



United Behavioral Health

## Supplemental Clinical Criteria: Extended Outpatient Psychotherapy Sessions

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### 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 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®<sup>1</sup>.

### 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.**

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<sup>1</sup> Optum is a brand used by United Behavioral Health and its affiliates.

## DESCRIPTION OF SERVICES

### **Prolonged exposure therapy**

Prolonged exposure encourages and teaches individuals to steadily confront their trauma-related memories, feelings, and circumstances. The goal is for the individual to realize that trauma-related memories and cues are not dangerous or need to be avoided (American Psychological Association, 2017; National Institute of Mental Health [NIMH], 2016).

The delivery of prolonged exposure is commonly provided over a time-frame of approximately three months with weekly individual sessions, and with eight to 15 sessions overall (American Psychological Association, 2017). A systematic review of 25 exposure-based therapies that included 19 prolonged exposure studies reveals the duration of treatment ranging from 8-15 weeks (Agency for Healthcare Research and Quality [AHRQ], 2018). The sessions are typically 60 to 120-minutes in length and are usually required for the individual to engage in exposure and effectively process the exposure experience (American Psychological Association, 2017).

The U.S. Department of Health Affairs offers training opportunities for licensed mental health providers who treat Veterans to receive PE training (VA/DOD, 2020).

**Cognitive processing therapy (CPT)** is a specialized type of cognitive behavioral therapy that has been effective in decreasing symptoms of PTSD that have emerged after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters. The focus of CPT is to help individuals confront and revise adverse beliefs regarding the trauma. The goal is then to decrease the negative impact of the trauma on current life experiences (American Psychological Association, 2017). CPT is an evidence-based treatment for PTSD (AHRQ, 2018; American Psychological Association, 2017; VA/DOD, 2017).

CPT services can be delivered in individual or group sessions. CPT is typically provided over 12 sessions (American Psychological Association, 2017).

**Eye movement desensitization and reprocessing (EMDR)** is a proven and evidence-based treatment for individuals with PTSD (Shäfer et al., 2017). EMDR therapy focuses directly on the memory, and the objective is to modify the memory storage in the brain, which then decreases and eliminates the problematic symptoms. EMDR is an individual therapy typically delivered one to two times per week for a total of 6-12 sessions, although some people benefit from fewer sessions. Sessions can be conducted on consecutive days (American Psychological Association, 2017). Trauma focused psychotherapies such as EMDR can involve 8-16 sessions, varying according to techniques specific to the individual (VA/DOD, 2017). A systematic review of 10 EMDR clinical studies addressing a variety of traumas revealed a common duration of treatment ranging from 4-8 weeks (AHRQ, 2018).

**Dialectical behavior therapy (DBT)** The foundation of DBT is to treat and address pervasive emotion dysregulation. This emotional dysregulation results in impulsive, maladaptive behaviors such as self-injury and/or violence. These problematic behaviors are interpersonally destructive and cause the individual the inability to be dialectical and flexible in responding to life experiences. DBT is the most empirically studied psychotherapy approach in the treatment of individuals with borderline personality disorder and suicidal ideation (DeCou et al., 2019).

Standard DBT utilizes weekly components of individual therapy, group skills training, therapist consultation team, and as needed telephone coaching. DBT is typically an outpatient treatment that is delivered in weekly individual therapy (approximately 1 hour/week) and group skills training sessions (2-2.5 hours/week) (DeCou et al., 2019; Linehan et al., 2015; MacPherson et al., 2012; Rizvi et al., 2013).

There are numerous training options available for mental health practitioners to learn DBT. Dr. Marsha Linehan, the developer of DBT, founded Behavioral Tech and is considered the gold standard in DBT training (Hollenbaugh et al., 2015). DBT certifications are available via exam with the eligibility requirements that a candidate must be a licensed, independent mental health practitioner with an unrestricted license (DBT-Linehan Board of Certification, 2020).

Note: References to providers include physicians and non-physicians, such as clinical psychologists, independent psychologists, nurse practitioners, clinical nurse specialists and physician assistances when the services performed are within the scope of their state license and clinical practice/education (CMS, 2019).

#### 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 (American Psychological Association, 2017; VA/DOD);
- OR**
- The member has been diagnosed with posttraumatic stress disorder and is being treated with eye movement desensitization and reprocessing (EMDR) or cognitive processing therapy (CPT) (American Psychological Association, 2017; VA/DOD);
- OR**
- The member's borderline personality disorder diagnosis is a covered condition, and the member is being treated with dialectical behavior therapy (DBT) (DeCou et al., 2019; Linehan et al., 2015; Rizvi et al., 2013).

##### **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.

##### **Psychotherapy procedure codes:**

The following are examples for the use of CPT procedure codes: For psychotherapy services report 90837 for 1 hour of face-to-face time spent with the patient without an additional evaluation and

management (E/M) service. Report 90838 if a separate E/M service is performed during the same encounter as the 60 minutes of psychotherapy (CMS A56937, 2019).

Report the code closest to the actual time of psychotherapy, for example, codes 90837 and 90838 for 53 or more minutes of psychotherapy (CMS A56937, 2019).

"Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition, the treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient with high distress" (CMS L33632, 2019).

Report CPT code 90839, for the first 60 minutes of psychotherapy for *crisis*, then each additional 30 minutes of *crisis* psychotherapy, report 90840 (CMS A57480, 2019).

Report 90839 or 90840 even if the time spent on that date is not continuous (CMS A56937, 2019).

Note: Emergent and crisis services typically do not require prior authorization as services are emergent and non-routine in nature (CMS Managed Care Manual, 2005).

## 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.

Procedure Codes	Description
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 code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary procedure)

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## REVISION HISTORY

Date	Action/Description
10/21/2019	• Version 1 Supplemental Clinical Criteria
04/20/2020	• Version 2; Annual update and review