



MASSACHUSETTS

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## Medical Policy

### Outpatient Psychotherapy

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#### Policy Number: 423

BCBSA Reference Number: N/A

NCD/LCD: Local Coverage Determination (LCD): Psychiatry and Psychology Services (L33632)

#### Related Policies

- Neuropsychological Testing, #[039](#)
- Psychological Testing, #[363](#)
- Repetitive Transcranial Magnetic Stimulation (rTMS), #[297](#)
- Outpatient Electroconvulsive Therapy, #[319](#)
- Complementary Medicine - Hypnotherapy, #[178](#) (CPT code 90880)

#### Policy

##### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Outpatient psychotherapy is a covered service (see coding section of policy for applicable codes).

Individual psychophysiological therapy with biofeedback training is **NOT MEDICALLY NECESSARY**.

Psychoanalysis is **NOT MEDICALLY NECESSARY**.

##### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link below.

[Local Coverage Determination \(LCD\): Psychiatry and Psychology Services \(L33632\)](#)

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at <https://www.cms.gov>.

## Prior Authorization Information

See below for situations where prior authorization may be required or may not be required.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS) In Network</b>	No
<b>Commercial Managed Care (HMO and POS) Out of Network</b>	No (See Notification Requirements)
<b>Commercial PPO and Indemnity</b>	No
<b>Medicare HMO Blue<sup>SM</sup></b>	Yes
<b>Medicare PPO Blue<sup>SM</sup> In Network</b>	Yes
<b>Medicare PPO Blue<sup>SM</sup> Out of Network</b>	No

## Notification Requirements

<b>Commercial Managed Care (HMO and POS) In Network</b>	No
<b>Commercial Managed Care (HMO and POS) Out of Network</b>	Yes Please submit this <u>Level of Care Request Form</u>
<b>Commercial PPO and Indemnity</b>	No
<b>Medicare HMO Blue<sup>SM</sup></b>	Yes Please submit this <u>Level of Care Request Form</u>
<b>Medicare PPO Blue<sup>SM</sup> In Network</b>	Yes Please submit this <u>Level of Care Request Form</u>
<b>Medicare PPO Blue<sup>SM</sup> Out of Network</b>	No

## CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**The following codes are covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity. No policy criteria need to be met. No prior authorization is required:**

### CPT Codes: Routine Outpatient Psychotherapy

<b>CPT codes:</b>	<b>Code Description</b>
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for a primary procedure)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)

### CPT Codes: Outpatient Psychotherapy Crisis

CPT codes:	Code Description
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

### Description

Psychotherapy consists of face-to-face encounters providing psychologically-based treatment designed to alleviate symptoms and restore functioning for persons with mental illnesses and substance use disorders. Varieties of evidence-based psychotherapies exist for specific conditions and should be matched to those conditions.

Traditionally, individual psychotherapy services were referred to as the “50 minute hour.” In 2013, the coding structure was changed from codes with three discrete time blocks to a set of codes that span a range of codes and overlap in the amount of time covered. Routine individual psychotherapy sessions generally last 16 to 52 minutes, are delivered face to face with the patient, and include 5 to 10 minutes of documentation time.

### Summary

Outpatient psychotherapy is a covered service.

### Policy History

Date	Action
5/2018	Notification requirements clarified.
1/2018	Administrative requirements for Commercial members removed. Effective 1/1/2018.
12/2017	Coding information clarified to no longer require specific diagnoses for coverage with CPT codes 90837 and 90838. Effective 12/1/2017 retroactive to 1/1/2017.
3/2017	Clarified note.
1/2017	Removed prior authorization requirement for the first 12 psychotherapy sessions described by CPT codes 90837 and 90838 for Commercial Managed Care (HMO and POS) members. Coding information clarified. Effective 1/1/2017.
12/2016	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue clarified. 12/1/2016
7/2016	Policy updated to remove from the coding section that psychotherapy must be conducted in person to be reimbursed. 7/20/2016.
1/2015	Prior authorization information for psychotherapy sessions (90837 and 90838) added. Coding information clarified. Effective 1/1/2015.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
2/2011	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
12/3/2010	BCBSA National medical policy review.

	Changes to policy statements.
10/2009	BCBSA National medical policy review. Changes to policy statements.
9/2009	BCBSA National medical policy review. Changes to policy statements.
7/2009	BCBSA National medical policy review. Changes to policy statements.
2/2009	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
1/2009	BCBSA National medical policy review. Changes to policy statements.
9/2008	BCBSA National medical policy review. No changes to policy statements.
5/2008	BCBSA National medical policy review. Changes to policy statements.
4/2008	BCBSA National medical policy review. Changes to policy statements.
2/2008	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
2/2007	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. Changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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10. Recommendations from the Medical Policy Group at its February 2002 meeting. The group decided to exclude coverage for psychoanalysis, and provide coverage for psychoanalysis under the individual consideration program.

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