FAQs About Integrated Intensive Outpatient Program Benefit

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ForwardHealth has developed this Frequently Asked Questions document to answer provider questions about the integrated intensive outpatient program (IOP) benefit, which launched in March 2025. This document will be revised with new information as it is available.

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Claims and Billing

Question: What billing code is used for claims on IOP Services?
Answer: If Wisconsin Medicaid is the primary payer, providers should use Healthcare Common Procedure Coding System (HCPCS) code H2019 (Therapeutic behavioral services, per 15 minutes) on all claims for covered IOP services. Additional modifiers are required to indicate if the service was an assessment or part of a mental health, substance use disorder (SUD), or integrated mental health/SUD program.

If Wisconsin Medicaid is secondary to Medicare or a commercial payer source, some providers may bill HCPCS code S9480 (Intensive outpatient psychiatric services, per diem) for mental health IOP or HCPCS code H0015 (Alcohol and/or drug services; intensive outpatient [treatment program that operates at 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) for SUD IOP coordination of benefits. This is only true for providers enrolled as IOP providers with a DHS 75.51 certificate.

Question: What are the reimbursement rates for IOP services billed with HCPCS code H2019?
Answer: Reimbursement rates for IOP services billed with HCPCS code H2019 are:

- $5.36 per 15 minutes for adults
- $9.76 per 15 minutes for a child or adolescent

There is no modifier required to bill for child/adolescent rates as the rates will be adjusted automatically based on the date of birth of the member receiving services. These rates can be confirmed on the maximum allowable fee schedule.

Question: Do IOP services provided in a group treatment setting bill at different rates from IOP services provided in an individual treatment setting?
Answer: Providers are reimbursed at the same rate for both individual and group IOP services.

Question: When a member is present for a portion of an IOP session, can the provider bill for a full hour or more of treatment time?
Answer: The provider's clinical notes must support the service billed for, including the quantity of service provided. Refer to Wis. Admin. Code § DHS 106.02(9) for details on required documentation.

Question: If a provider gives mental health-only IOP-like services under their existing DHS 61.75 certification, how do they bill?
Answer: The billing process for mental health-only IOP-like services is unchanged. Providers can bill the service using HCPCS code H2012 (Behavioral health day treatment, per hour) with modifier HE (Mental health program). Because there is no mental health IOP certification, providers may provide mental health-only IOP-like services under the DHS 61.75 certification.

Question: If a provider gives mental health-only IOP-like services under their existing DHS 35 certification, how do they bill?
Answer: The billing process for mental health-only IOP-like services is unchanged. Providers can bill the service using applicable outpatient mental health billing codes. Because there is no mental health IOP certification, providers may provide mental health-only IOP-like services under the DHS 35 certification.

Question: If an agency provides mental health, SUD, or mental health and SUD IOP services under a DHS 75.51 certification, and Wisconsin Medicaid is the primary payer, how is their service billed?
Answer: If an agency provides mental health, SUD, or mental health and SUD IOP services under a DHS 75.51 certification, and Medicaid is the primary payer, services are billed using HCPCS code H2019. A modifier indicates whether the session is:

- Mental health-only (modifier HE).
- SUD-only (modifier HF).
- Integrated mental health and SUD (modifier HH).

Question: If an agency provides both mental health and SUD IOP under a DHS 75.51 certification, and Wisconsin Medicaid is secondary to Medicare or a commercial payer source, how is their service billed?
Answer: Providers are required to bill the other payer first using the billing code specified by the primary payer. ForwardHealth allows providers to bill HCPCS code S9480 (for mental health IOP) or HCPCS code H0015 (for SUD IOP) for coordination of benefits. This is only true for providers enrolled as IOP providers with a DHS 75.51 certificate.

NEW! Question: Who can bill for IOP services using the H2019 billing code?
Answer: Providers must be certified under DHS 75.51 and enrolled as IOP providers (Mental Health and Substance Abuse Services provider type with an Intensive Outpatient Program specialty) to bill for IOP services using the H2019 billing code.

Outpatient, day treatment, or individual providers may not submit claims with the H2019 IOP code, unless they are certified under DHS 75.51 and enrolled with Wisconsin Medicaid as an IOP provider.

Providers may refer to the Attachment to this FAQ for a table that connects Division of Quality Assurance agency certifications with Medicaid provider types and specialties. The table also indicates if IOP services can be provided concurrently with a certain level of service.

NEW! Question: What type of claim form is used for billing IOP services, and who is listed as the billing and rendering provider?
Answer: Medicaid-enrolled IOP providers must submit billing on a professional claim form.

An IOP agency must include their National Provider Identifier (NPI) on the claim as **both** the billing and rendering/performing provider or the claim will be denied. The agency should not include the NPI of an individual practitioner in the rendering/performing provider field.

All treatment services covered under the IOP benefit require prior authorization (PA). Providers should refer to the Intensive Outpatient Program service area of the Online Handbook for all covered and noncovered services, prior authorization, and claims policy.

Covered Services

Question: Can members receiving IOP services also receive medication assisted treatment (MAT)?
Answer: Yes. MAT **must** be made available to members who choose it as part of their treatment. IOP providers must help the member access medication treatment. IOP providers may **not** deny services to someone receiving MAT. This includes all forms of MAT, which may be provided via programs certified under Wis. Admin. Code § DHS 75.59 or by Medicaid-enrolled prescribers. The MAT benefit is reimbursed separately from the bundled IOP treatment rate.

Question: Do IOP providers have to do an American Society of Addiction Medicine (ASAM) placement if the member is only receiving mental health IOP services?
Answer: ASAM placement is not required for a member who is only receiving mental health treatment services, as ASAM only pertains to SUD needs.

Certification

Question: If a provider operates both SUD partial hospitalization programs (PHPs)/day treatment and IOPs under their DHS 75.52 certification, are they now required to get an additional DHS 75.51 IOP certification?
Answer: Yes. DHS regulations now require the DHS 75.51 IOP certification for reimbursement from Wisconsin Medicaid. A provider billing for SUD IOP must have the certification to be reimbursed for SUD PHP and IOP services.

Question: Can a provider who currently operates their mental health-only PHP and mental health-only IOP-like services under their DHS 61.75 certification continue doing this?
Answer: Yes. Because there is no mental health IOP certification, providers may provide mental health-only IOP-like services under the DHS 61.75 certification. These mental health-only IOP-like services would be billed using HCPCS code H2012 with modifier HE.

Question: DHS 75.51 allows a provider to operate an SUD, mental health, or co-occurring IOP. If a provider still has their DHS 61.75 certification, can they operate their mental health IOPs under either their DHS 61.75 or 75.51?
Answer: Yes, a provider may operate their mental health IOP-only services under either DHS 61.75 or 75.51. A provider who provides mental health-only, IOP-like services is not required to obtain DHS 75.51 certification but has the option to do so (unlike a provider offering SUD IOP).

Enrollment

Question: Does each individual practicing provider within a Medicaid-enrolled provider facility need to be individually enrolled in IOP for the facility to bill IOP claims?
Answer: No. The provider facility bills claims for IOP services rendered by the individual provider. Individual providers render IOP services, but they must practice under a Medicaid-enrolled provider facility that either possesses a DHS 75.51 certification or is a federally qualified health center (FQHC).

Question: Can individually enrolled providers enroll and provide IOP?
Answer: No. Individual providers may render IOP services, but they must practice under a Medicaid-enrolled provider facility, which either possesses a DHS 75.51 certification or is an FQHC.

Question: How does a provider check on the status of their IOP enrollment application?
Answer: A provider can check the status of their application on the Enrollment Tracking Search page of the ForwardHealth Portal (the Portal) and entering the enrollment application tracking number.

Question: If an agency owns multiple facilities, does each location need its own enrollment?
Answer: Yes, each facility must enroll separately.

Question: Can an FQHC provide IOP without DHS 75.51 certification?
Answer: Yes. Federally certified FQHCs are allowed to render IOP services without a state certification when they are operating within the scope of their license. However, Medicaid-enrolled FQHCs must enroll in IOP to bill and be reimbursed by ForwardHealth for their IOP services.

Question: Can DHS 35 or billing groups enroll in and provide IOP services?
Answer: No, providers need to be DHS 75.51 certified to enroll in Wisconsin Medicaid and be reimbursed through the IOP benefit. However, because there is no mental health IOP certification, providers may provide mental health-only, IOP-like services under the DHS 35 certification.

Question: What is the processing time for IOP enrollment applications?
Answer: ForwardHealth usually notifies the provider of their enrollment status within 10 business days (and no longer than 60 days) after receiving the completed enrollment application.

HMOs and Managed Care Organizations

Question: Is IOP available through HMOs?
Answer: IOP coverage is available through BadgerCare Plus or Medicaid SSI HMOs for members enrolled in HMOs.

HMO and Managed Care Organization Prior Authorization

Question: For members receiving treatment through an HMO, is PA required?
Answer: Yes. All treatment services covered under the IOP benefit require PA.

Question: For members receiving treatment through an HMO, do providers need to submit PAs to ForwardHealth?
Answer: No**.** For members receiving treatment through an HMO, the HMO will handle the PA process.

Fee-for-Service Prior Authorization

Question: For members receiving treatment fee for service, is PA required?
Answer: Yes. All treatment services covered under the IOP benefit require PA.

Question: For members receiving treatment fee for service, do providers submit PA requests?
Answer: Providers must submit fee-for-service PA requests to ForwardHealth. PA requests can be approved using a same day, real-time automated process. Providers must have all required clinical documents on file and can usually be approved based on an attestation of this.

Question: How many hours of service are initial IOP PA requests approved for?
Answer: Initial PA requests may be approved for up to 19 hours per week for eight weeks of treatment.

Question: Can providers see a PA after submission on the Portal?
Answer: Providers will not be able to see a submitted PA on the Portal after submission. For PA assistance, contact Provider Services at 800-947-9627 with the PA number(s) you are inquiring about.

Question: How long does it take for providers to receive notice if the PA has been approved? Do providers receive notice by fax?
Answer: For PA assistance, contact Provider Services at 800-947-9627 with the PA number(s) you are inquiring about, as this process can vary.

Question: Can IOP PAs be amended to extend treatment?
Answer: Providers may submit a PA amendment request to extend the member's medically necessary treatment past the last day of an existing PA. Amendment requests may be submitted for up to eight weeks per request. The amendment must be submitted before the initial PA expires.

ATTACHMENT
Intensive Outpatient Program Technical Assistance Table

This table connects Division of Quality Assurance agency certifications with Medicaid provider types and specialties. The table also indicates if intensive outpatient program (IOP) services can be provided concurrently with a certain level of service.

Division of Quality Assurance Certification	Service Level	Provider Type/ Provider Specialty	Codes Allowed	Service Modifiers Allowed	Can Substance Use Disorder Intensive Outpatient Program Be Provided?	Can Mental Health Intensive Outpatient Program Be Provided?
DHS 35	Outpatient	Mental Health Agency, 11/801	Various but not H2012 or H2019	N/A	No	Yes
DHS 75.49	Outpatient	Substance Abuse Agency, 11/802	Various but not H2012 or H2019	N/A	No	No
DHS 75.49 and DHS 35	Outpatient	Mental Health/ Substance Abuse Agency, 11/803	Various but not H2012 or H2019	N/A	No	Yes
DHS 75.50	Outpatient	Mental Health/ Substance Abuse Agency, 11/803	Various but not H2012 or H2019	N/A	No	No
DHS 75.51	IOP	Intensive Outpatient Program, 11/804	H2019	HE, HF, HH	Yes	Yes (if substance use disorder IOP services are also available from the agency)
DHS 61.75	Day Treatment	Mental Health Agency, 67/801	H2012	HE	No	Yes
DHS 75.52*	Day Treatment	Substance Abuse Agency, 67/802	H2012	HF	No	No
DHS 61.75 and DHS 75.52	Day Treatment	Mental Health/ Substance Abuse Agency, 67/803	H2012	HF, HE	No	No

*Because DHS 75.52 can provide both mental health and substance use disorder day treatment, 803 is also a valid specialty for this certification.