

NOTE: This policy is not effective until May 1, 2019.

Medical Policy Manual

Behavioral Health, Policy No. 30

Psychiatric Intensive Outpatient

Effective: May 1, 2019

Next Review: January 2020

Last Review: January 2019

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 a facility/agency by the appropriate state agency and is provided under the supervision of a psychiatrist.

MEDICAL POLICY CRITERIA

Note: For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A-H) are met:
 - A. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
 - B. The member is able to actively participate in and comply with treatment in this level of care.
 - C. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

- D. 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.
 - E. The member's family and/or support system are willing to participate in the treatment process as appropriate.
 - F. The member is experiencing significant disruption in multiple areas of functioning due to psychiatric condition (e.g. work, school, social relationships, family relationships).
 - G. Lack of external supports alone is not sufficient for continued treatment at this level of care.
 - H. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.
- II. Continued stay in an Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A-B) are met:
- A. All the following must be met (1-3):
 1. Member continues to meet admission criteria (I.A-H)
 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.
 - B. One or more of the following 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

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)
- 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

Treatment Expectations

Facility is licensed by the appropriate agency to provide IOP and is provided under the supervision of a psychiatrist with face-to-face psychiatric evaluations provided as medically necessary. Members receive at least 9 hours per week of programming for adults and at least 6 hours per week for child/adolescent. Intensive Outpatient is intended to be a less intense outpatient program and does not include lodging/boarding of any kind. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment.

CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
5. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

REFERENCES

1. 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.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. 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 1/9/2019]; Available from: https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf
4. American Academy of Child and Adolescent Psychiatry, *Practice Parameters*, Washington, DC. [cited 1/9/2019]; Available from: https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx

5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. 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).
10. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
11. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

CODES

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

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