

5.18 Intensive Outpatient Services

Service Coverage

Intensive Outpatient Services (IOP), may only be provided and reimbursed by programs approved under Maryland Law (COMAR 10.21.20, COMAR 10.21.02.) IOP is a program of intensive treatment involving multiple treatment services on multiple days per week provided by a multidisciplinary team. An IOP program 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. This is considered a short-term intensive intervention.

Service Rules

When an 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 a duplication to bill two IOP units for the same consumer/same day (i.e. Substance Abuse IOP and Mental Health IOP.) Services for individuals with co-occurring needs should be integrated and individualized to meet the needs of the consumer. When the individual is receiving other IOP or Intensive Substance Abuse Services, this information is required to be provided to the ASO at the time of the authorization request.

This service is an acute short-term intervention for individuals experiencing exacerbation of psychiatric symptoms.

THE PMHS DOES NOT REIMBURSE INTENSIVE OUTPATIENT SERVICES RENDERED TO UNINSURED ELIGIBLE CONSUMERS.

THE PMHS DOES NOT REIMBURSE FOR NON-MENTAL HEALTH SERVICES SUCH AS 12 STEP PROGRAMS.

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment (i.e. substance abuse treatment) providers when clinically appropriate.

Service Eligibility

Consumers with Medicaid and dually eligible Medicare/Medicaid recipients are eligible for IOP.

Service Providers

Partial Hospitalization Programs approved under COMAR 10.21.02 and Outpatient Mental Health Centers approved under COMAR 10.21.20 may provide IOP services.

Authorization Process

To obtain initial authorization for IOP services, the provider must submit a pre-authorization request through ProviderConnect. If the level of care is medically necessary, IOP services will be authorized.

Providers obtain additional authorizations through the submission of a continuing review authorization request in ProviderConnect. The request must be submitted prior to the expiration of the previous authorization time span.

If a ValueOptions[®] Maryland Care Manager is unable to authorize the service as medically necessary, the request for services will be referred to a ValueOptions[®] Maryland Physician Advisor for review. The determination will be communicated via ProviderConnect downloads to the provider.

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

Claims Process

Providers should not submit claims unless the service has been authorized by ValueOptions[®] Maryland. 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-9 codes, not DSM IV-TR codes.

Claims for unauthorized services will be denied.

Problems and Solutions

If the services requested do not meet Medical Necessity Criteria and are non-authorized, refer to Chapter 9, Grievances and Appeals.