

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Behavioral Health Intensive Outpatient Program (IOP) Medical Necessity Criteria
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE: 9/17/18	RETIRED:
INITIAL EFFECTIVE DATE: 9/17/18	REVIEWED/REVISED:
REVISED EFFECTIVE DATE:	
PRODUCT TYPE: All	REFERENCE NUMBER: LA.UM.95

SCOPE: Louisiana Healthcare Connections Medical Management (LHCC)

PURPOSE:

To establish medical necessity criteria to utilize when authorizing Behavioral Health IOP services for Medicaid members aged 18 and older. This policy does not apply to admissions for ASAM 2.1 Intensive Outpatient Services.

POLICY:

LHCC will follow InterQual® 2017 Adult and Geriatric Psychiatry Criteria, Level of Care: Intensive Outpatient Program guidelines for the initiation of IOP services (Attachment A). Up to 30 days of treatment may be covered by the initial authorization.

The continuation of treatment and services after the initial 30 day authorization will require a separate authorization and must meet the following continued stay criteria:

- I. Criteria A, B, C, and D must be met to satisfy the criteria for continued stay.
 - A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following (1-5):
 - 1) The persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs),
 - 2) The emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs),
 - 3) Difficulty and/or lack of coordination of a variety of outpatient services by providers/patient/family supports necessitating use of IOP to ensure this missing component,
 - 4) Disposition planning and/or attempts at therapeutic re-entry into a lower intensive level of care have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued intensive outpatient treatment.

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5) Risk of hospitalization or re-hospitalizations as member has impairments in daily functions, requires treatment at least 3 days per week for at least 3 hours per day and symptoms are at least moderate (RE severity).

6) In addition to at least one of the elements in 1-5, at least one of the following specific symptoms/behaviors

- a. After-hours crisis intervention required during the past 2 weeks
- b. Physical fight in past week
- c. Arrest or negative contact with legal system in past 2 weeks
- d. Decreased ability to structure the day on own
- e. Engaging with negative peer group that is likely to lead to problems with functioning
- f. Hostile or intimidating interactions during the past week
- g. Not completing ADLs during past week
- h. Psychiatric medication non-compliance during past 2 weeks
- i. Social isolation during past week
- j. Unable to maintain appropriate social behavior as demonstrated by at least one of the following during the past 2 weeks:
 - a. Bizarre interactions
 - b. Inappropriate behaviors that draw attention of community or law enforcement
 - c. Poor judgment in social situations
 - d. Poor boundaries causing altercations with others
 - e. Unable to manage household or medications
- k. Co-occurring anxiety, depression, manic/hypomanic symptoms/behaviors, psychotic symptoms, OCD issues, PTSD issues and/or substance use problems that cause functional problems that have occurred during the past 2 weeks

B. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the presenting or newly defined problem(s) meeting criterion A3, and this is documented by progress notes for each day the patient attends the intensive outpatient program, written and signed by the provider.

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- a. The IOP provides services in accord with expected guidelines, including providing a structured clinical program at least 3 hours per day 3 days per week and a goal-directed treatment plan.

C. All applicable elements in Admission-Intensity and Quality of Service Criteria are applied as related to assessment and treatment, if clinically relevant and appropriate (Attachment A).

D. The individual plan of active treatment includes at least weekly family and/or support system involvement in therapy, unless there is an identified, valid reason why such a plan is not clinically appropriate or feasible.

REFERENCES:

ATTACHMENTS: Attachment A – 2017 IQ Adult and Geriatric Psychiatry Criteria IOP

Attachment A 2017
IQ Adult and Geriatri

DEFINITIONS:

REVISION LOG	DATE

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

V.P. Medical Management: _____ Signature on file _____
 Chief Medical Director: _____ Signature on file _____