

## Psychotherapy

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Revision:

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### 1.0 CPT PROCEDURE CODE RANGES

90804 - 90857 for care provided through December 31, 2012.

90832 - 90853 for care provided on or after January 1, 2013.

### 2.0 DESCRIPTION

Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contact with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

### 3.0 POLICY

**3.1** Benefits are available for inpatient and outpatient psychotherapy that is medically or psychologically necessary to treat a covered mental disorder.

**3.2** Individual psychotherapy for patients with a mental disorder (**Diagnostic and Statistical Manual of Mental Disorders (DSM)**) that coexists with an alcohol and other drug abuse disorder is a covered benefit.

**3.3** Charges for outpatient psychotherapy are not covered when the patient is an inpatient in an institution. Claims for outpatient psychotherapy must be denied for the entire period during which the beneficiary is an inpatient in the institution.

**3.4** Employees of institutional providers are not authorized to bill for services rendered as part of that employment. Such services billed by the employee must be denied.

**3.5** Eye Movement Desensitization and Reprocessing (EMDR) is covered for the treatment of Post-Traumatic Stress Disorder (PTSD) in adults.

**3.6** Psychotherapy is not a Health and Behavior Assessment/Intervention. See [Section 16.2](#).

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**3.7** Across all behavioral health settings (outpatient, inpatient, partial hospitalization, Residential Treatment Centers (RTCs), and Substance Use Disorder Rehabilitation Facilities (SUDRFs)), the following standardized measures will be required at treatment baseline, at 60-120 day intervals, and at discharge for the corresponding diagnoses:

- Post-Traumatic Stress Disorder (PTSD) - PTSD Checklist (PCL)
- Generalized Anxiety Disorder (GAD) - GAD-7
- Major Depressive Disorder (MDD) - Patient Health Questionnaire - 8 (PHQ-8)

**3.8** Notification of the referring military provider or Military Treatment Facility (MTF)/Enhanced Multi-Service Markets (eMSM) referral management office (on behalf of the military provider) is required when a Service member or beneficiary, in the provider's clinical judgment, meets any of the following criteria:

- Harm to self - The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition;
- Harm to others - There is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence;
- Harm to mission - There is a serious risk of harm to a specific military operational mission. Such a serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment;
- Inpatient care - Admitted or discharged from any inpatient mental health or substance use treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards;
- Acute medical conditions interfering with duty - Experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the beneficiary's ability to perform assigned duties;
- Substance abuse treatment program - Entered into, or is being discharged from, a formal outpatient or inpatient treatment program.

**3.9** Timely notification to the referring military provider or MTF/eMSM referral management office (on behalf of the military provider) of the circumstances listed in [paragraph 3.8](#) is necessary to ensure the safety of the Service member or beneficiary by the MTF/eMSM, which is ultimately responsible for their care.

#### **4.0 POLICY CONSIDERATIONS**

**4.1** Maximum duration of psychotherapy sessions for care provided through December 31, 2012:

**4.1.1** Inpatient or outpatient individual psychotherapy (Current Procedural Terminology (CPT) procedure codes 90806, 90807, 90818, 90819) approximately 45 to 50 minutes; or (CPT procedure codes 90804, 90805, 90816, 90817) approximately 20 to 30 minutes.

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**4.1.2** Inpatient or outpatient group, conjoint or family psychotherapy: 90 minutes (CPT procedure codes):

90846 - FAMILY PSYTX W/O PATIENT  
90847 - FAMILY PSYTX W/ PATIENT  
90849 - MULTIPLE FAMILY GROUP PSYTX  
90853 - GROUP PSYCHOTHERAPY

**4.1.3** Crisis intervention (CPT procedure codes):

90808 - PSYTX, OFFICE, 75-80 MIN  
90809 - PSYTX, OFF, 75-80, W/E&M  
90821 - PSYTX, HOSP, 75-80 MIN  
90822 - PSYTX, HOSP, 75-80 MIN W/E&M

**4.2** Maximum duration of psychotherapy sessions for care provided on or after January 1, 2013:

**4.2.1** Inpatient or outpatient individual psychotherapy: 30 minutes (CPT procedure codes 90832 and 90833); 45 minutes (CPT procedure codes 90834 and 90836); or 60 minutes (CPT procedure codes 90837 and 90838).

**4.2.2** Inpatient or outpatient group, conjoint or family psychotherapy (CPT procedure codes):

90846 - FAMILY PSYTX W/O PATIENT  
90847 - FAMILY PSYTX W/ PATIENT  
90849 - MULTIPLE FAMILY GROUP PSYTX  
90853 - GROUP PSYCHOTHERAPY

**4.2.3** Crisis intervention (CPT procedure codes):

90839 - PSYTX FOR CRISIS, FIRST 60 MIN  
90840 - PSYTX FOR CRISIS, EACH ADDL 30 MIN

**4.3** Frequency of psychotherapy sessions.

**Note:** Beginning October 1, 1993, the mental health benefit year is changed from a calendar year to fiscal year. A patient is not automatically entitled to a designated number of sessions, and review can be more frequent when determined necessary.

**4.3.1** The frequency limitations on outpatient psychotherapy apply to any psychotherapy performed on an outpatient basis, whether by an individual professional provider or by staff members of an institutional provider.

**4.3.2** Treatment sessions may not be combined, i.e., 30 minutes on one day added to 20 minutes on another day and counted as one session, to allow reimbursement and circumvent the frequency limitation criteria.

**4.3.3** Multiple sessions the same day: If the multiple sessions are of the same type--two individual psychotherapy sessions or two group therapy sessions--payment may be made only if the

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circumstances represent crisis intervention and only according to the restrictions applicable to crisis intervention. A collateral session not involving the identified patient on the same day the patient receives a therapy session does not require review.

**4.3.4** Collateral visits (CPT procedure code 90887). Collateral visits are payable when medically or psychologically necessary for treatment of the identified patient. A collateral visit is considered to be a psychotherapy session for purposes of reviewing the duration or frequency of psychotherapy.

**4.3.5** Psychoanalysis (CPT procedure code 90845). Psychoanalysis is covered when provided by a graduate or candidate of a psychoanalytic training institution recognized by the American Psychoanalytic Association and when preauthorized by the contractor.

**4.3.6** Play therapy. Play therapy is a form of individual psychotherapy which is utilized in the diagnosis and treatment of children with psychiatric disorders. Play therapy is a benefit, subject to the regular points of review and frequency limitations applicable to individual psychotherapy.

**4.3.7** Marathon therapy. Marathon therapy is a form of group therapy in which the therapy sessions last for an extended period of time, usually one or more days. Marathon therapy is not covered since it is not medically necessary or appropriate.

**4.3.8** Inpatient psychotherapy and medical care. The allowable charge for inpatient psychotherapy includes medical management of the patient. A separate charge for hospital visits rendered by the provider on the same day as he/she is rendering psychotherapy is not covered. Payment is authorized only for medically necessary hospital visits billed on a day that psychotherapy was not rendered. If the provider who is primarily responsible for treatment of the mental disorder is not a physician, charges for medical management services by a physician are coverable, but only if the physician is rendering services that the non-physician provider is prohibited from providing. Concurrent inpatient care by providers of the same or different disciplines is covered only if second or third level review determines that the patient's condition requires the skills of multiple providers.

**4.3.9** Physical examination. A physical examination is an essential component of the work up of the psychiatric patient, and for all admissions should be performed either by the attending psychiatrist or by another physician. The examination may lead to confirmation of a known psychiatric diagnosis or consideration of other unsuspected psychiatric or medical illness. When not performed by the attending psychiatrist, payment may be made to another physician for performance of the initial physical examination. Any additional concurrent care provided by a physician other than the attending psychiatrist may be covered only if it meets the criteria under inpatient concurrent care.

**5.0 EFFECTIVE DATES**

**5.1** November 13, 1984.

**5.2** April 16, 2007, for EMDR for the treatment of PTSD in adults.

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