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Optum
Coverage Determination Guideline

PERSONALITY DISORDERS

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Relevant Diagnoses:

- Cluster A Personality Disorders:
  - Paranoid Personality Disorder
  - Schizoid Personality Disorder
  - Schizotypal Personality Disorder
- Cluster B Personality Disorders
  - Antisocial Personality Disorder
  - Borderline Personality Disorder
  - Histrionic Personality Disorder
  - Narcissistic Personality Disorder
- Cluster C Personality Disorders
  - Avoidant Personality Disorder
  - Dependent Personality Disorder
  - Obsessive-Compulsive Personality Disorder

Related Clinical Policies and Guidelines:

- Other Specified and Unspecified Disorders

BENEFIT CONSIDERATIONS

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

Pre-Service Notification
Admissions to an inpatient, residential treatment center, intensive outpatient, home-based outpatient, or a partial hospital/day treatment program require pre-service notification. Notification of a scheduled admission must occur at least five (5) business days before admission. Notification of an unscheduled admission (including Emergency admissions) should occur as soon as is reasonably possible. Benefits may be reduced if Optum is not notified of an admission to these levels of care. Check the member's specific benefit plan document for the applicable penalty and provision for a grace period before applying a penalty for failure to notify Optum as required.

COVERAGE RATIONALE

Personality Disorder as a principal diagnosis, as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, may be excluded from the member's benefit plan. Please check the enrollee's specific benefit plan requirements. When excluded from the benefit plan, indications for coverage are limited to circumstances where:

- Personality Disorder is a secondary diagnosis; and
- The principal diagnosis is a covered condition; and
- Treatment is primarily focused on the principal diagnosis;
  OR
- Personality Disorder is covered by the member's benefit plan.

When **Personality Disorder** is a covered diagnosis according to the member's specific benefit plan, available benefits include the following services:

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- 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

A principal diagnosis is defined as the condition that, after a complete evaluation, is determined to be chiefly responsible for the member seeking treatment, and also becomes the focus of clinical attention during treatment. When a person has multiple diagnoses, the first disorder listed is assumed to be the principal diagnosis, unless the provider specified otherwise (American Psychiatric Association, 2013).

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 (2016):
  - http://www.psychiatry.org > Psychiatrists > Practice > Clinical Practice Guidelines

B. Screening and Assessment
- Individuals with personality disorders can exhibit a continuum of psychopathology, ranging from mild up to severe levels of functioning (World Federation of Societies of Biological Psychiatry, 2007)
- Self-report scales have been widely used in population-based sudies of borderline personality disorder and as screening measures in clinical settings. Widely used examples from the adult population, which have also been useful in adolescent samples, include (Fonagy, et al 2015):
  - The borderline personality disorder (BPD) items of the SCID-II Personality Questionnaire (SCID-II-PQ);
  - The Borderline Personality Quastionnaire (BPQ);
  - The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD);
  - The International Personality Disorder Examination Screening Questionnaire (IPDE-SQ)
- Specifically for children and adolescents, the Borderline Personality Features Scale for Children (BPFS-C) is commonly used, including a parent report version of the measure (BPFS-P) (Fonagy, et al 2015)
- Personality disorders, especially when more severe, are often associated with one or more other mental health disorders, such as depressive disorder and generalized anxiety disorder (Tyrer, et al 2015; World Federation of Societies of Biological Psychiatry, 2007)
- Some individuals with personality disorders, particularly borderline personality disorder, may have high rates of co-occurring eating disorders, substance abuse, self-harm, suicidal thinking and behaviors, and suicide attempts (National Institute of Mental Health, 2016)
- The presentation of individual symptoms of borderline personality disorder may vary over time (Fonagy, et al 2015).
  - Compared with adults, adolescents may be more likely to present with more "acute" symptoms of borderline personality disorder, such as self-harm and suicidal behavior. (Kaess, et al 2014)

C. Differential Diagnoses
- A thorough interview and comprehensive medical exam can help rule out other possible causes of symptoms (National Institute of Mental Health, 2016)
- Clinical differentiation of borderline personality disorder from bipolar disorder (namely nonpsychotic bipolar II disorder) is often reported as a common diagnostic dilemma (Bayes, et al 2014)

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
- A treatment plan should be developed based on the individual's psychopathology, severity of illness and malfunctioning, and history of previous treatments (World Federation of Societies of Biological Psychiatry, 2007)

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- Most of the existing evidence on treatment of personality disorders is for the specific treatment of borderline personality disorder (Bateman, et al 2015).

E. Psychosocial Interventions

- Psychotherapy is the primary treatment for individuals with personality disorders, specifically borderline personality disorder, and can be provided in one-on-one and/or group settings (National Institute of Mental Health, 2016; Combs & Oshman, 2016)
  - Cognitive Behavioral Therapy (CBT) can help identify and change core beliefs and/or behaviors underlying inaccurate perceptions; CBT can also help reduce a range of mood and anxiety symptoms, and reduce suicidal or self-harming behaviors (National Institue of Mental Health, 2016);
  - Schema-Focused Therapy combines elements of CBT with forms of psychotherapy that focus on the ways people view themselves (National Institute of Mental Health, 2016)
  - 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)

F. General Pharmacotherapy

- Medications should not be a primary treatment for borderline personality disorder, but may be recommended for treatment of specific symptoms, such as mood swings, depression, or other disorders (National Institute of Mental Health, 2016; Kaess, et al 2014; World Federation of Societies of Biological Psychiatry, 2007)
  - When indicated, pharmacotherapy should be integrated into psychosocial treatment(s), time-limited to manage specific symptoms, and withdrawn when these are resolved (Bateman, et al 2015; Combs & Oshman, 2016)
  - Providers should carefully consider individual risks and benefits, including side effects and drug-drug interactions, when prescribing medications for individuals with personality disorders (Combs & Oshman, 2016)
  - No drug is specifically approved as a direct treatment of any personality disorder (Combs & Oshman, 2016)

G. 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 and/or family member

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CPT Code	Description
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service(list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member 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)
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present)
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)

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 therapy
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
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

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HCPCS Code	Description
S0201	Partial hospitalization services, less than 24 hours
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

DSM Classification	ICD-10 Diagnosis Code	Description
301.0	F60.0	Paranoid personality disorder
301.20	F60.1	Schizoid personality disorder
301.22	F21	Schizotypal personality disorder
301.7	F60.2	Antisocial personality disorder
301.83	F60.3	Borderline personality disorder
301.50	F60.4	Histrionic personality disorder
301.81	F60.81	Narcissistic personality disorder
301.82	F60.6	Avoidant personality disorder
301.6	F60.7	Dependent personality disorder
301.4	F60.5	Obsessive-compulsive personality 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.

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- "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
11/2016	• Version 1 – Draft
11/16/2017	• Annual Update
1/10/2018	• Annual Update: Updates to formatting, references, coding.

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