Behavioral Health 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
N/A

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

Outpatient psychotherapy services may be MEDICALLY NECESSARY for the diagnosis, assessment, and treatment of mental health disorders, for any of the following indications:
- Identification of the presence or absence of a disorder, as outlined in the current Diagnostic & Statistical Manual of Mental Disorders including assessment of the acuity and severity of a condition, or
- Treatment plan formulation for identified disorder(s), or
- Identification of symptoms that contribute to a diminution in an individual's level of functioning and quality of life, or
- Accepted therapeutic techniques used to stabilize or improve functioning.

Individual psychophysiological therapy with biofeedback training is NOT MEDICALLY NECESSARY.

Psychoanalysis is NOT MEDICALLY NECESSARY.

Medicare HMO BlueSM and Medicare PPO BlueSM 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**
Pre-service approval is required for all inpatient services for all products. 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.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO, and Indemnity</td>
<td>No for the first 12 visits for participating providers</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
</tr>
<tr>
<td>Medicare PPO BlueSM In Network</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare PPO BlueSM Out of Network</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For Managed Care members (HMO and POS):
For participating network providers, prior authorization is not required for initiation of treatment. Submission of a claim for outpatient services will automatically trigger an authorization for up to 12 outpatient sessions. After the initial 12 sessions all providers must request prior authorization for additional sessions. Use the Behavioral Health - Level of Care Request Form to make these requests. **Note all authorizations are subject to the member’s subscriber certificate which outlines the member’s benefits for outpatient services.**

To obtain the Behavioral Health - Level of Care Request Form, go to Provider Central>Forms>Authorization: https://provider.bluecrossma.com/ProviderHome/wcm/connect/02f39e1a-0a1d-4ad8-8f79-1cb855edcba0/BehavioralHealthBenefitReview.pdf?MOD=AJPERES&CONVERT_TO=URL&CACHEID=02f39e1a-0a1d-4ad8-8f79-1cb855edcba0

**Other Information**
When psychopharmacotherapy is used, coordination of patient care between outpatient clinician and the prescribing physician or clinical nurse specialist is required.

Outpatient psychotherapy is subject to the terms of each subscriber certificate and both the federal and state Mental Health Parity Laws on its effective date or on anniversary date depending on the subscriber certificate. Authorization for reimbursement is also dependent on determination of medical necessity, depending on the subscriber certificate.

Procedure Codes 90837 & 90838:
- As of January 1, 2017, the first 12 visits associated with CPT codes 90837 and 90838 do not require prior authorization for Commercial HMO and POS policies.
- For Commercial HMO and POS policies **after 12 visits, prior authorization is required when delivering services associated with CPT codes 90837 and 90838**
- Procedure codes 90837 and 90838 are not to be employed for the preference of the practitioner or member request.
- For procedure code 90837 (Psychotherapy, 60 minutes with patient and/or family member) and procedure code 90838 (Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service) may be **MEDICALLY NECESSARY** when applied in the treatment of the listed disorders by a qualified practitioner.
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 above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Interactive complexity (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation with medical services</td>
</tr>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient</td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</td>
</tr>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis; first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)</td>
</tr>
<tr>
<td>90846</td>
<td>Family psychotherapy (without the patient present), 50 minutes</td>
</tr>
<tr>
<td>90847</td>
<td>Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes</td>
</tr>
<tr>
<td>90849</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853</td>
<td>Group psychotherapy (other than of a multiple-family group)</td>
</tr>
<tr>
<td>96110</td>
<td>Developmental screening, with interpretation and report, per standardized instrument form</td>
</tr>
<tr>
<td>96150</td>
<td>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment</td>
</tr>
<tr>
<td>96151</td>
<td>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment</td>
</tr>
<tr>
<td>96152</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; individual</td>
</tr>
<tr>
<td>96153</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</td>
</tr>
<tr>
<td>96154</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)</td>
</tr>
<tr>
<td>96155</td>
<td>Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)</td>
</tr>
<tr>
<td>99201</td>
<td>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
</tbody>
</table>
99202  Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

99203  Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

99204  Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

99205  Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

99211  Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

99213  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

99214  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's
and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
</tbody>
</table>

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0031</td>
<td>Mental health assessment, by nonphysician</td>
</tr>
<tr>
<td>H2011</td>
<td>Crisis intervention service, per 15 minutes</td>
</tr>
<tr>
<td>H2012</td>
<td>Behavioral health day treatment, per hour</td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
</tr>
</tbody>
</table>

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

NOTE: CPT codes 90837 and 90838 are covered for Medicare Advantage members with no restrictions on diagnoses.

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for a primary procedure)</td>
</tr>
</tbody>
</table>

The following ICD Diagnoses Codes are considered medically necessary when submitted with CPT codes 90837 and 90838 if medical necessity criteria are met.

Note: CPT codes 90837 and 90838 are only covered with the diagnoses below.

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10CM diagnosis codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F40.00</td>
<td>Agoraphobia unspecified</td>
</tr>
<tr>
<td>F40.01</td>
<td>Agoraphobia with panic disorder</td>
</tr>
<tr>
<td>F40.02</td>
<td>Agoraphobia without panic</td>
</tr>
<tr>
<td>F40.10</td>
<td>Social phobia unspecified</td>
</tr>
<tr>
<td>F40.11</td>
<td>Social phobia generalized</td>
</tr>
<tr>
<td>F40.210</td>
<td>Arachnophobia</td>
</tr>
<tr>
<td>F40.218</td>
<td>Other animal phobia</td>
</tr>
<tr>
<td>F40.220</td>
<td>Fear of thunderstorms</td>
</tr>
<tr>
<td>F40.228</td>
<td>Other natural environment phobia</td>
</tr>
<tr>
<td>F40.230</td>
<td>Fear of blood</td>
</tr>
<tr>
<td>F40.231</td>
<td>Fear of injections/transfusions</td>
</tr>
<tr>
<td>F40.232</td>
<td>Fear of other medical care</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>F40.233</td>
<td>Fear of injury</td>
</tr>
<tr>
<td>F40.240</td>
<td>Claustrophobia</td>
</tr>
<tr>
<td>F40.241</td>
<td>Acrophobia</td>
</tr>
<tr>
<td>F40.242</td>
<td>Fear of bridges</td>
</tr>
<tr>
<td>F40.243</td>
<td>Fear of flying</td>
</tr>
<tr>
<td>F40.248</td>
<td>Other situational type phobia</td>
</tr>
<tr>
<td>F40.290</td>
<td>Androphobia</td>
</tr>
<tr>
<td>F40.291</td>
<td>Gynophobia</td>
</tr>
<tr>
<td>F40.298</td>
<td>Other specific phobia</td>
</tr>
<tr>
<td>F40.8</td>
<td>Other phobic anxiety disorders</td>
</tr>
<tr>
<td>F40.9</td>
<td>Phobic anxiety disorder unspecified</td>
</tr>
<tr>
<td>F41.0</td>
<td>Panic disorder [episodic paroxysmal anxiety] without agoraphobia</td>
</tr>
<tr>
<td>F41.1</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>F41.3</td>
<td>Other mixed anxiety disorders</td>
</tr>
<tr>
<td>F41.9</td>
<td>Anxiety disorder unspecified</td>
</tr>
<tr>
<td>F42.2</td>
<td>Mixed obsessional thoughts and acts</td>
</tr>
<tr>
<td>F42.3</td>
<td>Hoarding disorder</td>
</tr>
<tr>
<td>F42.4</td>
<td>Excoriation (skin-picking) disorder;</td>
</tr>
<tr>
<td>F42.8</td>
<td>Other obsessive compulsive disorder</td>
</tr>
<tr>
<td>F42.9</td>
<td>Obsessive-compulsive disorder, unspecified</td>
</tr>
<tr>
<td>F43.0</td>
<td>Acute stress reaction</td>
</tr>
<tr>
<td>F43.10</td>
<td>Unspecified, Post-traumatic Stress Disorder</td>
</tr>
<tr>
<td>F43.11</td>
<td>Acute, Post-traumatic Stress Disorder</td>
</tr>
<tr>
<td>F43.12</td>
<td>Chronic, Post-traumatic Stress Disorder</td>
</tr>
<tr>
<td>F45.21</td>
<td>Hypochondriasis</td>
</tr>
<tr>
<td>F60.3</td>
<td>Borderline personality disorder</td>
</tr>
<tr>
<td>F63.3</td>
<td>Trichotillomania</td>
</tr>
<tr>
<td>F91.0</td>
<td>Conduct disorder confined to family context</td>
</tr>
<tr>
<td>F91.1</td>
<td>Conduct disorder childhood onset</td>
</tr>
<tr>
<td>F91.2</td>
<td>Conduct disorder adolescent onset</td>
</tr>
<tr>
<td>F91.3</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>F91.8</td>
<td>Other conduct disorders</td>
</tr>
<tr>
<td>F91.9</td>
<td>Unspecified conduct disorders (disruptive)</td>
</tr>
<tr>
<td>F94.0</td>
<td>Selective mutism</td>
</tr>
<tr>
<td>F95.0</td>
<td>Transient tic disorder</td>
</tr>
<tr>
<td>F95.1</td>
<td>Chronic motor or vocal tic disorder</td>
</tr>
<tr>
<td>F95.2</td>
<td>Tourette's disorder</td>
</tr>
</tbody>
</table>

**Summary**
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 abuse disorders. Varieties of evidence-based psychotherapies exist for specific conditions and should be matched to those conditions.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2017</td>
<td>Clarified note.</td>
</tr>
<tr>
<td>1/2017</td>
<td>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.</td>
</tr>
<tr>
<td>12/2016</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue clarified. 12/1/2016</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7/2016</td>
<td>Policy updated to remove from the coding section that psychotherapy must be conducted in person to be reimbursed. 7/20/2016.</td>
</tr>
<tr>
<td>1/2015</td>
<td>Prior authorization information for psychotherapy sessions (90837 and 90838) added. Coding information clarified. Effective 1/1/2015.</td>
</tr>
<tr>
<td>9/2008</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
<tr>
<td>5/2008</td>
<td>BCBSA National medical policy review. Changes to policy statements.</td>
</tr>
</tbody>
</table>

**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**


**Endnotes**

2. 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.
   According to Massachusetts General Law, MGL Chapter 176G Section 4M at [http://www.mass.gov/legis/laws/mgl/176g-4m.htm](http://www.mass.gov/legis/laws/mgl/176g-4m.htm).