



Title

Outpatient Psychotherapy

When services are covered

We cover **outpatient psychotherapy** services for the diagnosis, assessment, and treatment of mental health disorders, for all of the following indications:¹

- Identification of the presence or absence of a disorder, as outlined in the current DSM, including assessment of the acuity and severity of a condition
- Treatment plan formulation for identified disorder(s)
- Identification of symptoms that contribute to a diminution in an individual's level of functioning and quality of life
- Accepted therapeutic techniques used to stabilize or improve functioning.

When services are not covered

We do not cover the following services, because they are not considered medically necessary:

- **Medical hypnotherapy**¹
- **Individual psychophysiological therapy** with biofeedback training.¹

We do not cover **psychoanalysis**, effective 7/02^{4,5}.

Outpatient Psychotherapy Authorization Guidelines

Managed Care

For network providers, no pre-certification or pre-authorization is required for initiation of treatment. Submission of a claim for outpatient services will automatically trigger an authorization for up to twelve outpatient sessions. The provider may request additional sessions beyond the initial twelve up to the benefit limit by submitting:

- Treatment Review Form (TRF) via fax or post mail. To obtain copies of the TRF, call our Fax-On-Demand service at **1-888-633-7654** and request document **759** or log on to our the resource center on our Blue Links for providers website www.bcbsma.com/provider

Indemnity and PPO

*No pre-certification is required up to the member's benefit limit.

**Some PPO plans such as FEP may require prior authorization*

Inpatient and Alternative Level of Care Authorization Guidelines

Managed Care, Indemnity and PPO

BCBSMA requires that members or someone on behalf of the member, call the mental health 1-800 number on the member's ID card for prior authorization.

- Prior authorization is required for all services to be reimbursed.
- To be reimbursed for a service, providers must document the service in accordance with our medical record guidelines, including diagnosis, length of service, place of service, and professional who is providing services.

Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

Blue Cross Blue Shield of Massachusetts
Behavioral Health Department
One Enterprise Drive 02/05
Quincy, MA 02171

Other information

Please see clinical practice guideline recommendation for treatment of depression.

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 the Mental Health Parity Law effective 1/1/2001 or on anniversary date depending on the subscriber certificate.

MENTAL HEALTH PARITY

- The Mental Health Parity Act is a Massachusetts State law that requires coverage under insured health plans for the treatment of biologically-based mental health conditions to the same degree as is provided for physically-based conditions. The law also increases the benefits available for non-biologically based mental health conditions. The law applies to BCBSMA groups on their group anniversary date on or after January 1, 2001 and for most BCBSMA direct-payment plans on a later schedule. The law is not applicable to Medicare HMO Blue and Medicare PPO Blue plans. Self-insured health plans and FEP plans are not subject to the mandate and may choose different benefits.
- Biologically-based illnesses include, but are not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder, delirium and dementia, and affective disorders. A full list of parity DSM-IV and ICD-9 diagnosis codes is available on document #761. To request document # 761, call our fax-on-demand system at 1-800-443-6657.
- For adults, the law requires insurers to cover mental health benefits for biologically-based mental health conditions in the same way as medical benefits in terms of co-payments, number of covered outpatient visits, and covered inpatient days. Coverage can be subject to other provisions of a member's policy that are also applied to physically-based conditions (for example, medical necessity, and prior authorization).
- For children (under age 19), the law provides for the same coverage as for adults. In addition, the diagnosis and treatment of non-biologically based conditions is covered when they "substantially interfere with or substantially limit the functioning and social interactions of such a child or adolescent" or when the disorder "is evidenced by conduct, including, but not limited to: (1) an inability to attend school as a result of such a disorder, (2) the need to hospitalize the child or adolescent as a result of such a disorder, (3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others."⁶
- Major benefits of this law include coverage in parity with physically-based conditions for:
 - Adults with biologically-based illnesses, as noted above
 - Covered dependent children under age 19 (includes full course of treatment after age 19 if treatment began before 19)
 - Rape-related mental or emotional disorders.
- All other mental health conditions, including drug and alcoholism, are deemed non-biologically based conditions and the following benefits are required by the Mental Health Parity Act:

- Same number of days in a general hospital as for other medical conditions;
- Up to 60 days of inpatient care per calendar year in a mental hospital, and
- Up to 24 outpatient visits per calendar year

ALCOHOLISM

After all mental health benefits are exhausted as described above, additional benefits are still available for treatment of alcoholism for insured plans (self-insured plans may have different benefits), as required by an existing state mandate. These additional benefits are available as follows:

- Up to 30 days per calendar year in a mental hospital or substance abuse treatment facility; and
- Up to 8 outpatient visits per calendar year (with a value of at least \$500 per calendar year).

Please be advised Evaluation and Management (E&M) Services, 99201-99205 and 99211-99215, are not reimbursable to behavioral health providers. Behavioral health providers requiring further clarification on which services are reimbursed are encouraged to call Provider Services at (800) 451-8124.

For Medical Technology Assessment Guidelines, see document # 350.

For Medical Technology Assessment Non Covered services, see document # 400.

Our contracted mental health providers are licensed psychiatrists, psychologists with health service provider status, licensed independent clinical social workers, certified clinical specialists in psychiatric and mental health nursing, licensed mental health counselors, licensed marriage and family therapists *effective 5/1/08*, psychiatric nurse practitioners *effective 10/1/08*, or licensed medical, mental health or substance abuse facilities currently contracted with BCBSMA.

Consults and psychotherapy must be conducted in person to be reimbursed.

American Psychiatric Association 202-682-6000

1400 K Street, N.W., Washington, D.C. 20005

Phone:, FAX: 202-682-6114

Email: apa@psych.org Web: <http://www.psych.org/>

American Psychological Association 202-336-5500

750 First Street, NE

Washington, D.C. 20002-4242

National Institute of Mental Health Public Inquiries (301) 443-4513

5600 Fishers Lane, Room 7C-02, Rockville, MD 20857-0001

Web address: <http://www.nimh.nih.gov/> Email: nimhinfo@nih.gov

Mental Health FAX4U is an automated fax-on-demand system providing information on NIMH research, funding opportunities, and mental illnesses.

MENTAL HEALTH FAX4U: (301)443-5158

American Board of Psychiatry and Neurology (708) 945-7900

500 Lake Cook Rd, Suite 335, Deerfield, IL 60015

Coding information

Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.

The following codes are included below for informational purposes. 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.

For Professional Providers

The following codes will decrement the mental health benefit by **one** visit, for products which use our mental health network.

NOTE: When a psychiatric diagnostic interview is performed with a psychotherapy service on the same date of service, both services will be reimbursed.

Psychiatric Diagnostic or Evaluative Interview Procedures:

- CPT code 90801, psychiatric diagnostic interview examination
NOTE: CPT code 90801 will be reimbursed yearly, or more often, when there has been a significant break in treatment (at least 3 months).
- CPT code 90802, interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication-
NOTE: Reimbursement is limited to 50 minutes per day - And to one CPT code 90802 per provider, per 365 days, per member, unless there is a significant break (3 months or more) in treatment.

Other Psychotherapy:

- CPT code 90846, family psychotherapy (without the patient present)
NOTE: Reimbursement is limited to one session per day.
- CPT code 90847, family psychotherapy (conjoint psychotherapy) (with patient present)
NOTE: Reimbursement is limited to one session per day, and to only one clinician per unit of service.
- CPT code 90849, multiple-family group psychotherapy
NOTE: Reimbursement is limited to one session of at least seventy-five minutes per day.
- CPT code 90853, group psychotherapy (other than of a multiple-family group)
NOTE: Reimbursement is limited to one session of at least seventy-five minutes per day.
- CPT code 90857, interactive group psychotherapy
NOTE: Reimbursement is for services, which are at a minimum, and limited to ninety minutes per day.

Office or Other Outpatient Facility

NOTE: The following codes are to be used for office or other outpatient facility

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy:

- CPT code 90804, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
- CPT code 90805, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90806, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
- CPT code 90807, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90808, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90808 will be reimbursed as CPT code 90806.

- CPT code 90809, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90809 will be reimbursed as CPT code 90807.

Interactive Psychotherapy:

- CPT code 90810 individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
- CPT code 90811, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90812, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
- CPT code 90813, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90814, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90814 will be reimbursed as CPT code 90812.
- CPT code 90815, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90815 will be reimbursed as CPT code 90813.
- CPT code 90845, psychoanalysis. CPT code 90845 is a *non covered* service.

Inpatient Hospital, Partial Hospital or Residential Care Facility

NOTE: The following codes are to be used for inpatient hospital, partial hospital or residential care facility

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy:

- CPT code 90816, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
- CPT code 90817, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90818, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
- CPT code 90819, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient with medical evaluation and management services

- CPT code 90821, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient to report hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90821 will be reimbursed as CPT code 90818.
- CPT code 90822, individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services-
NOTE: We reimburse up to 50 minutes of individual psychotherapy **only**. CPT code 90822 is reimbursed as CPT code 90819.

Interactive Psychotherapy:

- CPT code 90823, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;
- CPT code 90824, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90826, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;
- CPT code 90827, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
- CPT code 90828, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;
NOTE: We reimburse up to 50 minutes of interactive psychotherapy **only**. CPT code 90828 will be reimbursed as CPT code 90826.
- CPT code 90829, individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital, or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
NOTE: We reimburse up to 50 minutes of interactive psychotherapy **only**. CPT code 90829 will be reimbursed as CPT code 90827.

Prolonged Physician Service in the Office or Other Outpatient Setting:

- CPT code 99354, prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management Service)
NOTE: Reimbursement is limited to sixty minutes per day *beyond* the usual service, when medically necessary due to patient acuity.
- CPT code 99355, prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)

NOTE: Reimbursement is limited to each additional thirty minutes per day *beyond* the usual service when medically necessary, due to patient acuity. For network products, this service decrements the benefit one visit for each additional unit of service.

NOTE: Payment and codes may not be available to all Behavioral Health Professional Type and Specialties.

Consults:

- Consultation services (CPT codes 99241, 99242, 99243, 99244, and 99245)-
NOTE: Reimbursement is based on duration and complexity of problem.

Pharmacologic Management:

- CPT code 90862, pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
NOTE: This service is applied to the member's medical benefit.

The following procedures will deny as "included in other services", therefore there is no separate reimbursement – leaving no patient balance.

- CPT code 90882, environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
- CPT code 90885, psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
- CPT code 90887 interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
- CPT code 90889, preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers

The following procedures are considered **non-covered** services and will reject leaving a patient balance:

- CPT code 90865, narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)-

The services listed below will reject according to Medical Technology Assessment Guidelines, for all plans, leaving no patient balance:

- CPT code 90875, individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient) with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
- CPT code 90876, individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient) with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
- CPT code 90880, hypnotherapy

Definitions

Outpatient psychotherapy is a recognized method of assessment, diagnosis, formulation, planning, and treatment of mental disorders. It often involves questions, answers, discussion, and various techniques to discover and treat mental disorders. Mental health diagnoses are cataloged in a book called the Diagnostic and Statistical Manual of Mental Disorders (DSM). Psychotherapy sessions may be conducted privately with a single patient (individual therapy), with couples (couples psychotherapy), or families (family psychotherapy). For some patients, a combination of these approaches may be used.

acuity: how sudden or long-term a condition has been

clinical specialist in psychiatric and mental health nursing: individual with a masters of science in nursing from an accredited university or college and two years post-masters' experience in nursing.

collateral psychotherapy: psychotherapy involving people important to the patient, such as teacher, family member but without the patient present

conjoint psychotherapy: family or couple psychotherapy

diagnostic interview: a session to determine whether or not there is a mental health disorder, and whether it is mild or severe

hypnotherapy: using hypnosis as a part of therapy

licensed independent clinical social worker (LICSW): individual who have a masters of science in social work from an accredited university or college with two years post-masters' experience.

licensed marriage and family therapist: individual with a masters in marriage and family therapy with two years post-master's experience in counseling.

licensed mental health counselor (LMHC): individual with a masters in counseling psychology with two years post-masters' experience in counseling.

narcosynthesis/ sodium amytal: "truth serum", using drugs to attempt to overcome inhibitions or "blocks", in an attempt to find out more about a person's thoughts, feelings, or past experiences

pharmacotherapy (psychopharmacotherapy): therapy which includes drugs

psychiatric nurse practitioner (PNP): an advanced practice registered nurse who has successfully obtained National Certification and is authorized by the Board of Registration in Nursing or licensure authority to practice a specific specialty (mental health) in an advanced nursing role

psychiatrist: a trained mental health professional who has a medical degree (M.D or D.O), can prescribe drugs, and has completed or is serving in a psychiatry residency training program

psychoanalysis: different from psychotherapy. In analysis, such as Freudian analysis, people attempt to learn about their inner mind and how they developed since childhood. Some people choose to undergo this type of analysis, even if they do not have a medical illness.

psychologist: trained mental health professional, who has a degree in psychology, but is not a physician or medical doctor (MD)

psychophysiological: mind-body: an illness presentation due to an interaction of psychological and physiological variables

Policy update history

Policy Issued 4/97. Revised 8/97 to include updated information on procedure code 90849, limiting reimbursement to one session of at least 75 minutes per day. Updated 9/97 to include coverage for individual psychophysiological therapy incorporating biofeedback by any modality for Blue Care 65 (Medicare HMO Blue) only, in accordance with the 1997 Medicare Physician Fee Schedule Database, NHIC (National Heritage Insurance Company) letter of August 29, 1997. See procedure codes 90875 and 90876 under billing and reimbursement. Updated 10/97 to clarify reimbursement information for procedure code 90801. No changes in coverage were made. Updated 12/97 ; 1998 CPT codes were added. Reviewed 4/98; added information regarding the Federal Mental Health Parity law. No changes in coverage were made. Reviewed 2/99; eye movement desensitization for PTSD was excluded from coverage. Updated 11/99 to include processing information for CPT codes 90882, 90885, 90887, and 90889. Updated 2/2000 to include coverage for psychoanalysis under CPT 90845, effective 7/1/00. Updated 2/01 to remove the following statement due to Mental Health Parity: Outpatient psychotherapy, beyond an initial assessment, is covered for the treatment of a current DSM diagnosis within the limitations of the member's benefits. Updated 2/02 to exclude coverage for psychoanalysis; effective 7/02. Psychoanalysis will be reviewed on a case-by-basis under the individual consideration program. Reviewed 2/03, MPG Psychiatry, no changes in coverage were made. Updated 05/03 to clarify 90801 will be reimbursed yearly or more often when there has been a significant break in treatment. Updated 6/03 to clarify that health and behavior assessment/intervention codes are payable to non-physician providers only. Updated 9/03 to clarify E&M services are not payable to behavioral health providers. Reviewed 2/04 MPG Psychiatry, Ophthalmology and Endocrinology, no changes in coverage were made. Updated 8/04 to remove statement on eye movement desensitization and re-processing (EMDR) for post-traumatic stress disorder. Updated 12/04 to clarify when a psychiatric diagnostic interview and a psychotherapy service are performed on same date of service, separate reimbursement will be allowed, effective 12/04. Updated 2/05 to clarify coverage language specific to children under age 19 according to Mental Health Parity Act, Massachusetts State Law. Reviewed 2/05 MPG Psychiatry, ophthalmology and endocrinology, no

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changes in coverage were made. Updated 8/06 to clarify the managed care guidelines by removing reference to Merit Behavioral Care; removed IC guidelines and language specific to psychoanalysis. Updated 2/07 MPG - Ophthalmology, Psychiatry and Endocrinology to clarify the definition of a psychiatrist. Updated 2/08 MPG - Ophthalmology, Psychiatry and Endocrinology, no changes in coverage were made. Updated 4/08 to clarify coding information section, added licensed marriage and family therapists as a contracted mental health provider as of 5/1/08 and clarified authorization of outpatient services under outpatient psychotherapy guideline section. Updated 5/08 to further clarify language related to authorization of services as well as formatting with new sections. Updated 9/08 to add psychiatric nurse practitioners as a contracted mental health provider as of 10/1/08. Updated 1/09 to clarify managed care outpatient psychotherapy authorization requirements. Reviewed 2/09 MPG – Psychiatry, Ophthalmology and Endocrinology, no changes in coverage were made.

Scientific background, Rationale and References

¹References for this medical policy include:

- Smith, Mark L. and Glass, Gene V.; Meta-analysis of Psychotherapy outcome Studies; American Psychologist, Sept., 1977.
- Andrews, Gavin and Harvey, Roloini.; A Reanalysis of the Smith, Glass, and Miller Data; Archives of General Psychiatry, Nov., 1981.
- Casey, Rita J. Berman, Jeffrey S.; The Outcome of Psychotherapy with Children; Psychological Bulletin, Sept., 1985.
- Chatwell, Buddy H. and Howell, Robert J.; Research Note: A Self-Report of Spontaneous Remission and Psychotherapy Outcome; Journal of Community Psychology, Jan., 1979.

⁴Recommendations from the President of the Massachusetts Psychiatric Society at the February 2000 Medical Policy Group Meeting. The group decided to cover psychoanalysis, effective 7/00.

⁵Recommendations from the Medical Policy Group at its 2/02 meeting. The group decided to exclude coverage for psychoanalysis, and provide coverage for psychoanalysis under the individual consideration program.

⁶According to Massachusetts General Law, MGL Chapter 176G Section 4M at <http://www.mass.gov/legis/laws/mgl/176g-4m.htm>

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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