

## Intensive Outpatient Frequently Asked Questions

### 1. What is intensive outpatient (IOP) level of care?

Intensive outpatient is an ambulatory treatment program that offers intensive, coordinated and structured clinical and assessment services, within a stable therapeutic milieu. An individual in IOP demonstrates moderate levels of symptomatology that has a moderate impact on the individual's capacity to function in multiple areas of life on a day-to-day basis. Individual is under the care of a physician who directs treatment. Individual requires at least 3 hours/day of structured programming for 2-5 days per week, with at least 2.5 hours of documented clinical service.

### 2. What is the timeframe for submitting a request for pre-certification (pre-cert.) of IOP services?

Provider has 21 calendar days, from start of treatment, to submit a request for precertification of IOP services using Provider Connect.

### 3. How many units are approved for an initial authorization of IOP services (pre-cert.)?

For initial authorization (pre-cert.) for the treatment of children, 10 units over a 2-week period are automatically approved. For initial authorization (pre-cert.) for the treatment of adults, 15 units over a 42-day period are automatically approved.

### 4. What is the timeframe for submitting a concurrent review (CCR) for continuation of IOP services?

A concurrent review needs to be submitted in real time, either on last authorized day or first uncovered day.

### 5. How many units are approved for a concurrent review?

For a child authorization, 10 units over a 2-week period are automatically approved for first concurrent review only. Subsequent requests for continuation of IOP services (concurrent review) are subject to clinical care manager review. For an adult authorization, all requests for continuation of IOP services are subject to review by clinical care manager, which can authorize up to 10 units within a 2-week time period, based on clinical presentation and the number of days the member is attending IOP.

### 6. What if a late request for authorization is submitted?

A late request will result in an administrative denial. You will be contacted by a CTBHP clinical care manager if a request is being denied. Appeals rights and phone number (860-263-2161) will be provided at this time.

### 7. What if a member discharges from IOP and then returns to the program?

If a member discharges from IOP and readmits within a 30-day period from last date authorized, the review will be considered a concurrent review (CCR) and due in real time (first day when patient restarts IOP), as CTBHP recognizes this as the same episode of care.

### 8. What if the member has not used all their units within the authorized time frame?

A date extension can be requested as long as additional units remain on the current authorization. This request should be made on or before the authorization expiration date. This request can be accessed in the CTBHP provider connect system by pulling up the member authorization summary. Next, click on send inquiry, type in details of date extension request, and hit submit. This inquiry will be reviewed by CTBHP.