

Extended Outpatient Psychotherapy

MEDICAL POLICY NUMBER: 272

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. *Extended* outpatient psychotherapy is considered **medically necessary** under the following non-routine circumstances (A.-F.):
 - A. Acute crisis; **or**
 - B. Unexpected pharmacotherapy complications; **or**
 - C. Acute worsening of the member’s condition, the emergence of new symptoms, or reemergence of old symptoms that would likely require a more intensive level of care if the outpatient psychotherapy session is not extended; **or**
 - D. The member requires treatment with prolonged exposure therapies due to one of the following diagnoses:
 1. Posttraumatic stress disorder (PTSD); **or**
 2. Panic disorder; **or**
 3. Obsessive compulsive disorder; **or**
 4. Specific phobias; **or**
 - E. The member has been diagnosed with a borderline personality disorder and is being treated with dialectical behavior therapy; **or**
 - F. The member has been diagnosed with posttraumatic stress disorder and is being treated with eye movement desensitization and reprocessing (EDMR) or cognitive processing therapy (CPT).
- II. *Extended* outpatient psychotherapy may be considered **not medically necessary** when criterion I. above is not met.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

BACKGROUND

Psychotherapy is an interpersonal treatment based on various psychological principles. There are many types of psychotherapy with varying methods, and the choice of the most appropriate psychotherapy is based on the patient's specific problem or diagnosis.¹

Psychotherapy	Description
Cognitive and behavioral therapies	In cognitive therapy, the therapist helps the patient identify and correct distorted, maladaptive beliefs. Behavioral therapy uses thought exercises or real experiences to facilitate symptom reduction and improved functioning. This may occur through learning, through decreased reactivity from repeated exposure to a stimulus, or through other mechanisms. ¹
Psychodynamic psychotherapy	Psychodynamic psychotherapy uncovers the unconscious patterns of interpersonal relationships, conflicts, and desires with the goal of improved functioning. Psychodynamic therapy is used for some psychiatric disorders, including depression, anorexia nervosa, and personality disorders. ¹
Interpersonal psychotherapy	Interpersonal therapy (IPT) addresses interpersonal difficulties that lead to psychological problems. Interpersonal psychotherapy focuses on the individual's interpersonal life in four problem areas: grief over loss, interpersonal disputes, role transitions, and interpersonal skill deficits. ¹
Motivational interviewing	Motivational interviewing is a type of psychotherapy that is used in primary care and mental health care to encourage patients to change maladaptive behaviors. Derived from cognitive-behavioral and readiness-to-change models, motivational interviewing seeks to help patients recognize and make changes to these behaviors, matching strategies to the patient's stage of readiness to change. ¹
Dialectical behavior therapy	A type of psychotherapy conducted in the context of mental health practice for patients with severe problems in emotional regulation, most commonly patients with borderline personality disorder. DBT includes skills training, mindful practice, and close monitoring of and intervention in crises that may develop. Sessions are typically more than once a week and supplemented with contacts between sessions as needed. ¹
Supportive psychotherapy	Widely used in medical practice, eg, to help individuals cope with illness, deal with a crisis or transient problem, and maintain optimism or hope. Techniques vary but most models emphasize communication of interest and empathy; supportive therapy may also include guidance on available services, advice, respect, praise, and/or encouragement. ¹

Prolonged exposure therapy	Prolonged exposure is an exposure therapy initially developed to treat PTSD. It consists of breathing retraining, education about common reactions to trauma, imaginal exposure to the trauma memory, processing of the traumatic material, and in vivo exposure to trauma reminders. ² 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. The sessions are typically 60 to 120-minutes in length.
Eye movement desensitization and reprocessing	EMDR is a variation of exposure that incorporates exposure to traumatic memories with simultaneous focus on external stimuli such as therapist-directed bilateral eye movements, hand-tapping, or audio stimulation. ³

CLINICAL EVIDENCE AND LITERATURE REVIEW

CLINICAL PRACTICE GUIDELINES

American Psychological Association (APA)

The 2017 (updated 2019) APA clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults recommended the following regarding psychotherapy:

For adult patients with posttraumatic stress disorder (PTSD), the panel strongly recommends that clinicians offer one of the following psychotherapies/interventions (listed alphabetically):

- Cognitive behavioral therapy (CBT)
- Cognitive processing therapy (CPT)
- Cognitive therapy (CT)
- Prolonged exposure therapy (PE)

(Strength of Recommendation: Strong For)

For adult patients with PTSD, the panel suggests that clinicians offer one of the following psychotherapies/interventions (listed alphabetically):

- Brief eclectic psychotherapy (BEP)
- Eye movement desensitization and reprocessing therapy (EMDR)
- Narrative exposure therapy (NET)

(Strength of Recommendation: Conditional)

For adult patients with PTSD, there is insufficient evidence to recommend for or against clinicians offering the following psychotherapies/interventions (listed alphabetically):

- Relaxation (RX)
- Seeking Safety (SS)

(Strength of Recommendation: Insufficient)⁴

Department of Veterans Affairs (VA)/Department of Defense (DoD)/Veterans Health Administration (VHA)

The 2017 joint VA/DoD/VHA clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder gave the following recommendations for psychotherapy:

- For patients with PTSD, the Work Group recommends individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring to include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), specific cognitive behavioral therapies for PTSD, Brief Eclectic Psychotherapy (BEP), Narrative Exposure Therapy (NET), and written narrative exposure. **(Strong For; Reviewed, New-replaced)**
- The Work Group suggests the following individual, manualized non-trauma-focused therapies for patients diagnosed with PTSD: Stress Inoculation Training (SIT), Present-Centered Therapy (PCT), and Interpersonal Psychotherapy (IPT). **(Weak For; Reviewed, New-replaced)**
- There is insufficient evidence to recommend for or against psychotherapies that are not specified in other recommendations, such as Dialectical Behavior Therapy (DBT), Skills Training in Affect and Interpersonal Regulation (STAIR), Acceptance and Commitment Therapy (ACT), Seeking Safety, and supportive counseling. **(N/A; Reviewed, New-replaced)**
- There is insufficient evidence to recommend using individual components of manualized psychotherapy protocols over or in addition to the full therapy protocol. **(N/A; Reviewed, New-added)**
- The Work Group suggests manualized group therapy over no treatment. There is insufficient evidence to recommend using one type of group therapy over any other. **(Weak For; Reviewed, New-replaced)**
- There is insufficient evidence to recommend for or against trauma-focused or non-trauma-focused couples therapy for the primary treatment of PTSD. **(N/A; Reviewed, Amended)⁵**

The 2016 joint VA/DoD/VHA clinical practice guideline for the management of major depressive disorder recommended the following:

- As first-line treatment for uncomplicated mild to moderate MDD (see Recommendation 17 below for complex cases), the Work Group recommends offering one of the following treatments based on patient preference, safety/side effect profile, history of prior response to a specific medication, family history of response to a medication, concurrent medical illnesses, concurrently prescribed medications, cost of medication and provider training/competence:
 - Evidence-based psychotherapy:
 - Acceptance and commitment therapy (ACT)
 - Behavioral therapy/behavioral activation (BT/BA)
 - Cognitive behavioral therapy (CBT)
 - Interpersonal therapy (IPT)
 - Mindfulness-based cognitive therapy (MBCT)
 - Problem-solving therapy (PST)

The evidence does not support recommending a specific evidence-based psychotherapy or pharmacotherapy over another.

(Strong For; Reviewed, New-replaced)

- *For patients at high risk for relapse (e.g., two or more prior episodes, unstable remission status), the Work Group recommends offering a course of CBT, IPT or MBCT during the continuation phase of treatment (after remission is achieved) to reduce the risk of subsequent relapse/recurrence.*

The evidence does not support recommending a specific evidence-based psychotherapy over another.

(Strong For; Reviewed, Amended)⁶

The 2019 joint VA/DoD/VHA clinical practice guideline for the assessment and management of patients at risk for suicide recommended the following in regards to psychotherapies:

- *We recommend using cognitive behavioral therapy-based interventions focused on suicide prevention for patients with a recent history of self-directed violence to reduce incidents of future self-directed violence. (Strong for; Reviewed, New-added)*

The Work Group's confidence in the quality of the evidence was moderate.

- *We suggest offering dialectical behavioral therapy to individuals with borderline personality disorder and recent self-directed violence. (Weak For; Reviewed, New-replaced)*

The Work Group's confidence in the quality of the evidence is low.

- *We suggest offering problem-solving based psychotherapies to:*
 1. *Patients with a history of more than one incident of self-directed violence to reduce repeat incidents of such behaviors*
 2. *Patients with a history of recent self-directed violence to reduce suicidal ideation*
 3. *Patients with hopelessness and a history of moderate to severe traumatic brain injury.*

(Weak For; Reviewed, New-replaced)

The Work Group's confidence in the quality of the evidence was low.⁷

American Family Physician (AFP)

The 2015 AFP clinical practice guideline for the diagnosis and management of obsessive compulsive disorders (OCD) recommended “cognitive behavior therapy, specifically prolonged exposure and response prevention, is the most effective psychotherapy method for treating OCD.”⁸

EVIDENCE SUMMARY

Psychotherapy is an established treatment for various behavioral health conditions, including posttraumatic stress disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, and specific phobias. Several evidence-based clinical practice guidelines, including the American Psychological Association, recommend the use of psychotherapies for these indications.

BILLING GUIDELINES AND CODING

CODES*		
CPT	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)
	99354	TERMED 12/31/2022 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
	99355	TERMED 12/31/2022 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
HCPCS	None	

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy](#), [Reimbursement Policy](#), [Pharmacy Policy](#) and [Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

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5. Veterans Health Administration/Department of Defense. VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder: Clinician Summary. *Focus (Am Psychiatr Publ)*. 2018;16(4):430-448.
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7. Sall J, Brenner L, Millikan Bell AM, Colston MJ. Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines. *Ann Intern Med*. 2019;171(5):343-353.
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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.