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 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
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>Service Description</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS) In Network</td>
<td>No</td>
</tr>
<tr>
<td>Commercial Managed Care (HMO and POS) Out of Network</td>
<td>No (See Notification Requirements)</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare PPO BlueSM In Network</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare PPO BlueSM Out of Network</td>
<td>No</td>
</tr>
</tbody>
</table>

Notification Requirements

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS) In Network</td>
<td>No</td>
</tr>
<tr>
<td>Commercial Managed Care (HMO and POS) Out of Network</td>
<td>Please submit this Level of Care Request Form</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare PPO BlueSM In Network</td>
<td>Please submit this Level of Care Request Form</td>
</tr>
<tr>
<td>Medicare PPO BlueSM Out of Network</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>
Psychotherapy, 60 minutes with patient
Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for a primary procedure)
Family psychotherapy (without the patient present), 50 minutes
Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
Multiple-family group psychotherapy
Group psychotherapy (other than of a multiple-family group)

**CPT Codes: Outpatient Psychotherapy Crisis**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2018</td>
<td>Notification requirements clarified.</td>
</tr>
<tr>
<td>12/2017</td>
<td>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.</td>
</tr>
<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>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>Date</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</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

8. Massachusetts General Law, MGL Chapter 176G Section 4M: Mental health benefits; biologically-based mental disorders; rape-related mental disorders; non-biologically-based mental disorders of children and adolescents under age 19. Retrieved from: [http://www.mass.gov/legis/laws/mgl/176g-4m.htm](http://www.mass.gov/legis/laws/mgl/176g-4m.htm)
60 minute psychotherapy (evidence-based treatments for specific disorders)


29. Linehan MM, Comtois KA, Murray AM, & Lindenboim N. Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs. therapy by experts for suicidal behavioral and borderline personality disorder. Archives of General Psychiatry 2006; 63(7):757-766.


