

## **Intensive Outpatient - Behavioral Health**

**MP9556** 

Covered Service: Yes

**Prior Authorization** No

**Required:** Dependent on applicable laws and provisions per state

Additional Information:

A facility that provides Intensive Outpatient treatment may be a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose, or a department within a general medical healthcare system. A multidisciplinary treatment program should occur three (3) days a week and provides at least 9 hours of weekly clinical services intended to comprehensively address the needs identified in the member's treatment plan. Activities that are primarily recreational or diversionary or that do not address the serious presenting symptoms/problems do not count towards the total hours of treatment delivered. The member is not considered a resident at the program.

**State of Illinois:** Medical necessity determination for substance abuse disorders are made in accordance with the appropriate patient placement criteria established by the American Society of Addiction Medicine (ASAM) criteria as mandated by law. **These requirements replace section 4.0 below**.

Self-funded plans (ASO) may require prior authorization. Please refer to the member's Summary Plan Description (SPD) for specific coverage and prior authorization requirements.

## Prevea360 Health Plan Medical Policy:

- 1.0 <u>Admission to Intensive Outpatient</u> treatment **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
  - 1.1 The member has been diagnosed with a moderate to severe mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (in the case of substance abuse related Intensive Outpatient treatment, this diagnosis is primarily of substance use disorder);
    AND



- 1.2 The member is demonstrating difficulties in functioning secondary to a psychiatric disorder (in the case of substance abuse related Intensive Outpatient treatment, this diagnosis is of substance abuse disorder), as evidenced by **BOTH** of the following:
  - 1.2.1 The member is at least mildly to moderately impaired and is not able to complete essential daily social, family, school, and/or work activities; AND
  - 1.2.2 The member is not able to employ necessary coping skills to continue with most routine daily activities; **AND**
- 1.3 The member is mentally and emotionally capable of engagement in the treatment program; **AND**
- 1.4 The member is able to live in the community without the restrictions of a 24 hour supervised setting; **AND**
- 1.5 The member is expressing willingness to engage in treatment; **AND**
- 1.6 The member 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; AND
- 1.7 The member has a support system that includes family or significant others who are able to actively participate in treatment **OR** If the member has no primary support system, the member has the skills to develop supports and/or become involved in a self-help support system
- 1.8 This level of care is necessary to provide structure for treatment, as demonstrated by **ANY** of the following:
  - 1.8.1 The member's provider(s) have submitted clinical documentation that the member requires the requested level of care secondary to factors including but not limited to ANY of the following:
    - 1.8.1.1 Medical comorbidity with instability that impairs overall health; **OR**
    - 1.8.1.2 Concurrent substance use disorder; **OR**
    - 1.8.1.3 Unstable living situations; **OR**
    - 1.8.1.4 Current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes; **OR**
    - 1.8.1.5 Lack of community resources.
  - 1.8.2 Clinical presentation and documentation suggest that a lower level of care is not likely to be sufficient, (e.g. documented history of an inability



to adhere to the treatment plan at an intensive lower level of care), being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission; **OR** 

- 1.8.3 Lower level of care is not available in a timely manner and risk of readmission is high; **OR**
- 1.8.4 The member is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
- 2.0 <u>Continued Intensive Outpatient</u> treatment **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following criteria are met:
  - 2.1 The treatment provided is leading 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 member is not sufficiently stabilized so that they can be safely and effectively treated in a less restrictive level of care; OR
  - 2.2 If the treatment plan implemented is not leading to measurable clinical improvements in the moderately severe and acute 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; **OR**
  - 2.3 The member has developed new symptoms and/or behaviors that require Intensive Outpatient treatment for safe and effective treatment
  - 2.4 In addition to **one or more** of the criteria above (2.1, 2.2 or 2.3) **ALL** of the following are required for continued Intensive Outpatient treatment:
    - 2.4.1 The member and family are involved in the treatment and discharge planning process to the best of their ability; **AND**
    - 2.4.2 The treatment plan is not primarily social, interpersonal, domiciliary, or respite care; **AND**
    - 2.4.3 Continued Intensive Outpatient treatment is not primarily due to a lack of external supports; **AND**
    - 2.4.4 There is a reasonable expectation for improvement in the severity of the current condition; AND
    - 2.4.5 Continued stay is not primarily for the purpose of bridging care to another program; AND



- 2.4.6 Request for Intensive Outpatient is not based on a pre-determined program or preset number of days;
- 3.0 In addition to criteria in 1.0 or 2.0, **ALL** of the following criteria should be met if the member is a child or adolescent:
  - 3.1 The facility providing Intensive Outpatient treatment should be either a standalone mental facility intended for children/adolescents **OR** a physically and programmatically-distinct unit within a facility licensed for this purpose **OR** a department within a general medical healthcare system; **AND**
  - 3.2 The child/adolescent lives in the community without the restrictions of a 24 hour supervised setting, except as age-appropriate, during non-program hours for children and adolescents; **AND**
  - 3.3 The program should provide for the child/adolescent's mental health, physical health and educational needs, including access to education at the appropriate developmental level to facilitate transition back to the child/adolescent's previous school setting upon discharge; AND
  - 3.4 The treatment should be family-centered with the member and family included in care, unless this is clinically contraindicated or would not be in compliance with existing federal or state laws.
- 4.0 In addition to meeting the criteria of 1.0 or 2.0 and 3.0 if applicable, **ALL** of the following criteria should be met if Intensive Outpatient treatment is related to substance abuse disorder (alcohol and other drug abuse, AODA):
  - 4.1 Signs or symptoms of withdrawal requiring acute management, if they are present, are manageable at the level of Intensive Outpatient treatment; AND
  - 4.2 The member and/or family are made aware of the Medication Assisted Treatments available; if applicable **AND**
  - 4.3 Active substance abuse is a substantial contributor to the current treatment episode; **AND**
  - 4.4 There is documentation of ongoing active medical issues secondary to the substance use disorder OR the member has symptomatology related to substance use disorder; AND
  - 4.5 There are acute psychiatric symptoms or cognitive deficits that directly relate to a high risk of relapse and require mental health treatment at an Intensive Outpatient treatment level of care.
- 5.0 The following services are considered not medically necessary, and therefore are not covered (this is not an all-inclusive list):
  - 5.1 Biofeedback
  - 5.2 Family counseling for non-medical and/or non-psychiatric reasons



- 5.3 Therapeutic group homes
- 5.4 Wilderness camps, boot camps, boarding school, academy-vocational programs, and/or Outward Bound programs
- 5.5 Halfway houses
- 5.6 Hypnotherapy
- 5.7 Long-term or maintenance therapy
- 5.8 Marriage counseling
- 5.9 Phototherapy
- 5.10 Intensive Outpatient treatment for purposes of convenience, alternative to incarceration, respite or housing
- 5.11 Intensive Outpatient treatment for the provision of a safe and structured environment due to a lack of external support or housing, when criteria in (1.0) or (2.0) are not otherwise met
- 5.12 Custodial care

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	January 19, 2022
Revised:	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	May 18, 2022 October 18, 2023
Reviewed:	Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division Medical Policy Committee/Health Services Division	May 18, 2022 August 16, 2023 October 18, 2023

Published: 01/01/2024 Effective: 01/01/2024