New Intensive Outpatient Program (IOP) Benefit

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Agenda

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Introduction

- On March 1, 2025, ForwardHealth will begin covering a non-residential programmatic treatment service called intensive outpatient program (IOP).
- The new IOP benefit will ensure member access to the full range of behavioral health services and continuity of care.

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Introduction

- Providers began enrolling with Wisconsin Medicaid as IOP providers on November 1, 2024.
- To enroll, providers must be certified by the Wisconsin Department of Health Services' (DHS) Division of Quality Assurance (DQA) or a federally qualified health center (FQHC) with intensive outpatient services included in the scope of project.

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Overview

- This service component includes screening, assessment, and treatment for:
  - Substance use disorder (SUD).
  - Mental health disorders.
  - Co-occurring disorders.
- Treatment hours may total between:
  - 9-19 hours per week for members who are 18 years and older.
  - 6-19 hours per week for members younger than 18 years old.

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Overview

- Beginning November 1, 2024, these providers must enroll with the new IOP provider specialty to receive reimbursement for that level of care:
  - Community health centers
  - Mental health and substance abuse agencies including:
    - Hospital-based programs
    - Rural health clinics
  - Tribal FQHC.
- Further details about this benefit and instructions for enrolling as an IOP provider can be found in ForwardHealth Update 2024-38, "New Intensive Outpatient Program Benefit," on the ForwardHealth Portal (the Portal).

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Covered Services

- The IOP benefit is available to eligible members of all ages who are enrolled in full-benefit BadgerCare Plus or Wisconsin Medicaid.
- Members are eligible for this benefit if an assessment determines they have a documented need for mental health services, SUD services, or co-occurring treatment at the IOP level of care.
- Providers may offer IOP services via telehealth.
  - Refer to the maximum allowable fee schedules for a complete list of services allowed under telehealth policy.
  - Refer to the ForwardHealth Online Handbook Telehealth Policy topic #510 for detailed information.

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Assessment and Treatment Plan

- Assessment, treatment planning, and treatment services are reimbursed as part of the IOP services rate.
- Assessment and treatment planning services include the completion of:
  - Screening
  - Intake
  - Clinical Assessment
  - Diagnosis
  - Treatment planning

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Clinical Assessment

- Providers must complete a clinical assessment, which may use specific department-approved assessment tools, to determine the member's diagnosis and develop the treatment plan.
- The diagnosis must meet criteria in the current Diagnostic Statistical Manual of Mental Disorders (DSM).
- The initial assessment of the member to determine the appropriateness of IOP treatment must be completed by a qualified clinician (described later).

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Clinical Assessment

As outlined in Wis. Admin Code § DHS 75.03(14), Biopsychosocial assessments and comprehensive mental health assessments must include:

- History of the present episode.
- Personal and social history (for example, school, work, military service, relationships).
- Family and developmental history.
- Alcohol, tobacco, other drug use, and addictive behavior history (impact on functioning and readiness for change).

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Clinical Assessment

- Legal history.
- Psychiatric history and mental health status examination.
- Treatment history for substance abuse and mental health.
- Medical history, formulation, diagnosis, survey of assets, vulnerabilities and supports, and treatment recommendations.

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Clinical Assessment

- The American Society of Addictive Medicine (ASAM) assessment must be completed no more than 30 days prior to the start of treatment services.
- For members receiving co-occurring SUD and mental health IOP treatment, meeting the assessment criteria for both SUD and mental health IOP treatment with a single assessment is acceptable.
- For all SUD and co-occurring IOP treatment, a qualified clinician must apply ASAM criteria to determine appropriate level of care and develop the treatment plan and goals.

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Clinical Assessment

- For mental health IOP treatment, a qualified clinician may use a standardized placement tool or provide clinical rationale to determine the level of care.
- The comprehensive mental health assessment must be completed no more than 90 days prior to the start of treatment services.

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Treatment Services

- Treatment services address a member's need for mental health, substance use services, or co-occurring treatment.
- Treatment services that may be billed using the IOP billing code include:
  - Case management
  - Family counseling/therapy
  - Group counseling/therapy
  - Individual counseling/therapy
  - Medication management
  - Nursing services
  - Psychoeducation

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Treatment Services

- IOP services require:
  - 6-19 hours of treatment services per week for members under age 18.
  - 9-19 hours of treatment services for members age 18 and up.
- Providers must document why the number of treatment hours provided during a week is higher or lower than required.

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Treatment Services

- ForwardHealth will allow providers to "ramp up" or "step down" the number of treatment hours for brief periods of time when members transition between levels of care.
- However, if the number of treatment hours per week is consistently higher or lower than typically allowed by policy, the provider should re-evaluate whether the current treatment matches the member's demonstrated level of care needs.

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Treatment Plan

- Providers must have a plan of care, also known as a treatment plan or protocol, which meets all requirements described in Wis. Admin. § Code DHS 75.24(13).
- The plan of care must:
  - Address the member's priority needs based on the clinical assessment.
  - Identify specific, measurable outcomes.
  - Identify any diagnoses of substance use, mental health conditions, or psychiatric symptoms seen or reported by the member.
  - Identify the plan for integrating and addressing these conditions in treatment.

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Treatment Plan

- If the member has medical needs or requires MAT, the plan of care must:
  - Specify how these medical conditions will be addressed, including a plan for obtaining MAT, if needed.
  - Ensure all treatment responses, modalities used, methods, and place of treatment are person centered and respond to needs identified in the assessment.
- The member, or their legal guardian, is required to sign treatment plans with the primary counselor.

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MAT

- MAT for SUD must be available to members when indicated by their diagnosis and desired by the member.
- A formal MAT assessment must be completed by a qualified prescriber for members with a diagnosis that indicates the need for MAT.
- If the member refuses treatment, the provider must document with the member's signature that they made an informed decision.

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MAT

- IOP treatment providers must admit members and enable access to MAT medication for mental health or physical conditions.
- IOP treatment providers can either manage MAT at the facility or coordinate care outside the facility for the member to access.

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MAT

- IOP treatment providers may not deny services to someone receiving MAT.
- This includes all forms of medications for opioid use disorder (MOUD), which may be provided via programs certified under Wis. Admin. Code § DHS 75.59 or by Medicaid-enrolled prescribers with experience and capabilities to provide MOUD.

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MAT

- Following admission with a signed release, the IOP treatment provider should collaborate with the prescriber regarding medications and the treatment process.
- The provider must support the member's continued use of the prescribed medication of their choice and in cooperation with the treatment plan recommendations of their treating physician.

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Discharge and Continuing Care Plan

- When a member is admitted, providers must prepare a discharge and continuing care plan to identify the expected needs of the member and available community resources that address the member's treatment and recovery.
- The member and their family, when applicable, must be involved in the process and have a thorough understanding of the plan.
- Providers may continue to develop and modify the initial continuing care plan during the rest of the member's treatment.

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Discharge and Continuing Care Plan

The initial continuing care plan must include:

- Documented coordination with the member's care manager for the next level of care, which may include the member's HMO or managed care organization (MCO), psychosocial rehabilitation program, Medicaid health home, ongoing care manager, or other care manager.
- Planning for services upon discharge, such as individual counseling, group counseling, medication management, attendance at recovery support group meetings, and interim support plans, as needed.

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Discharge and Continuing Care Plan

- Confirmation of living arrangements that will encourage recovery and reduce the chances of relapse.
- Emergency and counseling contact information for the member.
- Overdose prevention plan, if applicable, such as continuation of MAT and provision of emergency medication to treat overdoses.

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Qualified Clinicians

These clinicians are considered qualified to provide IOP assessment and treatment services:

- Advanced practice nurse prescribers
- Advanced practice social workers or independent social workers enrolled as certified psychotherapists with sign off by their clinical supervisor
- Certified addiction registered nurses (RNs)
- Licensed clinical substance abuse counselors or substance abuse counselors
- Licensed marriage and family therapists, licensed professional counselors, or licensed clinical social workers

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Qualified Clinicians

- Physician assistants familiar with behavioral health placement criteria
- Physicians familiar with behavioral health placement criteria
- Psychologists
- Qualified treatment trainees with sign off by their clinical supervisor
- RNs and licensed practical nurses
- Substance abuse counselors in training with sign off by their clinical supervisor

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Separately Billable Services

- IOP providers may bill for services not included in the bundled assessment and reimbursement rate such as language services for BadgerCare Plus and Medicaid members who are deaf or hard of hearing or who have limited English proficiency.
- Providers may refer to Interpretive Services topic #22917 for more information.

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Related Services

- Services rendered by other behavioral health provider types are not included in the bundled rate for IOP while a member is receiving IOP services.
- These services may be reimbursed separately when they are determined to be medically necessary and non-duplicative according to the coverage and reimbursement associated with each service per Wis. Admin Code DHS § 101.03(96m).

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Related Services

Related services include:

- Narcotic treatment services (NTS) as described in A Narcotic Treatment Service May Provide Only Services Directly Related to Narcotic Treatment topic #7979.
- SUD health home services.
- Outpatient SUD counseling for MOUD as required by federal or state rules.
- Outpatient mental health services that are provided for a separate assessment, diagnosis, and treatment plan, unrelated to IOP treatment goals.
- Low-intensity residential SUD treatment.
- Non-emergency medical transportation.

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Noncovered Services

ForwardHealth will not reimburse providers for noncovered services, which include:

- Acute withdrawal management or detoxification concurrent with IOP treatment.
- Day treatment services concurrent with IOP.
- Outpatient SUD services concurrent with IOP, except for required counseling services provided by an opioid treatment program under the NTS benefit.

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Noncovered Services

- High-intensity residential SUD treatment concurrent with IOP.
- Services that are recreational, social, academic, vocational, or unrelated to the direct treatment of the behavioral health diagnoses.
- Services delivered outside the parameters of the approved PA.

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PA

- ForwardHealth established PA criteria for IOP services effective for dates of service (DOS) on and after March 1, 2025:
  - Assessments covered under the IOP benefit do not require PA.
  - All treatment services covered under the IOP benefit require PA:
    - All services must be authorized for the H2019 billing code when Wisconsin Medicaid is the primary payer.
    - Services are subject to PA when a commercial insurance payer is the primary payer using code H0015 or S9480 and Wisconsin Medicaid will be utilized as a secondary payer.

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PA

- The grant (start) date of an approved or modified PA request is the first date services are authorized and may be reimbursed under that PA number.
- On a PA request, providers may request a specific date that they will begin providing services.
- If no grant date is requested or it is illegible, the grant date will typically be the date ForwardHealth reviews the PA request.

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Real-Time Review of PA

- PA requests for IOP services submitted through the Portal may be granted real-time PA review and approval, if all applicable PA criteria are met.
- Real-time review is available only for PA requests submitted via the Portal.
- Real-time review for PA requests reduces clerical errors, administrative burden for providers, and wait time for members
- IOP providers may submit PA requests by fax and mail at this time, but these submissions will be subject to manual PA review.

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Real-Time Review of PA

- In real-time review, the system checks if all necessary information is included in the PA request.
- The system will send the PA request to a consultant for manual review, also known as clinical review, if real-time review:
  - Cannot determine whether the request meets all applicable PA criteria.
  - Finds that the PA request does not meet PA criteria.

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Real-Time Review of PA

- This policy applies only to initial PA requests submitted through the Portal for covered services.
- An initial PA request is the first request to ForwardHealth for a member's IOP treatment episode.
- This may include instances when the member's IOP treatment is already in progress but is covered by a payer other than Wisconsin Medicaid.
- Initial requests for up to eight weeks of treatment submitted via the Portal will go through a real-time review process.

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Real-Time Review of PA

The provider must attest to completing these clinical documents when submitting an initial PA request for real-time review for SUD only or co-occurring IOP treatment requests:

- A member's diagnosed substance use conditions
- ASAM level of care determination
- Individualized treatment plan
- MAT assessment, status, results, and recommendations

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Real-Time Review of PA

For mental health-only IOP treatment requests, the provider must attest to completing these clinical documents when submitting an initial PA request for real-time review:

- A comprehensive mental health assessment including history and current safety risks
- The member's diagnosed mental health conditions
- An assessment tool and score, if a specific tool was used
- An individualized treatment plan
- The assessment score or clinical rationale that substitutes the requested level of care

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Real-Time Review of PA

- When PA requests are entered on the Portal for IOP services, a PA/IOP panel will display for providers to complete.
- When a PA request for IOP services meets real-time review criteria (including attestation of all applicable assessments), these forms will be automatically generated:
  - Prior Authorization Request Form (PA/RF), F-11018.
  - Prior Authorization/Intensive Outpatient Treatment Attachment (PA/IOP) form.

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Real-Time Review of PA

- Providers can find these forms on the Forms page of the Portal.
- For information about completing required forms and documentation for IOP services, providers may refer to the Prior Authorization section of the IOP service area of the Online Handbook and the Supporting Clinical Documentation topic #449.

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Real-Time Review of PA

PA requests will go through manual clinical review and approval by a consultant if they:

- Are PA requests that indicate a level of care other than IOP.
- Are PA requests submitted via fax or mail.
- Are amendments to extend an existing PA request.
- Do not meet approval criteria but could be considered with additional clinical information.

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REQUIRED ATTESTATION OF DOCUMENT COMPLETION FOR PRIOR AUTHORIZATION REQUESTS FOR INTENSIVE OUTPATIENT PROGRAM TREATMENT CLINICAL REVIEW			
	Substance Use Only	Co-Occurring (Substance Use and Mental Health)	Mental Health Only
ASAM level of care determination	Yes	Yes	No
Biopsychosocial assessment	Yes	Yes	No
Mental health assessment	No	Yes*	Yes
Treatment plan	Yes	Yes	Yes
Continuing care plan	Required for amendment requests only	Required for amendment requests only	Required for amendment requests only

*For members in co-occurring treatment, a single assessment report that addresses both SUD and mental health history and needs is acceptable.

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PA Amendments

- Providers may submit a PA amendment request to extend the member's medically necessary treatment beyond the last day of treatment listed on an existing PA.
- Amendment requests may be submitted for up to eight weeks per request.
- The amendment must be submitted before the expiration of the initial PA.

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PA Amendments

- The PA amendment must include:
  - A completed Prior Authorization Amendment Request form, F-11042.
  - All assessments.
  - Plan of care/treatment plan with progress reports.
  - Discharge criteria and a continuing care plan.
- If the amendment request is submitted after the expiration of the current PA, a new PA request must be submitted.
- A PA will not be backdated to cover a gap in services.

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PA Renewal Requests

- To prevent a lapse in coverage or reimbursement for ongoing IOP services, ForwardHealth must receive renewal PA requests before the expiration date of the current PA.
- Providers are responsible for the timely submission of PA renewal requests.
- Renewal requests will not be backdated for continuation of ongoing services.

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Claims Submission

- ForwardHealth reimburses only for services that are medically necessary as defined under Wis. Admin. Code § DHS 101.03(96m).
- ForwardHealth may deny or recoup payment if a service does not meet Medicaid medical necessity requirements.
- ForwardHealth reimburses only for IOP services that have an approved PA for the DOS being billed.
- Providers are required to submit a professional claim form for IOP services:
  - 1500 Health Insurance Claim Form [02/2012]
  - 837 Health Care Claim: Professional transaction
  - Direct Data Entry on the Portal

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Claims Submission

- Providers must list the enrolled IOP agency as the renderer on a claim.
- If the member has other health insurance, including Medicare, providers should refer to the Medicaid as Payer of Last Resort topic #388.
- Medicaid can provide secondary reimbursement when a commercial primary payer or Medicare is using Healthcare Common Procedure Coding System (HCPCS) code H0015 or S9480.

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Claims Submission

- HCPCS procedure codes and applicable modifiers are required on all claims.
- Claims or claim adjustments received without a valid HCPCS procedure code and corresponding modifier will be denied.

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PROCEDURE CODE	DESCRIPTION	PROGRAM MODIFIER	PA REQUIRED?
H2019	Therapeutic behavioral services, per 15 minutes	HE Mental health program	Yes
		HF Substance abuse program	Yes
		HH Integrated mental health/substance abuse program	Yes
		U6 Functional assessment	No

Each unit of time submitted on a claim represents 15 minutes of service. A unit of time is reached when a provider completes 51% of the designated time unit.

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POS CODE	DESCRIPTION
02	Telehealth Provided Other Than in Patient's Home
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
19	Off Campus—Outpatient Hospital
20	Urgent Care Facility
22	On Campus—Outpatient Hospital
23	Emergency Room—Hospital
26	Military Treatment Facility
49	Independent Clinic
50	Federally Qualified Health Center
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
71	Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service

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MODIFIER	DESCRIPTION
FQ*	A [telehealth] service was furnished using audio-only communication technology
FR*	A supervising practitioner was present through [a real-time] two-way, audio/video communication technology
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunication systems

*Use for behavioral health services only.

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How to Bill Commercial Codes

To coordinate benefits and reimbursement for members who also have commercial health insurance, ForwardHealth will allow providers to bill certain HCPCS procedure codes to commercial health insurance companies for IOP services in addition to other ForwardHealth-allowed codes:

- H0015: (Alcohol and/or drug services; intensive outpatient [treatment program that operates as least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan], including assessment, counseling; crisis intervention, and activity therapies or education).

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How to Bill Commercial Codes

- S9480 (Intensive outpatient psychiatric services, per diem).
- These are per diem codes that are not subject to rounding rules.
- Documentation must substantiate the use of these codes based on the code description.

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How to Bill Commercial Codes

- Providers are required to bill commercial health insurance first using the HCPCS code set specified by the member's commercial health insurer.
- After commercial health insurance has paid its portion, the provider may submit a claim to ForwardHealth along with a completed Explanation of Medical Benefits form, F-01234, using the same HCPCS procedure codes used on the commercial health insurance claim.
- Refer to the Exhausting Commercial Health Insurance Sources topic #596 for information on how to submit claims to ForwardHealth when the member has commercial health insurance.

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Documentation Retention

- Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9).
- Providers are required to produce or submit documentation, or both, to the DHS upon request.
- Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

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Documentation Retention

- Per Wis. State. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement.
- DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims.
- DHS may deny or recoup payment for services that fail to meet these requirements.

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Resources

- Portal: forwardhealth.wi.gov/
  - New IOP service area of the Online Handbook
  - Resources for Mental Health and Substance Abuse Providers page
  - Update 2024-38
  - IOP training videos
  - Email subscription
  - Portal Helpdesk: 866-908-1363
- Provider Services: 800-947-9627
- Professional Field Representative
- Wis. Admin Code § DHS 75

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Thank You