



*North Carolina*  
**State Health Plan**

for Teachers and State Employees and  
NC Health Choice for Children

[www.shpn.org](http://www.shpn.org)

**OUTPATIENT TREATMENT IN AN INTENSIVE OUTPATIENT PROGRAM (IOP)  
POLICY NUMBER: ME0495**

**Definition:**

Intensive outpatient treatment in an IOP is an alternative to inpatient hospital treatment or partial hospitalization of certain psychiatric or chemical dependency conditions as determined by patient's symptoms and level of functioning. An IOP must provide a comprehensive intake assessment including both mental health and chemical dependency. Assessment of school performance and involvement with school personnel is essential when treating children and adolescents. An IOP must offer multi-modal, multi-disciplinary structured outpatient treatment that is significantly more intensive than outpatient psychotherapy and medication management. Intensive outpatient programming is indicated for patients, often in crisis, who require structured, multi-modal treatment (individual therapy, group therapy, family and/or multi-family as appropriate and unless contraindicated, and psychoeducation) to achieve alleviation of symptoms and improved level of functioning. The program will have a variable length of treatment and will have the ability to reduce each participant's frequency of attendance as symptoms are alleviated and the individual is able to resume more of his/her usual life obligations. All treatment plans must be individualized, focusing on stabilization and transition to community based outpatient treatment and/or support groups as needed. The IOP must be administered by a licensed professional and sufficiently staffed to allow for rapid professional assessment of a change in mental status which could warrant a shift to a more intensive level of care or change in medication.

**Coverage:**

1. All benefits for covered intensive outpatient programs are subject to the case management requirements (see Medical Policy AD0430, Mental Health and Chemical Dependency Case Management).
2. Treatment in an IOP does not count toward the 26 unmanaged outpatient psychotherapy visits.
3. IOP services must be provided at least nine (9) hours per week and no less than four (4) hours per day.
4. Family preservation services or intensive in-home behavioral health services are covered as specialized IOPs when determined to be medically necessary by the Mental Health Case Manager. In-home services delivered as a specialized IOP must meet the following requirements to be considered eligible for coverage by State Health Plan:

- a) a licensed behavioral health clinician (provisional licensure minimally) to provide direct care in the home with the child and family;
  - b) documented on-site field supervision by the licensed clinician is required when a provisionally licensed clinician is providing the direct care; such supervision must initially include direct participation in the clinical and functional assessment of the child/family, development of and sign-off on the specific child/family service plan, and at least monthly in-home visits thereafter to evaluate the child and family's response to treatment, to modify the service plan as necessary, and to further provide on-going direct supervision of staff;
  - c) psychiatrist availability for consultation relative to child and family issues and other physician availability for medication management, when medication management is not provided by the psychiatrist;
  - d) specific crisis services which must include, but is not limited to, 24-hour on-call responsibilities with the provision for both telephonic and face-to-face interventions by the in-home provider. Specific crisis services which only reference accessing 911 are not acceptable;
  - e) face-to-face crisis services
  - f) a minimum of two hours per day.
5. Chemical dependency IOP services are eligible for reimbursement by the Plan only when consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.

**Approval:**

1. Approval by the Mental Health Case Manager is required prior to initiating treatment, for continued treatment, and for psychological testing if utilized during the intensive outpatient program stay:
2. The Mental Health Case Manager will conduct a clinical review to determine the medical necessity in response to the treating providers request prior to admission to the intensive outpatient program. Subsequent reviews must be received prior to the expiration of any certified period, to determine the medical necessity for continued stay.
3. The rationale for admission and continuing treatment must support medical necessity criteria as outlined in the Approval section of Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.

**Limitations and Exclusions:**

1. Intensive Outpatient treatment in an IOP setting for conditions not classified as psychiatric, emotional or substance abuse illnesses is not covered.
2. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
3. See <http://shpnc.org> for a complete listing of medical policies.

4. Telephonic crisis management, when delivered as part of an IOP is not covered as a separate charge.
5. In-home services less than two hours per day.
6. Travel time necessary for service delivery is not covered.

**Authority:**

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

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