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Department: Utilization Review	Applies to: <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial Accounts <input checked="" type="checkbox"/> Medicaid	
Policy name: Intensive Outpatient Mental Health Treatment for Adults		
Reviewed and approved by:		
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PURPOSE

To establish the organization's position regarding timely response to service requests for Intensive Outpatient Mental Health treatment.

POLICY


It is FHC policy to conduct a clinical review of medical necessity criteria for initial and continuity Intensive Outpatient Mental Health treatment. In the absence of CMS local and national coverage determination criteria for these services, FHC uses the updated revision of Medicare Benefit Policy Manual (Chapter 6) and InterQual® Behavioral Health Criteria set for Intensive Outpatient Mental Health treatment (IOP).

DEFINITIONS

1. Intensive Outpatient Programs (IOP's) – an IOP is active treatment that incorporates an individualized treatment plan which describes a coordination of services wrapped around the particular needs of the patient and includes a multidisciplinary team approach to patient care under the direction of a physician. The program reflects a high degree of structure and scheduling. According to current practice guidelines, the treatment goals should be measurable, functional, time-framed, directly related to the reason for admission to the program, and medically necessary. An intensive outpatient program is a distinct and organized ambulatory treatment program for patients who have an acute mental illness, including substance use disorder (SUD). Intensive outpatient services are not required to be provided in lieu of inpatient hospitalization.
2. InterQual® Behavioral Health Criteria - Review Manager (Change Healthcare) – a clinical decision support product purchased by FHC, with criteria set that assists clinicians to triage patients to the most appropriate level of care and validate the current level of care. Criteria are based on patient-specific pertinent psychiatric, and substance use clinical findings.
3. Medical Necessity – requires the service or supply to be:
 - a. In accordance with the generally accepted standards of medical practice,
 - b. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and,
 - c. The service must not be primarily for the convenience of the patient or physician and must not be more costly than an alternative service or sequence of services that is at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of the patient's illness, injury, or disease..

PROCEDURE

1. Medical Necessity
In considering coverage for IOP treatment, all elements of medical necessity must be met as specifically outlined in the individual's benefit plan.

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- a. An Individual in IOP for Adults:
 - i. Is not at imminent risk for serious bodily harm toward self or others.
 - ii. Is experiencing psychosocial stressors and/or complex family dysfunction, such that a multidisciplinary treatment team is needed to stabilize the individual.
 - iii. Has the ability to:
 - o Make basic decisions for him/herself, and
 - o Accept responsibility for his/her own actions and behavior.
 - b. The duration of treatment and frequency of attendance are re-evaluated and adjusted according to the individual's severity of signs and symptoms.
 - c. Clinical interventions may include individual, couple, family, and group psychotherapies along with medication management.
 - d. This level of care can be the first level of care authorized to generate new coping skills or can follow a more intensive level of care to reinforce acquired skills that might be lost if the individual immediately returned to a less structured outpatient setting.
2. Admission Considerations for Adults:
- a. Initial Psychiatric Evaluation/Certification-upon admission, certification by the physician must be made that the patient admitted to the IOP requires a minimum of 9 hours of services per week.
 - b. The certification must identify the diagnosis and the clinical need for the intensive outpatient program. Intensive outpatient services must be provided under an individualized, written plan of care established by the physician. This plan should include active treatment delivered through a combination of structured, intensive services identified that are reasonable and necessary to address serious psychiatric symptoms (including substance use disorders) and to prevent relapse or hospitalization..
 - c. This assessment includes a clinically based recommendation for the need for this level of care and includes family/significant others as clinically indicated.
 - d. Alternative less restrictive levels of care are considered, and referrals are attempted as appropriate.
 - e. The admissions process should also include:
 - i. A documented current diagnosis of a mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, and evidence of moderate distress/impairment.
 - ii. Identification of family and/or community resources and family participation in treatment must be included, unless clinically contraindicated or doing so would violate existing federal or state laws..
 - iii. Discharge planning.

Medical Necessity Criteria

1. Criteria for Admission – IOP for Adults

All of the following must be met:

- a. All elements of Medical Necessity must be met.
- b. The individual has been diagnosed with a moderately severe mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.
- c. The individual is demonstrating difficulties in functioning secondary to a psychiatric disorder as evidenced by:

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- i. The individual is mildly to moderately impaired in his/her ability to complete essential daily social, family, school, and/or work activities, and
 - ii. The individual is able to employ the necessary coping skills to continue with most routine daily activities.
 - d. The individual is mentally and emotionally capable to actively engage in the treatment program.
 - e. The individual is able to live in the community without the restrictions of a 24-hour supervised setting.
 - f. The individual is expressing willingness to engage in treatment.
 - g. The individual is able to develop a safety plan with the provider that includes being able to access emergency services so that a more intensive level of care is not required.
 - h. The individual has a support system that includes family or significant others who are able to actively participate in treatment.
 - i. If the individual has no primary support system, the individual has the skills to develop support and/or become involved in a self-help support system.
2. Criteria for Continued Stay
- All of the following must be met:
- a. The individual continues to meet all elements of medical necessity.
 - b. One or more of the following criteria must be met:
 - i. The treatment provided leads to measurable clinical improvements in the moderately severe symptoms and/or behaviors that led to this admission and a progression toward discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care.
 - ii. If the treatment plan implemented does not lead to measurable clinical improvements in the moderately severe symptoms and/or behaviors that led to this admission and a progression toward discharge from the present level of care, there must be ongoing reassessment and modifications to the treatment plan that address specific barriers to achieving improvement when clinically indicated.
 - iii. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.
 - c. All of the following must be met:
 - i. The individual and family are involved to the best of their ability in the treatment and discharge planning process.
 - ii. Continued stay is not primarily for the purpose of providing a safe and structured environment.
 - iii. Continued stay is not primarily due to a lack of external support.

ATTACHMENTS

N/A

REFERENCES

1. BH: Adult and Geriatric Psychiatry Adult and Geriatric Psychiatry for Intensive Outpatient Program InterQual® 2025 - Released Mar 2025

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2. Medicare Benefit Policy Manual Hospital Manual, Chapter 6 - Hospital Services Covered Under Part B Section 70. 4 , Intensive Outpatient Services
(Rev. 12425; Issued: 12-21-23; Effective: 01-01-24; Implementation: 01-02-24)
3. Clinical Issues in Intensive Outpatient Treatment. (Treatment Improvement Protocol (TIP) Series, No. 47) 2006. <http://www.ncbi.nlm.nih.gov/books/NBK64093/>

POLICY AND PROCEDURE REVISIONS

Date	Changes	Reasons
11/12/2024	Format and updated references	Annual Review
11/05/2025	Format Changes in wording for clarity	Annual Review