

Policy

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Table of Contents

Purpose	2
Definitions, Abbreviations, and Acronyms	2
Policy	2
Approved Providers of Service	2
Time Based Codes	3
Psychiatric Diagnostic Interview Examination for CPT Codes 90791-90792	3
Interactive Complexity for CPT Code 90785	3
Psychotherapy Psychiatric Therapeutic Procedures for CPT Codes 90832-90838, 90845-90853, and 90865	4
Change Log	5
Appendices	5
References	5

Purpose

This policy outlines Longevity Health Plan's coverage of mental health services and addresses which specific services require prior authorization regardless of a provider's in network status.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
Mental Health Services	Mental health services can be defined as any interventions including assessment, diagnosis, treatment, and counseling, offered in private, public health, inpatient, or outpatient settings for the maintenance or enhancement of mental health or the treatment of mental or behavioral disorders in individual and group contexts.
Psychological Testing	Psychological testing is the administration of psychological tests. These tests are administered by trained evaluators. A person's responses are evaluated according to carefully prescribed guidelines.
Counseling	Counseling is the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties by a professional. Counseling focuses on a specific issue for a limited amount of time. For the purposes of this policy, both psychotherapy and counseling will be considered one in the same as identical CPT codes are utilized for billing purposes.
HPI	History of Present Illness

Policy

To remain aligned with Longevity Health Plan's authorization and referral grid, psychological testing and counseling services require prior authorization regardless of a provider being in or out of network with the Plan. Medicare allows only the medically necessary portion of a visit. Regardless of generation of a complete note, only the necessary services for the condition of the patient at the time of the visit may be considered in determining the level/medical necessity of any service.

Approved Providers of Service

A chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present must be provided.

- This should include the following elements:
 1. Location
 2. Severity
 3. Context Modifying Factors
 4. Quality
 5. Timing
 6. Associated signs and/or symptoms
- Brief and extended HPIs are distinguished by the amount of detail needed to accurately characterize the clinical problems.
- A brief HPI consists of one to three elements of the HPI – the medical record should describe one to three elements of the present illness (HPI)
- An extended HPI consists of:
 1. Four or more elements of the HPI – the medical record should describe four or more elements of the present illness (HPI) or associated comorbidities OR
 2. The status of at least three chronic or inactive conditions.

Time Based Codes

When billing time-based codes, the CPT time rule applies:

Exact times **MUST** be documented in the medical record.

- Psychotherapy should not be reported if less than 16 minutes of therapy is provided.
- The code reported should be selected based on the time closest to that indicated in the code descriptor.
- For psychotherapy sessions lasting 90 minutes or longer, the appropriate prolonged service code should be utilized. (CPT 99354-99357).
- The duration of a course of psychotherapy must be individualized to each patient.
- Prolonged treatment may be subject to medical necessity review. The provider **MUST** document the medical necessity for prolonged treatment.

Documentation to support psychotherapy should include but is not limited to the following:

- Time element
- Modalities and frequency
- Clinical notes from each encounter that summarizes the following:
 1. Diagnosis
 2. Symptoms
 3. Functional Status
 4. Focused Mental Status Examination
 5. Treatment Plan, Prognosis, and Progress
 6. Name, Signature, and Credentials of the person performing the service
- Documentation must support a face to face service. While it may include the involvement of family members, the patient **MUST** be present for all or some of the time.

Psychiatric Diagnostic Interview Examination for CPT Codes 90791-90792

The following is required:

- Elicitation of a complete medical and psychiatric history including past, family, and social history
- Mental status examination
- Establishment of an initial diagnosis
- Evaluation of the patient's ability and capacity to respond to treatment
- Initial plan of treatment
- Reported once per day and **NOT** on the same day as another service performed by the same individual for the same patient.
- Covered once at the outset of an illness or suspected illness

Interactive Complexity for CPT Code 90785

- Add on code for interactive complexity
- Can be billed with any psychotherapy CPT code (90832-90838)
- Documentation should support communication factors that complicate delivery of psychiatric care:
 1. Patients with high anxiety and/or high reactivity that complicates care
 2. Deafness or individuals who do not speak the same language as the healthcare provider
 3. Use of play equipment or other devices
 4. Evidence of a sentinel event such as abuse

Psychotherapy Psychiatric Therapeutic Procedures for CPT Codes 90832-90838, 90845-90853, and 90865

- Codes 90832-90834 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy
- Codes 90845-90853 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy
- Code 90865 represents narcosynthesis for psychiatric diagnostic and/or therapeutic purposes.

The following are NOT included in the above codes:

- Teaching grooming skills
- Monitoring of activities of daily living
- Recreational therapy
- Social Interaction

Codes 90832-90838

Severe and profound intellectual disability is not covered for psychotherapy services. In such cases, rehabilitative, evaluation and management codes, or pharmacological management codes should be reported.

Patients with dementia represent a very vulnerable population in which comorbid psychiatric conditions are common. For such a patient to benefit:

- Dementia must be mild
- They must retain the capacity to recall the therapeutic encounter from one session, individual, or group to another
- Capacity to meaningfully benefit from psychotherapy must be documented in the medical record

Services are not covered when documentation indicates that dementia has produced a severe enough cognitive deficit to prevent psychotherapy from being effective.

CPT Codes 90833, 90835, and 90838 MUST be submitted with evaluation and management services by either the MD/DO or NPP.

Code 90846 is utilized from family psychotherapy in the absence of the patient.

Note: All services ordered or rendered to Medicare beneficiaries MUST be signed. Signatures may be handwritten or electronically signed. Signatures should NOT be added late to a medical record.

Services will be authorized for no greater than 6 weeks at a time. The APP is to have bi-weekly check in meetings with the provider to ensure continued appropriateness for services and/or improvement in condition. Alternative options will be explored for members who have exceeded timelines, are not showing improvement, and/or are no longer appropriate based on established appropriateness criteria established by Longevity Health.



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		8/19/2022	Courtney Gonzales	NEW
1.0	Minor	9/8/2022	Courtney Gonzales	Add timelines and appropriateness verbiage

Appendices



LCD - Psychiatric 10cmguidelines-FY2 Outpatient_Psych_F LHP 2022 Psychotherapy
 Diagnostic Evaluatic022-April-1-update.jact_Sheet09.18.14.p Services_Prior_AuthcDecision Tree Rev2 5

References

LCD L31877: Outpatient Psychiatry and Psychology Services:

<http://www.cgsmedicare.com/partb/medicalpolicy/index.html>

LCD L33252: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33252>

CGS Coverage and Pricing: <http://www.cgsmedicare.com/partb/fees/index.html>