

BIPOLAR AND RELATED DISORDERS

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Relevant Diagnoses:

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

Related Clinical Policies and Guidelines:

- Depressive Disorders
- Electroconvulsive Therapy
- Other Specified and Unspecified Disorders

BENEFIT CONSIDERATIONS

Before using this document, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

COVERAGE RATIONALE

Available benefits for bipolar and related disorders include the following services:

- Diagnostic evaluation, assessment, and treatment planning
- Treatment and/or procedures
- Medication management and other associated treatments
- Individual, family, and group therapy
- Provider-based case management services
- Crisis intervention

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

All services must be provided by or under the direction of a properly qualified behavioral health provider.

EVIDENCE-BASED CLINICAL GUIDELINES

- A. Initial evaluation common criteria and best practices
 - See “*Common Criteria and Best Practices for All Levels of Care*”, available at: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
 - Optum recognizes the American Psychiatric Association’s Practice Guidelines for the Psychiatric Evaluation of Adults (2015):
 - <http://www.psychiatry.org> > Psychiatrists > Practice > Practice Guidelines
- B. Screening and Assessment
 - Early, accurate diagnosis can substantially reduce the burden of bipolar disorder and improve long-term outcomes for patients (Culpepper 2014).

- A detailed clinical interview formally establishes a diagnosis, and should be based on a comprehensive history of past and current symptoms, augmented by medical records and family interviews (Culpepper 2014).
 - Psychiatric assessments for children and adolescents should include screening questions for bipolar disorder (American Academy of Child & Adolescent Psychiatry, 2007).
 - Use of a screening instrument, such as the Mood Disorder Questionnaire, can improve recognition of patients bipolar disorder, particularly among depressed patients (American Psychiatric Association, 2005).
 - Suspected bipolar disorder must also be carefully evaluated for other associated problems, such as suicidality, comorbid disorders, psychosocial stressors, and other medical problems (American Academy of Child & Adolescent Psychiatry, 2007).
 - Patients with bipolar disorder are predisposed to other psychiatric disorders at elevated rates, including anxiety disorders, personality disorder, attention-deficit/hyperactivity disorder, and alcohol or drug dependence (Goodwin et al 2016; Culpepper 2014).
- C. Differential diagnosis for bipolar disorder includes (American Psychiatric Association, 2013):
- Major depressive disorder;
 - An anxiety disorder;
 - Attention-deficit/hyperactivity disorder;
 - Personality disorder;
 - Disorders with prominent irritability, particularly in children and adolescents.
- D. Treatment planning common criteria and best practices
- See “*Common Criteria and Best Practices for All Levels of Care*”, available at: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
 - Optum recognizes the American Psychiatric Association’s Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
 - <http://www.psychiatry.org> > Psychiatrists > Practice > Clinical Practice Guidelines
 - Management of acute mood episodes should focus on safety, and should begin with an evidence-based treatment that may be continued into the maintenance phase (Connolly & Thase, 2011).
 - Patients in danger of self-harm or of causing harm to others require immediate specialist psychiatric intervention (Culpepper 2014).
 - An effective treatment plan usually involves a combination of medication and psychotherapy (National Institute of Mental Health, 2016).
 - Long-term management focuses on maintenance of euthymia, requires ongoing medication, and may benefit from adjunctive psychotherapy (Connolly & Thase, 2011).
- E. Psychosocial Interventions
- Psychotherapeutic interventions are an important component of a comprehensive treatment plan for early-onset bipolar disorder (American Academy of Child & Adolescent Psychiatry, 2007).
 - When done in combination with medication, psychotherapy, such as cognitive behavioral therapy, family-focused therapy, interpersonal therapy, and psychoeducation, can be an effective treatment for bipolar disorder (National Institute of Mental Health, 2016; Culpepper 2014; Miklowitz 2006).
- F. General Pharmacotherapy
- Medications generally used to treat bipolar disorder include mood stabilizers, atypical antipsychotics, and antidepressants (National Institute of Mental Health, 2016).
 - Lithium, valproate, and several atypical antipsychotics are generally considered to be first-line treatments for acute mania in both adults and younger individuals (Yatham et al 2013; American Psychiatric Association 2002; American Academy of Child & Adolescent Psychiatry, 2007).
 - Choice of medication should be based on evidence of efficacy, the phase of the illness, presence of any confounding presentations, the agent’s side effect spectrum and safety, the patient’s history of medication response, and the preferences of the patient and his or her family (American Academy of Child & Adolescent Psychiatry, 2007).
 - Long-term monitoring for medication adverse effects is essential to ensure continued safety (Culpepper 2014).
- G. Other Treatments
- Electroconvulsive therapy (ECT) may provide relief for those with severe bipolar disorder who have not been able to recover with other treatments (National Institute of Mental Health, 2016).
 - For severely impaired adolescents with manic or depressive episodes in bipolar I disorder, electroconvulsive therapy (ECT) may be indicated if medications are either not helpful or cannot be tolerated (American Academy of Child & Adolescent Psychiatry, 2007).

H. Discharge planning common criteria and best practices
See "Common Criteria and Best Practices for All Levels of Care":

<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
90785	Interactive complexity (list separately in addition to the code for primary procedure)
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 primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

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HCPCS Code	Description
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
H0004	Behavioral health counseling and therapy, per 15 minutes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem

HCPCS Code	Description
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2001	Rehabilitation program, per 1/2 day
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric health facility service, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2033	Multisystemic therapy for juveniles, per 15 minutes
S0201	Partial hospitalization services, less than 24 hours, per diem
S9480	Intensive outpatient psychiatric services, per diem
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem

ICD-10 Diagnosis Code	ICD-10 Description
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed

ICD-10 Diagnosis Code	ICD-10 Description
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F34.0	Cyclothymic disorder

LEVEL OF CARE GUIDELINES

Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing.

UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS

For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in *Section 1: What's Covered--Benefits as a Covered Health Service*, which is not excluded under *Section 2: What's Not Covered--Exclusions*.

For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *Certificate of Coverage* under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Care Service(s) - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations*.

Medically Necessary - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

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*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

HISTORY/REVISION INFORMATION

Date	Action/Description
05/09/2017	• Version 1 – Annual Update

Date	Action/Description
05/09/2018	<ul style="list-style-type: none">Annual Update: Updates to formatting, codes, checked references