

Eating Disorder Intensive Outpatient

Effective: November 1, 2022

Next Review: January 2023

Last Review: October 2022

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Intensive Outpatient (IOP) is an outpatient program that is licensed as an appropriate facility/agency by the appropriate state agency and is provided under the supervision of a psychiatrist or psychiatric extender. Intensive Outpatient (IOP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

MEDICAL POLICY CRITERIA

Notes: Submission of a [behavioral health intake form](#) is required for initial intake, concurrent review, stepdown request to a lower level of care, and discharge confirmation.

- I. An Intensive Outpatient Program (IOP) admission provided under the supervision of an attending psychiatrist or psychiatric extender may be indicated when all of the following (A. – B.) are met:
 - A. All of the following intensity of service criteria (1. – 9.) are met:
 1. If required by state statute, the facility is licensed by the appropriate state agency. If state license not required, facility is accredited.

2. There is an expectation that drug screens and relevant lab tests (electrolytes, chemistry, CBC, thyroid and ECG, etc.) are completed upon admission and as clinically indicated and are documented in the clinical record.
 3. There is an expectation of evaluation by a psychiatrist, a licensed psychiatric nurse practitioner, or physician assistant with formal practice agreement with a psychiatrist (when permitted by state laws) when clinically necessary. The physician, or physician extender will continue to be available throughout the program as medically indicated for face-to-face evaluations.
 4. There is an expectation that within 5 days of admission, following a multidisciplinary assessment which includes input from recent treating providers, an individualized treatment plan (ITP) is developed and documented in the medical record. The ITP should use evidence-based concepts, where applicable, and be amended as needed for changes in the individual's clinical condition. The ITP should include, but is not limited to, identification of key precipitants to current episode of treatment, assessment of psychosocial supports available after discharge, availability of aftercare services in member's home geographic area, need for supportive living placement to continue recovery, need for services for comorbid medical or substance use conditions, contact with aftercare providers to facilitate an effective transition to lower levels of care and other issues that affect the likelihood of successful community tenure.
 5. Treatment programming includes documentation of at least one individual counseling session weekly or more as clinically indicated.
 6. There is an expectation that evaluations of the member are performed daily by a licensed behavioral health provider and are documented in the medical record.
 7. All treatment is supervised by licensed behavioral health practitioners.
 8. Mental health and medical services are available on-site (or off-site by arrangement) 24 hours per day, 7 days per week.
 9. There is an expectation that a multidisciplinary treatment program occurs 3 days per week and provides a minimum of 9 hours of weekly clinical services to comprehensively address the needs identified in the member's treatment plan. In addition, the program is operated with licensed clinical staff who are trained and experienced in the medical and psychiatric treatment of Eating Disorders.
- B. All of the following severity of illness criteria (1. – 8.) are met:
1. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
 2. The member is able to actively participate in and comply with treatment in this level of care.
 3. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

4. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.
 5. The member's family and/or support system is willing to engage in the treatment process through family therapy as appropriate.
 6. The member is experiencing significant disruption in multiple areas of functioning due to disordered eating behaviors (e.g., work, school, social relationships, family relationships).
 7. Lack of external supports alone is not sufficient for continued treatment at this level of care.
 8. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.
- II. A continued stay in an Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist or psychiatric extender may be indicated when all of the following (A. – B.) are met:
- A. All the following (1. – 5.) must be met:
1. Member continues to meet admission criteria (I.A. –B.).
 2. The member and family are involved to the best of their ability in the treatment and discharge planning process.
 3. Continued stay is intended to provide active treatment and is not primarily to provide a safe and supportive environment.
 4. Family participation (see Policy Guidelines):
 - a. For Adults: Family treatment is encouraged when clinically appropriate. Family treatment is available to be provided at an appropriate frequency when clinically warranted.
 - b. For children/adolescents: Family treatment will be provided as part of the treatment plan. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. The family/support system assessment will be completed within five days of admission with the expectation that family is involved in treatment decisions and discharge planning throughout the course of care. Family sessions will occur at least weekly or more often if clinically indicated.
 5. There is evidence of active discharge planning.
- B. One or more of the following criteria must be met:
1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
 2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.

3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

POLICY GUIDELINES

FAMILY PARTICIPATION

Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.

MULTIDISCIPLINARY TREATMENT PROGRAM

The intent of the standard for nine hours of weekly treatment program (groups, activities and psychotherapies) is that they are evidence-based and are explicitly focused on the alleviation of the current condition as opposed to providing general recreation activities, watching videos, etc. and other facility offerings that are not tied back directly to the treatment plan.

LIST OF INFORMATION NEEDED FOR REVIEW

REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
 - Initial Psychiatric Evaluation/Intake Assessment
 - Nursing Assessment/ History & Physical (if available)
 - Recent lab results
 - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

Request for Extension/Concurrent Review:

- Supporting clinical documentation, including:
 - Recent psychiatric evaluation
 - MD Notes
 - Treatment Plan/Progress Reports
 - Any other supporting clinical evidence

CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
3. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31

7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

REFERENCES

1. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 9/26/2022]. 'Available from:' https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf.
2. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 9/26/2022]. 'Available from:' https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx.
3. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 9/26/2022]. 'Available from:' <http://psychiatryonline.org/guidelines.aspx>.
4. *American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5)*, American Psychiatric Publishing, Arlington, VA, May 2013, pp.
5. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 9/26/2022]. 'Available from:' <https://aabh.org/standards-guidelines/>.
6. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 9/26/2022]. 'Available from:' <https://aabh.org/standards-guidelines/>.
7. *Medicare Benefit Policy, Outpatient Hospital Psychiatric Services, Manual, Chapter 6, Section 70 - Hospital Services Covered Under Part B, A3-3112.7, HO-230.5 (Rev. 157, 06-08-12)*, pp.
8. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 9/26/2022]. 'Available from:' <https://www.mhanational.org/issues/position-statement-44-residential-treatment-children-and-adolescents-serious-mental-health>.
9. Harrington BC, Jimerson M, Haxton C, et al. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
10. Mee-Lee D SG, Fishman MJ, Gasfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed*. Carson City, NV: The Shange Companies®, 2013, pp.

CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0905	Intensive Outpatient Program, Psychiatric

Date of Origin: January 2019