



**Vermont Medicaid  
Substance Use Disorder (SUD)  
Intensive Outpatient Programs (IOP)  
Services Supplement**

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## Section 1 Summary of SUD IOP Services

SUD IOP provides time limited highly structured treatment that addresses SUD issues and relapse prevention for individuals who do not require medical detoxification or 24-hour supervision. SUD IOP can help to improve, maintain, or stabilize an individual's condition and functioning level and prevent or reduce the need for inpatient hospitalization. IOP can be a step-down from a higher level of care (such as inpatient or Partial Hospitalization (PHP), or a step-up from outpatient services to prevent the need for a higher level of care). To qualify as billable SUD IOP services, the individual or family members served must be provided with at least 9, but not more than 19, direct contact hours a week (See Service Limitations section below).

DVHA follows Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines when applicable and when not in conflict with other State of Vermont published guidance. For additional information please reference the SAMHSA Statutes, Regulations, and Guidelines for Medicated-Assisted Treatment advisory linked below.

[SAMHSA Clinical Issues in Intensive Outpatient Treatment for Substance Use Disorders - Advisory 47](#)

## Section 2 SUD IOP Provider Enrollment

A provider must be enrolled with Vermont Medicaid to be reimbursed for providing SUD IOP treatment to Vermont Medicaid members. Both the group practice and any attending providers must enroll with Vermont Medicaid individually. To enroll with Vermont Medicaid, please see the instructions at [Vermont Medicaid Enrollment Instructions](#).

The chart below is intended to guide SUD IOP treatment providers in the enrollment process. A billing provider's taxonomy code must crosswalk with the provider type and specialty listed below. When submitting claims, the attending provider must use appropriate modifier depending on the attending provider type (i.e., a social worker would use the AJ modifier). Modifiers requirements associated with other license types can be found in the [Psychotherapy and Other Psychiatric Services Supplement](#).

If you have any enrollment questions, please contact the Provider Services Unit of Gainwell Technologies at 800-925-1706. **You can locate your Gainwell provider representative here:** [Gainwell Provider Rep Map](#).

Service	Provider Type	Provider Specialty	HCPCS Code
SUD IOP	T38	079	H0015

## Section 3 SUD IOP Provider Reimbursement

The Vermont Medicaid fee schedule can be found at [Vermont Medicaid Fee Schedule](#).

For Fee Schedule definitions please reference [Vermont Medicaid Fee Schedule Definitions](#).

### 3.1 Billing and Payments:

SUD IOP services are furnished through the following code:

- H0015: Alcohol and/or drug services

SUD IOP services are reimbursed by DVHA through an all-inclusive bundled payment rate billed on a CMS-1500 claim form. Evaluation and Management (E/M) services are not typically part of substance use disorder IOP. In those infrequent instances where a provider does need to evaluate a patient, an E/M should be billed separately outside of the rate. Please reference Table 1 below for services that are included in the bundle rate.

Table 1: SUD IOP bundle codes

Code	Services included in the bundle payment
H0015	<ol style="list-style-type: none"><li>1. Individualized Treatment Plan</li><li>2. Clinical Assessment</li><li>3. Individual Therapy</li><li>4. Group Therapy (no more than 10 members in group)</li><li>5. Family Therapy</li><li>6. Case Management</li><li>7. Crisis Intervention</li></ol>

For further billing guidance visit:

<https://vtmedicaid.com/assets/manuals/CMS1500UB04BillingGuide.pdf>.

Once enrolled, SUD IOP providers should work with the DVHA reimbursement unit to establish a rate agreement. This is required to receive payment for services rendered. Providers must disclose if they intend to render services under supervised billing.

If there are questions regarding rates and reimbursement, please contact the DVHA reimbursement unit at [ahs.dvhareimbursement@vermont.gov](mailto:ahs.dvhareimbursement@vermont.gov).

DVHA does not require prior authorization (PA) or concurrent review for SUD IOP. Providers must submit claims directly to Gainwell for reimbursement of services rendered. Providers should contact their Gainwell representative if they have questions or require further assistance using the [Gainwell Provider Rep Map](#).

### 3.2 Covered Services

**SUD IOPs must:**

1. Offer education on wellness and recovery.
2. Have direct affiliation with (or close coordination through direct referral to) more and less intensive levels of care and supportive housing services.

3. Secure psychiatric and/or medical consultation by telephone within twenty-four (24) hours and within seventy-two (72) hours in person.
4. Arrange medical, psychological, psychiatric, laboratory, and toxicology services through consultation or referral.
5. Utilize a planned format of therapies, delivered on an individual and group basis and adapted to the client's developmental stage and comprehension level.

**Non-Covered services in SUD IOP include, but are not limited to:**

1. Non-evidence-based models;
2. Transportation or services delivered in transit;
3. Club house, recreational, vocational, after-school or mentorship program;
4. Routine supervision, monitoring or respite;
5. Participating in community based, social based support groups (i.e. Alcoholics Anonymous, Narcotics Anonymous);
6. Watching films or videos;
7. Doing assigned readings; and
8. Completing inventories or questionnaires.

### **3.3 Service Limitations**

IOP services are direct services provided in a mental/behavioral health setting that provides structured programming. Providers must render between 9 and 19 hours of services per week, spread across three days per week, with each day including at least 3 hours of direct service. The distribution of service delivery must be clinically indicated and based on a patient-centered approach. Recipients who require more/fewer hours and/or more/fewer days over consecutive weeks should be reevaluated for a different level of care. Progress notes should clearly indicate the need for services above the expected time associated with IOP.

Any services rendered should follow DVHA guidance (General Billing and Forms Manual, General Provider Manual, Psychotherapy and Other Psychiatric Services Supplement, Supervised Billing Provider Manual, etc.) which can be found at [DVHA Provider Manuals](#).

## Section 4 Medical Necessity

Providers must meet all medical necessity requirements for the provision of SUD IOP services. Vermont Medicaid only pays for healthcare services that are medically necessary. Per [Medicaid Rule, 4.104](#), medically necessary is defined as healthcare services that are appropriate, in terms of type, amount, frequency, level, setting, and duration to the member's diagnosis or condition and must conform to generally accepted practice parameters recognized by health care providers in the same or similar general specialty who typically treat or manage the diagnosis or condition.

## Section 5 Special Investigations Unit

Vermont Medicaid pays only for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the code(s) should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law 33VSA Sec. 141(d) knowingly to do, attempt, or aid and abet in any of the following when seeking or receiving reimbursement from Vermont Medicaid:

- Billing for services not rendered or more services than actually performed
- Providing and billing for unnecessary services
- Billing for a higher level of services than actually performed
- Charging higher rates for services to Vermont Medicaid than other providers
- Coding billing records to get more reimbursement
- Misrepresenting an unallowable service on bill as another allowable service
- Falsely diagnosing so Vermont Medicaid will pay more for services

For more information on overpayments and potential interest charges, visit the General Provider Manual, section 6. <https://vtmedicaid.com/#/manuals>

Suspected fraud, waste or abuse should be reported to the DVHA Special Investigations Unit at <https://dvha.vermont.gov/providers/special-investigations-unit>, telephone 802.241.9210, or the Vermont Medicaid Fraud Control Unit of the Vermont's Attorney General's Office, telephone 802.828.5511.