

Prior authorization is required for Intensive Outpatient (IOP) services beginning Oct. 1, 2024

Beginning **Oct. 1, 2024**, prior authorization is required before Intensive Outpatient (IOP) services can be rendered to any Medicaid member. This applies to both mental health (S9480) and substance use disorder (H0015) and any other coding AHCCCS may deem appropriate to cover IOP services and is in line with industry standards for IOP services.

There are two ways to request authorization:

1. **Online:** [Login](#) with your One Healthcare ID and password through the Provider Express secure portal.
 - For Groups - go to the **Auth tab** and choose the **Auth Request Page**.
 - For Facilities - go to the **Auth tab** and choose **Review Online**.
2. **By phone:** Call the number on the back of the member's ID card.

How authorization decisions are made

Optum Behavioral Health uses clinical criteria from industry organizations and associations to determine medical necessity and guide authorization decisions.

Many of the clinical criteria have been developed using evidence-based, outcome-oriented and results-focused research and best practices. The parameters help ensure members receive the treatment that best fits their needs and that resources are used wisely across the continuum of care – placement, continued stay, transfer or discharge. We also consider individual circumstances and the local delivery system when authorizing behavioral health services.

Review the criteria

All clinical guidelines and criteria used during the authorization review process for IOP are available in the [Clinical Resources](#) section of the Provider Express website, including:

- [LOCUS](#) for adult mental health services (ages 18+)
- [CALOCUS](#) for children and adolescent mental health services (ages 6-18)
- [ASAM](#) for adult substance use disorder services (ages 18-)

Questions?

If you have questions, please email us at: arizona_bh_pr@optum.com.