

	<b>Addictive and Mental Disorders Division</b>  Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	<b>Date effective:</b> July 1, 2020  <b>Date revised:</b> July 1, 2020
<b>Policy Number:</b> 525	<b>Subject:</b> SUD Intensive Outpatient (IOP) Services (ASAM 2.1) Adult and Adolescent

### Definition

IOP programs provide nine or more hours of structured programming per week (adults) or six or more hours per week (adolescents) to treat multidimensional instability.

### Medical Necessity Criteria

- (1) The member must have a moderate or severe SUD diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 2.1 level of care.
- (2) The member requires three or more core services as described below.

### Provider Requirements

State-approved programs who choose to provide IOP must bill the IOP bundled rate unless they are providing fewer than the number of hours specified in the service requirements below.

Professionals with the appropriate licensure and credentials who choose to provide IOP must bill with the appropriate outpatient codes.

### Service Requirements (All IOP services)

- (1) Group therapy services may not have more than 16 members participating in the group.
- (2) Services must be provided in accordance with all state and federal regulations pertaining to the administration of the service.
- (3) The provider must adhere to the ASAM criteria service standards for service planning and level of care placement characteristic category standards. These categories include:
  - (a) therapies;
  - (b) support systems;

- (c) assessment/ITP review;
  - (d) staff; and
  - (e) documentation.
- (4) Professionals with the appropriate licensure and credentials who choose to provide IOP and state-approved programs providing fewer than the number of hours specified in the service requirements below must bill the appropriate outpatient codes.

**Service Requirements (IOP bundled services ONLY)**

- (1) IOP may be billed as a bundled service only by state-approved substance use disorder programs and when billing this way, the service bundle includes the following core services:
  - (a) individual SUD therapy;
  - (b) group SUD therapy;
  - (c) family SUD therapy;
  - (d) educational groups;
  - (e) psychosocial rehabilitation;
  - (f) co-occurring mental health treatment;
  - (g) crisis services (face to face); and
  - (h) care coordination (face to face).
- (2) It is not required that each member receiving the ASAM 2.1 bundle receive every service listed above. Medically necessary services must be provided and documented in the individualized treatment plan and the services received must be documented clearly in the member's treatment file.
- (3) Provider must be available for 24/7 crisis coverage.
- (4) Provider must offer drug testing as a therapeutic tool if indicated as clinically appropriate in the member's ITP.
  - (5) IOP provided as part of the bundled services must include the following:
    - (a) Member must receive 3 or more different core services per week;
    - (b) One core service each week must be a skilled treatment service as defined in the ASAM Criteria; and
    - (c) A billable day must be a minimum of 45 minutes of face-to-face services;
- (6) Core services must be provided face-to-face.
- (7) Core services must be provided by a state approved program or through contract/agreement with other entities.
- (8) The provider must include discharge planning in the Member's ITP.

- (9) If a provider is billing the High Tier bundled rate, the member must receive a minimum 6 hours (adult) and 4 hours (adolescent) of programming per week for IOP-High Tier;
- (10) If a provider is billing the Low Tier bundled rate, the member must receive between 4 to 5 hours (adult) of programming per week for IOP-Low Tier;
- (11) Providers billing the bundled rate for IOP must complete the DLA-20 for members upon admission in to and discharge from the service.
- (12) Providers must submit to Montana Medicaid on a quarterly basis the services provided to each member each week during the program as well as the results of the DLA-20.
- (13) State-approved providers may bill applicable outpatient codes for the service components provided instead of billing the bundled rates. Providers may not bill both a bundled rate AND applicable outpatient codes for any of the core services described in the definition.

### **Utilization Management**

- (1) Prior authorization is not required.
- (2) Continued stay review is required for the IOP bundle after first 60 billable days for up to 15 billable days. Continued stay review is NOT required if the provider is not billing the IOP bundled rate.
- (3) Member must continue to meet the SUD criteria as described in this manual and meet the ASAM criteria diagnostic and dimensional admission criteria for SUD IOP Services (ASAM 2.1) Adult and Adolescent level of care.