

EXTENDED OUTPATIENT SESSIONS

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| Table of Contents | Page |
|---|-------------|
| INSTRUCTIONS FOR USE | 1 |
| BENEFIT CONSIDERATIONS | 1 |
| COVERAGE RATIONALE | 2 |
| APPLICABLE CODES | 2 |
| LEVEL OF CARE GUIDELINES | 3 |
| UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS | 3 |
| EVIDENCE-BASED CLINICAL GUIDELINES | 4 |
| REFERENCES | 5 |
| ADDITIONAL RESOURCES | 6 |
| HISTORY/REVISION INFORMATION | 6 |

Related Clinical Policies and Guidelines:

- Anxiety Disorders
- Obsessive Compulsive Disorder
- Personality Disorder
- Trauma- and Stressor-Related Disorders

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting and administering behavioral health benefit plans that are managed by Optum, and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”). When deciding coverage, the member-specific benefit plan document must be referenced. The terms of the member-specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member’s specific benefit plan document supersedes this Coverage Determination Guideline.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the COC/SPD prior to using this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. Optum reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

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

Pre-Service Notification

Extended outpatient sessions require pre-service notification before services are received except in extenuating circumstances such as a crisis when notification should occur as soon as possible. In the event that the Mental Health/Substance Use Disorder Designee is not notified of extended outpatient sessions, benefits may be reduced. Check the member’s specific benefit plan document for the applicable penalty and allowance of a grace period before applying a penalty for failure to notify the Mental Health/Substance Use Disorder Designee as required.

Additional Information

The lack of a specific exclusion for a service does not necessarily mean that the service is covered. For example, depending on the specific plan requirements, services that are inconsistent with Level of Care Guidelines and/or

prevailing medical standards and clinical guidelines may be excluded. Please refer to the member's benefit document for specific plan requirements.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member-specific benefit document to determine benefit coverage.

COVERAGE RATIONALE

Coverage for extended outpatient sessions lasting up to 60 minutes may be indicated in the following non-routine circumstances:

- The member is experiencing an acute crisis, is not at imminent risk of harm to self or others, and an extended outpatient session is appropriate for providing rapid and time-limited assessment and stabilization.
 - Consider extending coverage for acute crisis situations in 30-minute increments when clinically indicated;
 - Prior authorization is not required when there is an acute crisis.
- An individual psychotherapy session with evaluation and management is being provided, and there is an unexpected complication resulting from pharmacotherapy, or an acute worsening of the member's condition that would likely require a more intensive level of care if the outpatient session is not extended.
- Periodic involvement of children, adolescent or geriatric member's family in a psychotherapy session, when such involvement is essential to the member's progress (e.g., when psychoeducation or parent management skills are provided).
 - This is not synonymous with marital or family therapy.
- An extended session is otherwise needed to address new symptoms or the re-emergence of old symptoms with a rapid, time-limited assessment and stabilization response. Without an extended outpatient session, the new/re-emerging symptoms are likely to worsen and require a more intensive level of care.

Extended outpatient sessions may be covered in the following circumstances as indicated by the member's condition and specific treatment needs:

- The member has been diagnosed with posttraumatic stress disorder, panic disorder, obsessive compulsive disorder, or specific phobia, and is being treated with prolonged exposure therapy;
- The member has been diagnosed with posttraumatic stress disorder and is being treated with eye movement desensitization and reprocessing (EMDR) or traumatic incident reduction (TIR);
- The member's borderline personality disorder diagnosis is a covered condition, and the member is being treated with dialectical behavior therapy (DBT).

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.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with generally accepted standards and clinical guidelines:

[Optum Level of Care Guidelines](#)

[UnitedHealthcare Benefit Plan Definitions](#)

[Evidence-Based Clinical Guidelines](#)

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

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 |
|--------------------------------------|---|
| 90837 | Psychotherapy, 60 minutes with patient |
| 90837 + 90785 | Psychotherapy, 60 minutes with patient with interactive complexity add-on code |
| Appropriate E/M Code + 90838 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) |
| Appropriate E/M Code + 90838 + 90785 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) with interactive complexity add-on code |
| 90839 | Psychotherapy for crisis; first 60 minutes |
| 90839 + 90840 | Psychotherapy for crisis; first 60 minutes + crisis code add-on for each additional 30 minutes |

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.

EVIDENCE-BASED CLINICAL GUIDELINES

- A. Prolonged Exposure Therapy for posttraumatic stress disorder, panic disorder, obsessive compulsive disorder, or specific phobia:
- Prolonged exposure therapy is the most common form of exposure therapy, usually comprising 8-15 weekly or biweekly individual sessions of approximately 60-90 minutes each (United States Department of Veterans Affairs, 2016a; Agency for Healthcare Research and Quality, 2013; VA/DOD 2010).
 - Prolonged exposure therapy is evidence-based for treating posttraumatic stress disorder, and asks clients to directly describe and explore trauma-related memories, objects, emotions, or places (United States Department of Veterans Affairs, 2016a; Substance Abuse and Mental Health Services Administration, 2014).
 - Cognitive-behavioral therapy involving exposure and response prevention is an empirically supported psychological treatment for obsessive-compulsive disorder, and entails systematic, repeated and prolonged confrontation with stimuli that provoke anxiety and the urge to perform compulsive rituals (Abramowitz et al 2009)
 - Exposure therapy focuses on confronting the fears underlying an anxiety disorder in order to help people engage in activities they have been avoiding (National Institute of Mental Health, 2016). Exposure-based cognitive behavioral therapy (CBT) has received the most empirical support for the treatment of anxiety disorders in youths (American Academy of Child & Adolescent Psychiatry 2007).
- B. Eye Movement Desensitization and Reprocessing (EMDR) for posttraumatic stress disorder:
- EMDR is an evidence-based treatment for posttraumatic stress disorder, and helps to process trauma by thinking about the upsetting memory while paying attention to a back-and-forth movement or sound (United States Department of Veterans Affairs, 2016b).
 - The number of EMDR sessions may vary with the complexity of the trauma being treated. Generally, current standards for EMDR consist of 5-15 individual weekly sessions of 50-90 minutes each, with many individuals noticing improvement after a few sessions (United States Department of Veterans Affairs, 2016b; Agency for Healthcare Research and Quality, 2013).
- C. Traumatic Incident Reduction (TIR) for posttraumatic stress disorder:
- TIR is a brief, memory-based, therapeutic intervention for children, adolescents, and adults who have experienced crime-related and/or interpersonal violence, war, disasters, torture, childhood abuse, neglect, emotional abuse, traumatic bereavement, or other severe or shocking events (Substance Abuse and Mental Health Services Administration 2011).
 - Through sessions typically lasting 90-120 minutes, the practitioner facilitates the client's examination and resolution of a past trauma. Depending on the incident and symptoms experienced by the client, resolution

may be achieved in one or two sessions, or it may take repeated sessions for clients experiencing residual distress (Substance Abuse and Mental Health Services Administration 2011).

- D. Dialectical Behavior Therapy for borderline personality disorder:
- Dialectical Behavioral Therapy (DBT) is considered an evidence-based and empirically supported treatment for borderline personality disorder (Rizvi, et al 2013); randomized controlled trials indicate DBT is associated with improvements in problem behaviors, including suicidal ideation/behavior, non-suicidal self-injury, and hospitalization (MacPherson, et al 2013)
 - DBT has five functions: enhancing behavioral capabilities; improving motivation; assuring generalization of gains to the natural environment; structuring the environment so that it reinforces functional behaviors; and enhancing therapist capabilities and motivation (MacPherson, et al 2013)
 - Standard DBT consists of weekly individual therapy (approximately 1 hour/week) and group skills training sessions (2-2.5 hours/week) (MacPherson, et al 2013; Linehan, et al 2006; Chapman, 2006)
 - The majority of research on DBT consists of delivery over a 12 month period; some studies have also found evidence of efficacy for a shorter, 6-month course of DBT (Rizvi, et al 2013)

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

ADDITIONAL RESOURCES

Clinical Protocols

Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards, and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on www.providerexpress.com.

Peer Review

Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis.

Second Opinion Evaluations

Optum facilitates obtaining a second opinion evaluation when requested by an member, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.

Referral Assistance

Optum provides assistance with accessing care when the provider and/or member determine that there is not an appropriate match with the member’s clinical needs and goals, or if additional providers should be involved in delivering treatment.

HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------------|-------------------------------|
| 02/14/2017 | • Version 1 (Approved by UMC) |