to measurable clinical improvements in the moderately severe symptoms and/or behaviors that led to this admission.
  - b. There is progression toward discharge from the present level of care, but the individual is not sufficiently stabilized to be safely and effectively treated in a less restrictive level of care.
2. There must be ongoing reassessment and modifications to the clinical plan of care that address specific barriers to achieving improvement when clinically indicated if clinical plan of care implemented is not leading to measurable clinical improvements in **at least one of the following**:
  - a. The moderately severe and acute symptoms.

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- b. The behaviors that led to this admission and a progression toward discharge from the present level of care.
3. The individual has developed new symptoms and/or behaviors that require IOP treatment for safe and effective treatment.
4. ***In addition to 1., 2., and 3.,*** above, documentation of **all of the following** are required for continuation in IOP treatment:
  - a. The individual and family are involved in the treatment and discharge planning process to the best of their ability.
  - b. The clinical plan of care is not primarily social, interpersonal, domiciliary, or respite care.
  - c. Continued IOP treatment is not primarily due to a lack of external supports.
  - d. There is a reasonable expectation for improvement in the severity of the current condition.
  - e. Continued stay is not primarily for the purpose of bridging care to another program.
  - f. Request for IOP is not based on a pre-determined program or preset number of days.

### **Child and Adolescent Admission to and Continuation of IOP Treatment**

Child and adolescent admission to and continuation of IOP treatment is medically necessary when documentation in the medical record indicates **all of the following** criteria are met:

1. All criteria for adult admission to and continuation of IOP treatment, above, have been met.
2. The facility providing IOP treatment is **one of the following**:
  - a. A stand-alone mental facility intended for children/adolescents
  - b. A physically and programmatically distinct unit within a facility licensed for this purpose
  - c. A department within a general medical healthcare system.
3. The child/adolescent lives in the community without the restrictions of a 24-hour supervised setting, except as age-appropriate, during non-program hours for children and adolescents.
4. The program should provide for the child/adolescent's mental health, physical health, and educational needs, including access to education at the appropriate developmental level to facilitate transition back to the child/adolescent's previous school setting upon discharge.
5. The treatment should be family-centered with the member and family included in care unless this is clinically contraindicated or would not be in compliance with existing federal or state laws.

### **IOP Treatment Related to Substance Use Disorder**

IOP treatment related to substance use disorder (alcohol and other drug abuse (AODA)) is medically necessary when documentation in the medical record indicates **all of the following** criteria are met:

1. All criteria for adult and child/adolescent (*as applicable*) admission to and continuation of IOP treatment, above, have been met.
2. Signs or symptoms of withdrawal requiring acute management, *if present*, are manageable at the level of IOP treatment.
3. The individual and/or family are made aware of the Medication Assisted Treatments available, *as applicable* (e.g., methadone, buprenorphine, naltrexone, disulfiram, acamprostate).

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4. Active substance use is a substantial contributor to the current treatment episode.
5. There is documentation of **one of the following**:
  - a. Ongoing active medical issues secondary to the substance use disorder
  - b. The individual has symptomatology related to substance use disorder.
6. There are documented acute psychiatric symptoms or cognitive deficits that directly relate to a high risk of relapse and require mental health treatment at an IOP treatment level of care.

### **Services Considered Not Medically Necessary**

The following services are considered not medically necessary and therefore are not covered, including but not limited to:

1. Biofeedback
2. Custodial care
3. Family counseling for non-medical and/or non-psychiatric reasons
4. Halfway houses
5. Hypnotherapy
6. IOP treatment for purposes of convenience, alternative to incarceration, respite or housing
7. IOP treatment for the provision of a safe and structured environment due to a lack of external support or housing, when criteria above are not otherwise met
8. Long-term or maintenance therapy
9. Marriage counseling
10. Phototherapy
11. Therapeutic group homes
12. Wilderness camps, boot camps, boarding school, academy-vocational programs, and/or Outward-Bound programs

### **Description**

An intensive outpatient program (IOP) is a structured non-residential psychological treatment program which addresses mental health disorders and substance use disorders (SUDs) that do not require detoxification through a combination of group-based psychotherapy, individual psychotherapy, family counseling, educational groups, and strategies for encouraging motivation and engagement in treatment. IOP treatment does not require the intensive residential or partial day services typically offered by the larger, more comprehensive treatment facilities.

A facility that provides IOP treatment may be a stand-alone mental health facility or a physically and programmatically distinct unit within a facility licensed for this specific purpose, or a department within a general medical healthcare system. A multidisciplinary treatment program should occur three (3) days a week and provides at least nine (9) hours to 19 hours of weekly clinical services intended to comprehensively address the needs identified in the member's clinical plan of care.

Activities that are primarily recreational or diversionary or that do not address the serious presenting symptoms/problems do not contribute towards the total hours of treatment delivered. The individual is not considered a resident at the program.

**State of Illinois:** Medical necessity determination for substance abuse disorders are made in accordance with the appropriate patient placement criteria established by the



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American Society of Addiction Medicine (ASAM) criteria as mandated by law. **These requirements replace Adult Continuation in IOP Treatment section 4.**

Self-funded plans (ASO) may require prior authorization. Please refer to the member's Summary Plan Description (SPD) for specific coverage and prior authorization requirements

### FDA Approval

IOP stays are not subject to FDA approval. However, medications used for Medication Assisted Treatments are subject to FDA approval, as well as certain devices that may be employed in specific therapies.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s).

### CPT Codes

Use the current applicable CPT/HCPCS code(s).

	Committee/Source	Date(s)
<b>Document</b>		
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