

Children’s Mental Health Bureau Medicaid Services Provider Manual Addendum

**Please Note: New Mental Health IOP Procedure Code effective *January 1, 2021*
Program Requirements effective *January 1, 2022* through the Public Health Emergency**

Intensive Outpatient Therapy (IOP)	Administrative Rules of Montana Title 37, chapter 85 Title 37, chapter 87 Title 37, chapter 106
-------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Definition: Intensive outpatient therapy (IOP) services provide weekly structured intensive mental health care to youth with serious emotional disturbance (SED) while allowing youth to safely remain in school, in the home, and in their community. Services are provided by a licensed Mental Health Center.

Admission Criteria - IOP

The youth must meet SED criteria as described in the Children’s Mental Health Bureau Medicaid Services Provider Manual (Manual) and all the following requirements.

- (1) The youth must have documented need for six or more hours of structured programming per week;
- (2) The youth must require at least three or more different core services described below:
 - (a) individual psychotherapy;
 - (b) group psychotherapy;
 - (c) family psychotherapy;
 - (d) community-based psychiatric rehabilitation and support (CBPRS);
 - (e) crisis services; and
 - (f) care coordination.
- (3) It is not required that each member receiving IOP service receive every service listed above. All medically necessary services must be provided and documented in the individualized treatment plan (ITP).

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required.

Service Requirements	<ul style="list-style-type: none"> (1) Group therapy services may not have more than 10 members participating in the group. (2) Services received must be documented clearly in the members treatment file. (3) Services delivered via telehealth are reimbursable when medically necessary and clinically appropriate for delivery via telemedicine. (4) Service must be provided in accordance with all Administrative Rules of Montana and federal regulations. (5) Providers billing the bundled rate must meet six or more services hours per week. Care coordination services can account for a maximum of one hour per week of the six services hours. (6) If the service hour requirements are not met the provider must unbundle and bill using the appropriate outpatient codes. (7) Providers may not bill both a bundled rate AND applicable outpatient codes for any of the core services described. (8) A billable day must be a minimum of 45 minutes of service. (9) Care coordination is billable for a maximum of one hour per week.
Continued Stay Criteria	Not Applicable.
Continued Stay Review	Not Applicable.
Required Forms	Not Applicable.
Duplicate Services	<p>The following services cannot be provided concurrently with IOP:</p> <ul style="list-style-type: none"> (a) Acute Hospital (b) Psychiatric Residential Treatment Facility (PRTF) (c) PRTF Assessment (d) Therapeutic Group Home (TGH) (e) Comprehensive School and Community Treatment (CSCT) (f) Day Treatment (g) Home Support Services (HSS) (h) Therapeutic Foster Care (TFC) (i) Therapeutic Foster Care- Permanency (TFOC-P) (j) Outpatient (k) Extraordinary Needs Aid (ENA)
Additional Information	Rate can be found on the Temporary Medicaid Youth Mental Health Services Intensive Outpatient (IOP) Fee Schedule