



Intensive Outpatient Treatment Services

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Revenue center codes subject to review of a claim include the following:
IOP group counseling: H0015HK

According to Substance Abuse and Mental Health Services Administration (SAMHSA), Intensive Outpatient Therapy for Substance Use Disorders is an alternative to or transition from a higher level of care for a substance use disorder or co-occurring disorder¹. It offers a multi-modal, multi-disciplinary outpatient treatment incorporating individual, group, and family outpatient therapy, crisis intervention, and psychoeducation related to identified goals in the recipient's treatment plan¹.

According to the Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual from the Ohio Department of Medicaid, providers (MD/DO, CNS, CNP, PA, PSY, LISW, LIMFT, LPCC, LICDC, LSW, LMFT, LPC, LCDCIII, LCDC II) providing group counseling inside IOP level of care can bill for code H0015 and modifier HK².

Molina Healthcare may require documentation review from any contracted provider with claims for group counseling with unlicensed practitioner (H0015) or licensed practitioner (H0015 HK) in an IOP program. According to Milliman Care Guidelines (MCG) Health³, for IOP claims with a gap in service date no longer than 14 days are grouped into the same episode. The review of documentation may include a review of compliance with the applicable regulatory standards for the given service and/or provider type.

Molina Healthcare reimburses for group counseling (H0015 and H0015 HK) in IOP level of care services that are billed for an individual member that are evidence based, medically necessary and in keeping with the Ohio Department of Medicaid regulations.

Providers billing less than or equal to 14 units (days) per member per 30 days (month) will not require the member's clinical records to verify compliance.

Providers billing more than 14 units (days) per member per 30 days (month) will require the member's clinical records to verify compliance. In the event group counseling for IOP level of care for licensed services are not identified as part of the authorization review, Molina Healthcare will review impacted claims at the time of receipt. Claims that do not meet the provider qualification guidance, will require the member's clinical records to verify compliance with relevant Ohio regulation for their provider type and



payment, including at least 2 hours and 1 minute of treatment per unit². The revenue center codes subject to review of a claim include the following:

- IOP group counseling: H0015HK

Documentation History

Type	Date	Action
Initial Creation date	09/30/2025	New Policy

References

Substance Abuse and Mental Health Services Administration (SAMHSA)	CLINICAL ISSUES IN INTENSIVE OUTPATIENT TREATMENT FOR SUBSTANCE USE DISORDERS - Advisory 47 (samhsa.gov)
Department of Medicaid: Medicaid Behavioral Health State Plan Services – Provider Requirements and Reimbursement Manual Version 1.27:	BH Manual 1.27 Aug 2024 final.pdf.

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.