



# MASSACHUSETTS

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## Medical Policy Outpatient Psychotherapy

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**Policy Number: 423**

BCBSA Reference Number: N/A

### Related Policies

- Neuropsychological and Psychological Testing, #[151](#)
- Repetitive Transcranial Magnetic Stimulation (rTMS), #[297](#)
- Complementary Medicine - Hypnotherapy, #[178](#) (CPT code 90880)
- Biofeedback for Miscellaneous Conditions, #[187](#)

### 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).

Psychoanalysis is considered **NOT MEDICALLY NECESSARY**.

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is <b>not required</b> .
Commercial PPO and Indemnity	Prior authorization is <b>not required</b> .

### 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**

<b>CPT codes:</b>	<b>Code Description</b>
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.

Psychoanalysis is a theoretical model of psychopathology that is being evaluated as a technique to help reduce symptoms of anxiety and depression. Treatment consists of multiple face to face visits per week, over the course of many years. Due to the individualized nature of treatment, outcomes-based measures, appropriate target populations, and comparative data for Psychoanalysis are difficult to establish.

### **Summary**

Many theoretical models of psychotherapy have been widely studied and are supported by the American Medical Association and American Psychological Association. Target populations for specific modes of treatment have been evaluated and are established as evidenced based treatment models. Examples include cognitive behavioral therapy, exposure therapy, substance use therapy and psychotherapy for post-traumatic stress disorder.

In some therapeutic models, such as Psychoanalysis, supporting evidence is limited. Comparative data showing the effects of Psychoanalysis as an alternative model of treatment are not available. The evidence is insufficient to determine the effects of the technology on net health outcomes.

## Policy History

Date	Action
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
7/2020	BCBSMA policy review. Description, summary and references updated. Policy statement on biofeedback training transferred to policy 187, Biofeedback for Miscellaneous Indications.
1/2019	Notification requirement table removed for clarification. 1/29/2019.
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	Annual policy review. Changes to policy statements.
10/2009	Annual policy review. Changes to policy statements.
9/2009	Annual policy review. Changes to policy statements.
7/2009	Annual policy review. Changes to policy statements.
2/2009	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
1/2009	Annual policy review. Changes to policy statements.
9/2008	Annual policy review. No changes to policy statements.
5/2008	Annual policy review. Changes to policy statements.
4/2008	Annual 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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2. American Academy of Child & Adolescent Psychiatry. Practice parameter for the assessment and treatment of children and adolescents with depressive disorders. *J Am Acad Child Adolesc Psychiatry* 2007; 46(11):1503-1526-283.
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4. American Psychiatric Association Practice Guidelines, Borderline Personality Disorder. Arlington, VA: American Psychiatric Association Publishing; October 2001, Guideline Watch; March 2005.
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15. United States Department of Veterans Affairs. *PTSD: National Center for PTSD – Prolonged Exposure Therapy for PTSD* 2016a. Retrieved from: <http://www.ptsd.va.gov/public/treatment/therapy-med/prolonged-exposuretherapy.asp>