

Policy

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Purpose

This policy outlines Longevity Health Plan’s coverage of mental health services and addresses which specific services require prior authorization regardless of a provider’s in network status.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
Mental Health Services	Mental health services can be defined as any interventions including assessment, diagnosis, treatment, and counseling/psychotherapy offered in private, public health, inpatient, or outpatient settings for the maintenance or enhancement of mental health or the treatment of mental or behavioral disorders in individual and group contexts.
Psychological Testing	Psychological testing is the administration of psychological tests. These tests are administered by trained evaluators. A person’s responses are evaluated according to carefully prescribed guidelines.
Counseling	Counseling is the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties by a professional. Counseling focuses on a specific issue for a limited amount of time. For the purposes of this policy, both psychotherapy and counseling will be considered one in the same as identical CPT codes are utilized for billing purposes.
HPI	History of Present Illness

Policy

To ensure that services and supports provided to Longevity Health Plan members are medically necessary, goal oriented and time limited per CMS requirements, providers are to provide sufficient documentation of the services needed and how they relate to the medical diagnoses, must be time limited and goal oriented and in alignment with the members goals of care and ability to participate in the services provided.

In order to ensure medically needed, well-coordinated and appropriate services based on the member’s goals of care they must be coordinated with the member’s PCP/Longevity Advanced Practice Provider. This policy will address psychological testing and counseling/psychotherapy services which do require prior authorization regardless of a provider being in or out of network with the Plan. Medicare allows only the medically necessary portion of a visit. Regardless of generation of a complete note, only the necessary services for the condition of the patient at the time of the visit may be considered in determining the level/medical necessity of any service.

Approved Providers of Service

Providers rendering psychological services to Longevity Health members for the initial evaluation and treatment plan may initiate the evaluation and up to five therapy sessions prior to requiring a prior authorization to continue services. All psychotherapy/counseling services require member participation and must be medically necessary, goal oriented and time limited.

Documentation to support medical necessity for psychotherapy should include but is not limited to the following:

- Time element
- Modalities and frequency
- Clinical notes from each encounter that summarizes the following:
 1. Diagnosis with History of Present Illness
 2. Symptoms
 3. Functional Status
 4. Focused Mental Status Examination- e.g. BIMS
 5. Treatment Plan, Prognosis, and Progress towards goals
 6. Name, Signature, and Credentials of the person performing the service
- Documentation must support a face-to-face service. While it may include the involvement of family members, the patient **MUST** be present for all or some of the time.

Time Based Codes

When billing time-based codes, the CPT time rule applies:

Exact times **MUST** be documented in the medical record.

- Psychotherapy should not be reported if less than 16 minutes of therapy is provided.
- The code reported should be selected based on the time closest to that indicated in the code descriptor.
- For psychotherapy sessions lasting 90 minutes or longer, the appropriate prolonged service code should be utilized. (CPT 99354-99357).
- The duration of a course of psychotherapy must be individualized to each patient.
- Prolonged treatment may be subject to medical necessity review. The provider **MUST** document the medical necessity for prolonged treatment.

Documentation to support psychotherapy should include but is not limited to the following:

- Time element
- Modalities and frequency
- Clinical notes from each encounter that summarizes the following:
 1. Diagnosis
 2. Symptoms
 3. Functional Status/Anxiety/Depression Scales Results
 4. Focused Mental Status Examination
 5. Treatment Plan, Prognosis, and Progress
 6. Name, Signature, and Credentials of the person performing the service
 7. Goals of treatment and date to re-evaluate impact of therapeutic interventions
- Documentation must support a face to face service. While it may include the involvement of family members, the patient **MUST** be present for all or some of the time.

Psychiatric Diagnostic Interview Examination for CPT Codes 90791-90792

The following is required:

- Elicitation of a complete medical and psychiatric history including past, family, and social history
- Mental status examination
- Establishment of an initial diagnosis
- Evaluation of the patient's ability and capacity to respond to treatment
- Initial plan of treatment
- Reported once per day and **NOT** on the same day as another service performed by the same individual for the same patient.
- Covered once at the outset of an illness or suspected illness

Interactive Complexity for CPT Code 90785

- Add on code for interactive complexity
- Can be billed with any psychotherapy CPT code (90832-90838)
- Documentation should support communication factors that complicate delivery of psychiatric care:
 1. Patients with high anxiety and/or high reactivity that complicates care
 2. Deafness or individuals who do not speak the same language as the healthcare provider
 3. Use of play equipment or other devices
 4. Evidence of a sentinel event such as abuse

Psychotherapy Psychiatric Therapeutic Procedures for CPT Codes 90832-90838, 90845-90853, and 90865

- Codes 90832-90834 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy
- Codes 90845-90853 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy
- Code 90865 represents narcosynthesis for psychiatric diagnostic and/or therapeutic purposes.

The following are NOT included in the above codes:

- Teaching grooming skills
- Monitoring of activities of daily living
- Recreational therapy
- Social Interaction

Codes 90832-90838

Severe and profound intellectual disability is not covered for psychotherapy services. In such cases, rehabilitative, evaluation and management codes, or pharmacological management codes should be reported.

Members with dementia represent a very vulnerable population in which comorbid psychiatric conditions are common. For such a patient to benefit:

- Dementia cognitive impairment must be mild
 - BIMS scores of greater than or equal to 11
 - PHQ9 score > equal to 5
 - Agitation Score of 4-5
- They must retain the capacity to recall the therapeutic encounter from one session, individual, or group to another
- Capacity to meaningfully benefit from psychotherapy must be documented in the medical record

Services are not covered when documentation indicates that dementia has produced a severe enough cognitive deficit to prevent psychotherapy from being effective.

CPT Codes 90833, 90835, and 90838 MUST be submitted with evaluation and management services by either the MD/DO or NPP.

Code 90846 is utilized from family psychotherapy in the absence of the patient.

Note: All services ordered or rendered to Medicare beneficiaries MUST be signed. Signatures may be handwritten or electronically signed. Signatures should NOT be added late to a medical record.

Authorization Time Frames

Note: Authorization is not required for the initial evaluation and up to 5 sessions for psychotherapy/counseling services.

For members receiving services weekly or bi-weekly:

Services will be authorized for 12 weeks (or 12 visits) at a time. The APP and provider are to have monthly check-in meetings to ensure continued necessity and participation in those services and to discuss progress towards goals for those services. Alternative options will be explored for members who have exceeded timelines, are not showing improvement, and/or are no longer appropriate based on established appropriateness criteria established by Longevity Health.

For members receiving services weekly/monthly:

Services will be authorized for no more than 12 weeks at a time. The APP is to have bi-monthly check-in meetings with the provider to ensure continued appropriateness for services and/or improvement in condition. Alternative options will be explored for members who have exceeded timelines, are not showing improvement, and/or are no longer appropriate based on established appropriateness criteria established by Longevity Health.

Psychological Testing

Performing psychological testing with Longevity Health plan members, they must be discussed and coordinated with the member PCP/LHP APP and the member must be able to sit and participate in the 2 hours sessions. All psychological testing requires prior authorization.

Note:

Members participating in psychotherapy/counseling must have a BIMS Score of 11-15 and a PHQ9 Score equal to or greater than 5.



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		8/19/2022	Courtney Gonzales	NEW
1.0	Minor	9/8/2022	Courtney Gonzales	Add timelines and appropriateness verbiage
1.1	Minor	1/30/2023	Courtney Gonzales	Addition of Authorization Time Frames

Appendices



LCD - Psychiatric 10cmguidelines-FY2 Outpatient_Psych_F Psychotherapy
 Diagnostic Evaluatic022-April-1-update.ject_Sheet09.18.14.pDecision Tree Rev2 5

References

LCD L31877: Outpatient Psychiatry and Psychology Services:
<http://www.cgsmedicare.com/partb/medicalpolicy/index.html>

LCD L33252: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33252>

CGS Coverage and Pricing: <http://www.cgsmedicare.com/partb/fees/index.html>