

6.17. Mental Health – Intensive Outpatient Program (IOP) Services

DESCRIPTION OF SERVICES

Intensive outpatient program (IOP) services may only be provided and reimbursed by programs approved under COMAR 10.21.20, 10.21.02. It is a short-term, intensive treatment intervention provided by a multidisciplinary team involving multiple treatment services across multiple days per week. An IOP provides a minimum of three hours of psychiatric therapeutic activities per day, which includes at least two group therapies and needed psychiatric services (COMAR 10.21.25). The treatment constellation can include individual, group, family therapy, and medication management.

SERVICE RULES

IOP is an acute, short-term intervention for participants experiencing an exacerbation of psychiatric symptoms. The mental health service provider is expected to exchange information and coordinate care with the participant's PCP and other treatment (i.e. substance use disorder treatment) providers when clinically indicated and with appropriate releases of information.

When an outpatient mental health center (OMHC) provides IOP, physician services are included in the rate. When delivered by a hospital-based program, physician services may be billed separately. It is considered duplicative to bill two IOP units for the same participant/same day (i.e. substance use IOP and mental health IOP). Services for participants with co-occurring needs should be integrated and individualized to meet the needs of the participant.

The Maryland Public Behavioral Health System (PBHS) does not reimburse for non-mental health services such as 12-step programs.

SERVICE ELIGIBILITY

Participants with Medicaid and participants who are dually eligible Medicare/Medicaid recipients are eligible for IOP. The PBHS does not reimburse IOP services rendered to uninsured eligible participants.

SERVICE PROVIDERS

Partial hospitalization programs (PHP) approved under COMAR 10.21.02 and OMHCs approved under COMAR 10.21.20 may provide IOP services.

AUTHORIZATION PROCESS

Authorization request for initial & continued stay IOP services can be requested telephonically, or electronically through Beacon. Telephonic authorizations are initiated by calling the Beacon customer service line (800-888-1965) & providing clinical information to a licensed Clinical Care Manager in the Clinical Department. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. If the level of care is medically necessary, services will be authorized.

Providers obtain additional authorizations through the electronic submission of a continued stay request in Provider Connect. Concurrent authorization must be submitted with supporting clinical information on the first uncovered day.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

CLAIMS PROCESS

- Providers should not submit claims unless the service has been authorized by Beacon.
- Claims should be submitted on a CMS 1500 form.
- Each date of service must be submitted on a separate transaction line.
- One day equals one unit; date spans will not be accepted.
- Claims must specify ICD 10 codes, not DSM 5 codes.
- Claims for unauthorized services will be denied.