Q: *Behavioral health IOP what is the process for the authorization request (S9480)*

Member must be in an intensive outpatient program setting. *For substance use, a Court order could be required for these services and it must meet ASAM Criteria* 2.1. The provider should have a structured program for their IOP program. Most IOP are 3-4 hours per day, 3-5 days a week, and is expected to last 12 to 16 weeks depending on the client's need.

Q: What Progress notes are required for a retro request.

A: If you are asking for specific dates. The specific notes are required to be submitted. IF you are asking for a time range the 2 to 5 progress notes for each code are required to be submitted.

Q: Is a unit considered 15 min or per session?

A: This depends on the codes you are requesting. Some codes are every fifteen minutes so for one session 4 units would be required. Other codes may be forty-five for a session and the units would need to reflect that.

Refer to CMS 1500 manual chapter 12.5 CMS 1500 Provider Manual | Serving Wyoming Medicaid Providers and Members

Q: *If a client lives in a group home but the services are provided in the outpatient office, what would the location be coded?*

A: If the patient is being seen outside of the Group home the Place of service selection should be other residential treatment center and the type of service should state outpatient therapy.

Q: *If an adult is in a group home and is seen weekly or less frequently, will additional documentation be needed?*

A: A treatment plan is required every 90 days.

Q: *Is there a way to update a case when in process? I.E., procedure code, provider, date range, modifier*

A: When a case is still in case creation status it can be updated by the user/submitter. Once the case has been reviewed, there are very few updates that can be made. Reach out to our Call Center @ 833-610-1057 or by email @ wymedicaidum@telligen.com if you are questioning something that needs to be updated. If the case cannot be updated a new request will need to be created.

Q: *When being asked for additional information do we recreate a new authorization?*

A: No, you do not need to create a new authorization request. When a request for information is sent to the provider the provider will view the case, scroll down to the correspondence panel, view the request for information letter which will have the additional information being requested. The provider will upload the additional information to the documents section. If the provider does not submit the additional information requested timely and the case has now been Technically Denied, a new request will need to be submitted with all required documentation.

Q: What if the member sees multiple providers? Will a separate authorization request be needed for each provider?

A: Yes, currently each provider will need their own separate authorization request.