

Extended Outpatient Sessions

Guideline Number: BHCDG332014

Approval Date: November, 2010

Revised Date: February, 2014

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Product:

2001 Generic UnitedHealthcare COC/SPD

2007 Generic UnitedHealthcare COC/SPD

2009 Generic UnitedHealthcare COC/SPD

2 2011 Generic UnitedHealthcare COC/SPD

2 May also be applicable to other health plans and products

2

Related Coverage Determination Guidelines:

7 Coverage Determination Guidelines for the treatment of:

8

8 Obsessive Compulsive Disorder

Panic Disorder

Posttraumatic Stress Disorder

Related Medical Policies:

Level of Care Guidelines

American Psychiatric Association, Practice Guideline for the Treatment of Patients with Obsessive Compulsive Disorder, 2007

American Psychiatric Association, Practice Guideline for the Treatment of Patients with Panic Disorder, 2009

American Psychiatric Association, Practice Guideline Watch for the Treatment of Patients with Posttraumatic Stress Disorder, 2009

VA/DoD Clinical Practice Guideline, Management of Posttraumatic Stress, 2010

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting behavioral health benefit plans that are managed by Optum. This Coverage Determination Guideline is also applicable to behavioral health benefit plans managed by Pacificare Behavioral Health and U.S. Behavioral Health Plan, California (doing business as Optum of California ("Optum-CA")).

When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs)) may differ greatly from the standard benefit plans upon which this guideline is based. 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 document and the COC/SPD, the enrollee's specific benefit document supersedes these guidelines.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements that supersede the COC/SPD and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and clinical guideline may apply.

Optum reserves the right, in its sole discretion, to modify its coverage determination guidelines and clinical guidelines as necessary.

While this Coverage Determination Guideline does reflect Optum's understanding of current best practices in care, it does not constitute medical advice.

Key Points

- Extended outpatient sessions include individual psychotherapy with/without medical evaluation and management services lasting longer than 45 minutes.
- Outpatient psychotherapy is generally provided in sessions lasting up to 45 minutes.
- Coverage of extended outpatient sessions of 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 these situations in 30-minute increments when clinically indicated.
 - Prior authorization is not required for crisis sessions.
 - Individual psychotherapy with medical evaluation and management services is being provided, and there is an unexpected complication resulting from pharmacotherapy or an acute worsening of the member's medical condition that would likely require a more intensive level of care if not addressed in an extended outpatient visit.
 - Periodic involvement of a child/adolescent or geriatric patient's family in the member's psychotherapy session when such involvement is essential to the member's progress such as when psychoeducation is provided or parent management skills are being developed. This circumstance 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. Without an extended outpatient visit, the new/re-emerging symptoms are likely to worsen and require treatment in a more intensive level of care, and an extended session is appropriate for providing rapid and time-limited assessment and stabilization.
- Coverage of extended outpatient sessions may be indicated in the following routine circumstances:
 - The member has been diagnosed with Posttraumatic Stress Disorder, Panic Disorder or Obsessive Compulsive Disorder and is being treated with Prolonged Exposure Therapy.

- The member is being treated with Eye Movement Desensitization and Reprocessing (EMDR) for Post-Traumatic Stress Disorder (PTSD).
 - Extended outpatient sessions may be necessary to deliver effective EMDR treatment for PTSD with a minimum of 12 sessions, up to a maximum of 25 sessions. The number and frequency of sessions within this range should be dictated by the number and severity of traumas present as well as the member's treatment goals.

PART I: BENEFITS

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

Benefits

Benefits include the following services:

- Diagnostic evaluation and assessment
- Treatment planning
- Referral services
- Medication management
- Individual, family, therapeutic group and provider-based case management services
- Crisis intervention

Covered Services

Covered Health Service(s) – 2001

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.

Covered Health Service(s) – 2007, 2009 and 2011

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 this Certificate of Coverage under Section 1: Covered Health Services and in the Schedule of Benefits.
- Not otherwise excluded in this 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.

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.

Limitations and Exclusions

The requested service or procedure for the treatment of a mental health condition must be reviewed against the language in the enrollee's benefit document. When the requested service or procedure is limited or excluded from the enrollee's benefit document, or is otherwise defined differently, it is the terms of the enrollee's benefit document that prevails.

Inconsistent or Inappropriate Services or Supplies – 2001, 2007, 2009 & 2011

Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- Not consistent with generally accepted standards of medical practice for the treatment of such conditions.
- Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and are therefore considered experimental.

- Not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practice guidelines as modified from time to time.
- Not clinically appropriate for the member's Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

Additional Information

The lack of a specific exclusion that excludes coverage for a service does not imply that the service is covered. The following are examples of services that are inconsistent with the Level of Care Guidelines and Best Practice Guidelines (not an all inclusive list):

- Services that deviate from the indications for coverage summarized in the previous section.
- Routine use of extended outpatient visits other than when Prolonged Exposure Therapy is being used to treat Posttraumatic Stress Disorder, Panic Disorder and Obsessive Compulsive Disorder; or when Eye Movement Desensitization and Reprocessing (EMDR) Therapy is used to treat Post-traumatic Stress Disorder.
- Marathon therapy

PART II: ADDITIONAL GUIDANCE

Outpatient psychotherapy is generally provided in sessions lasting up to 45 minutes. The following are examples of routine outpatient sessions:

- CPT Code 90832 – Psychotherapy, 30 minutes.
- Appropriate E/M Code + CPT Code 90833 – Psychotherapy, 30 minutes with add-on code
- CPT Code 90834 – Psychotherapy, 45 minutes
- Appropriate E/M Code + CPT Code 90836 – Psychotherapy, 45 minutes with add-on code
- CPT Code 90832 + 90785 – Psychotherapy, 30 minutes with interactive complexity add-on code
- Appropriate E/M Code + CPT Code 90833 + 90785 – Psychotherapy, 30 minutes with add-on code and interactive complexity add-on code
- CPT Code 90834 + 90785 – Psychotherapy, 45 minutes and interactive complexity add-on code
- Appropriate E/M Code + CPT Code 90836 + 90785 – Psychotherapy, 45 minutes with add-on code and interactive complexity add-on code

Extended outpatient sessions include individual psychotherapy with/without medical evaluation and management services lasting longer than 45 minutes. The following procedures constitute extended non-routine outpatient sessions:

- CPT Code 90837 – Psychotherapy, 60 minutes with patient and/or family member.
- Appropriate E/M Code + CPT Code 90838 – Psychotherapy, 60 minutes with patient and/or family member with add-on code
- CPT Code 90837 + 90785 – Psychotherapy, 60 minutes with patient and/or family member with interactive complexity add-on code
- Appropriate E/M Code + 90838 + 90785 – Psychotherapy, 60 minutes with patient and/or family with add-on code and interactive complexity add-on code
- CPT Code 90839 – Psychotherapy for crisis, first 60 minutes
 - CPT Code 90839 + 90840 – Psychotherapy for crisis, first 60 minutes + crisis code add on for each additional 30 minutes.
 - Prior authorization is not required for crisis sessions.

DEFINITIONS

Crisis An acute circumstance that, in the opinion of a practitioner with knowledge of the member's condition, has overwhelmed the patient's ability to cope, and requires rapid and time-limited care or treatment in order to reduce the likelihood of severe pain or more significant deterioration in functioning.

Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) A manual produced by the American Psychiatric Association which provides the diagnostic criteria for mental health and substance use disorders, and other problems that may be the focus of clinical attention. Unless otherwise noted, the current edition of the DSM applies.

Eye Movement Desensitization and Reprocessing (EMDR) A psychotherapy designed to address the symptoms and distress associated with traumatic memories by accessing and processing those memories in order to achieve an adaptive resolution. Successful EMDR improves symptoms of distress, negative beliefs and physiological arousal by addressing emotionally disturbing material in sequential doses while simultaneously focusing on an external stimulus such as therapist directed lateral eye movements or finger tapping in an attempt to create new associations between the patient's traumatic memories and more adaptive memories or information.

Marathon Therapy Individual, group, marital or family therapy lasting longer than 75-80 minutes.

Mental Illness Those mental health or psychiatric diagnostic categories that are listed in the current *Diagnostic and Statistical Manual of the American Psychiatric Association*, unless those services are specifically excluded under the Policy.

Prolonged Exposure Therapy A form of exposure therapy used to treat Posttraumatic Stress Disorder and related forms of depression, anxiety and anger. Prolonged Exposure Therapy is comprised of four components: 1) education about trauma and its treatment 2) training in controlled breathing 3) exposure to the memory of the traumatic event 4) exposure to traumatic triggers outside of the therapeutic setting. Prolonged Exposure Therapy is typically provided during as many as 12 individual sessions.

REFERENCES

1. American Psychiatric Association Practice Guideline for the Treatment of Patients with Obsessive Compulsive Disorder, 2007.
2. American Psychiatric Association Practice Guideline for the Treatment of Patients with Panic Disorder, 2009.
3. American Psychiatric Association Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder, Guideline Watch, 2009.
4. Eye Movement Desensitization and Reprocessing (EMDR) for the Treatment of Post-Traumatic Stress Disorder (PTSD): A Brief Review of Evidence for Extended Treatment Sessions, Behavioral Health Sciences, May, 2012.
5. Hayes, Exposure Therapy for the Treatment of Posttraumatic Stress Disorder, 2010.
6. UnitedHealthcare Generic Certificate of Coverage, 2001
7. UnitedHealthcare Generic Certificate of Coverage, 2007
8. UnitedHealthcare Generic Certificate of Coverage, 2009
9. UnitedHealthcare Generic Certificate of Coverage, 2011
10. VA/DoD Practice Guideline, Management of Posttraumatic Stress, 2010.

CODING

The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.

Limited to specific CPT and HCPCS codes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
90837	Psychotherapy, 60 minutes with patient and/or family member
Appropriate E/M code + 90838	Psychotherapy, 60 minutes with patient and/or family member with add-on code
90837 + 90785	Psychotherapy, 60 minutes with patient and/or

	family member with interactive complexity add-on code
Appropriate E/M code + 90838 + 90785	Psychotherapy, 60 minutes with patient and/or family member with add-on code and 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

Limited to specific diagnosis codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Limited to place of service (POS)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Outpatient

Limited to specific provider type?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Limited to specific revenue codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

HISTORY

Revision Date	Name	Revision Notes
6/19/12	L. Urban	Version 2-Final
4/2/13	J. Niewenhaus	Version 3-Final
1/2014	L. Urban	Version 4-Final

The enrollee's specific benefit documents supersede these guidelines and are used to make coverage determinations. These Coverage Determination Guidelines are believed to be current as of the date noted.