Supplemental Clinical Criteria: Extended Outpatient Psychotherapy Sessions

Document Number: BH803OPSSCC_102019
Effective Date: October 21, 2019

Table of Contents

Introduction
Instructions for Use
Benefit Considerations
Description of Service
Coverage Rationale
Applicable Codes
References
Revision History

INTRODUCTION

Supplemental Clinical Criteria are a set of objective and evidence-based behavioral health criteria used by medical necessity and non-medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member’s specific benefit, the member’s specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in Clinical Criteria.

This 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.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

BENEFIT CONSIDERATIONS

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

1 Optum is a brand used by United Behavioral Health and its affiliates.
DESCRIPTION OF SERVICES

Prolonged exposure therapy was initially created for the treatment of post-traumatic stress disorder (PTSD). The methodology includes the following: individuals attempt safe, yet anxiety-provoking scenarios in order to overcome their excessive fear and anxiety; emotionally process the traumatic experience; imaginal exposure along with reactions to trauma; retraining breathing patterns. The first-line recommended treatment for PTSD is exposure therapy and is cited in all clinical treatment guidelines in the United States and other countries (Eftekhari et al., 2013). 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 (NIMH), 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 and Adolescent Psychiatry (AACAP), 2007).

Eye movement desensitization and reprocessing (EMDR) is a proven and evidence-based treatment for individuals with PTSD (Shäfer et al., 2017). The key components of EMDR include the identification and reactivation of specific memory images in the working memory while the individual follows the clinician’s horizontal hand movements with her or his eyes. This method strains the working memory, which is limited in capacity; the eye movements compete for attention with the reactivated memory. Every 30 seconds, the individual conveys spontaneous memory associations, which form the attention focus during a new set of eye movements. During the progression of treatment, the memories become less vivid and less emotionally charged, while a new, self-adaptive approach appears. The EMDR procedure can also be used to desensitize dysfunctional memories or that of anticipated events (Markus, de Weert-van Oene, Becker, & DeJong, 2015).

Dialectical behavior therapy (DBT) is a cognitive behavioral treatment initially created to treat extremely suicidal and multidiagnostic individuals. Cognitive-behavioral change oriented strategies are combined with acceptance and validation by using a dialectical framework to balance the two. Biosocial theory is fundamental in the role of emotion dysregulation; accordingly, treatment includes a focus on improving emotion regulation abilities. DBT is performed for behavioral skills training in which individuals are taught skills to better control emotions, tolerate distress, and interact appropriately with others while also increasing behavioral control (Wilks, Korslund, Harned, & Linehan, 2016).

COVERAGE RATIONALE

Extended outpatient psychotherapy sessions are medically necessary 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 psychotherapy for crisis is appropriate for providing rapid and time-limited assessment and stabilization.

  OR

- 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.

  OR

- There is periodic involvement of a child, adolescent, or geriatric member’s family in a psychotherapy session, and such involvement is essential to the member’s progress (e.g., psychoeducation or parent management skills are being provided).
  - This is not synonymous with marital or family therapy.

  OR

- An extended psychotherapy 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 this session, the new or re-emerging symptoms are likely to worsen and require a more intensive level of care.

Extended outpatient psychotherapy sessions are medically necessary 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 therapies;

**OR**

• 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);

**OR**

• The member's borderline personality disorder diagnosis is a covered condition, and the member is being treated with dialectical behavior therapy (DBT).

**Extended outpatient psychotherapy sessions are not medically necessary outside of the above circumstances and conditions.**

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 Level of Care Guidelines and/or 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 policy 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 clinical criteria may apply.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis; first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

*CPT® is a registered trademark of the American Medical Association*

**REFERENCES**


Markus, W., deWeert-van Oene, G.H., Becker, E.S., & DeJong, C.A.J. (2015). A multi-site randomized study to compare the effects of Eye Movement Desensitization and Reprocessing (EMDR) added to


### REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/2019</td>
<td>• Version 1 Supplemental Clinical Criteria</td>
</tr>
</tbody>
</table>