


<b>MEDICAL POLICY</b>	<b>Extended Outpatient Psychotherapy (Medicare Only)</b>	
<b>Effective Date: 1/1/2021</b>   1/1/2021	Section: BH	Policy No: 007
	Medical Policy Committee Approved Date: 12/2020	
Medical Officer	Date	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

## 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”).

## APPLIES TO:

Medicare Only

### MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Psychotherapy</i>	<ul style="list-style-type: none"> <li>• Local Coverage Determination (LCD): Psychiatry and Psychology Services (<a href="#">L34616</a>)<sup>1</sup></li> <li>• Local Coverage Article: Billing and Coding: Psychiatry and Psychology Services (<a href="#">A57480</a>)<sup>2</sup> <ul style="list-style-type: none"> <li>○ <i>According to the LCA, “for psychotherapy sessions lasting longer than 90 minutes, reimbursement will only be made if the report is supported by the medical record documenting the face-to-face time spent with the patient and the medical necessity for the extended time.”</i></li> </ul> </li> </ul>

## BILLING GUIDELINES

Please see Local Coverage Article: Billing and Coding: Psychiatry and Psychology Services ([A57480](#)) for a complete list of medically necessary diagnosis codes for psychotherapy.

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**CPT/HCPCS CODES**

<b>Medicare Only</b>	
<b>No Prior Authorization Required</b>	
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	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	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)

**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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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.

**REGULATORY STATUS**

Mental Health Parity Statement

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.

## REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Psychiatry and Psychology Services (L34616). 2015; <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34616>. Accessed 11/12/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Psychiatry and Psychology Services (A57480). 2015; <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57480>. Accessed 11/12/2020.