

Psychotherapy

Policy Number: SC14P0043A2

Effective Date: May 1, 2018

Last Update: September 19, 2022

PAYMENT POLICY HISTORY

| DATE | SUMMARY OF CHANGE |
|--------------------|---|
| September 19, 2022 | Information regarding code-specific procedure CPT® or HCPCS was removed. |
| April 6, 2021 | The psychotherapy policy was moved to an updated UCare format. As a result, some of the information may have been reformatted. In addition, an annual update was completed. No changes were made to the policy. |
| August 28, 2019 | Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document. |
| May 1, 2019 | Annual policy review. The links within the Policy and the UCare logo were updated. |
| May 1, 2018 | The psychotherapy policy was implemented by UCare. |

APPLICABLE PRODUCTS

This policy applies to the products checked below:

| UCARE PRODUCT | APPLIES TO |
|---|------------|
| UCare MinnesotaCare | ✓ |
| UCare Minnesota Senior Care Plus (MSC+) | ✓ |
| UCare Prepaid Medical Assistance (PMAP) | ✓ |
| UCare Connect | ✓ |
| UCare Connect + Medicare (When MHCP is the primary payer) | ✓ |
| UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer) | ✓ |

TABLE OF CONTENTS

| TABLE OF CONTENTS | PAGE |
|--|------|
| PAYMENT POLICY HISTORY | 1 |
| APPLICABLE PRODUCTS | 1 |
| TABLE OF CONTENTS..... | 2 |
| PAYMENT POLICY OVERVIEW | 5 |
| POLICY DEFINITIONS | 5 |
| ENROLLEE ELIGIBILITY CRITERIA..... | 6 |
| ELIGIBLE PROVIDERS OR FACILITIES | 7 |
| Provider..... | 7 |
| Facility | 7 |
| Other and/or Additional Information | 7 |
| EXCLUDED PROVIDER TYPES | 7 |
| MODIFIERS, CPT, HCPCS, AND REVENUE CODES | 7 |
| General Information | 8 |
| Modifiers..... | 8 |
| CPT and/or HCPCS Code(s)..... | 8 |
| Revenue Codes..... | 9 |
| PAYMENT INFORMATION | 9 |
| Payment Guidelines | 9 |
| Time Based Services..... | 9 |
| BILLING REQUIREMENTS AND DIRECTIONS..... | 10 |
| General Information | 10 |
| Billing Guidelines..... | 12 |
| PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION | 14 |
| Prior Authorization, Notification, and Threshold Requirements..... | 14 |

RELATED PAYMENT POLICY INFORMATION..... 14

SOURCE DOCUMENTS AND REGULATORY REFENCES..... 15

DISCLAIMER..... 15

This page was intentionally left blank

PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

This Policy outlines the professional payment and billing guidelines associated with psychotherapy services.

POLICY DEFINITIONS

| TERM | NARRATIVE DESCRIPTION |
|--|---|
| Diagnostic Assessment | Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services. |
| Family Member | Means a person identified by the patient (or patient’s parent or guardian) as being important to the patient’s mental health and may include, but is not limited to parents, children, spouse, committed partners, and ex-spouses, person related by blood or adoption, or persons who are presently residing together as a family unit. Shift staff or other facility staff members at the patient’s residence are not considered a Family Member. |
| Mental Health Practitioner Qualified as a Clinical Trainee | Means a mental health practitioner working as a clinical trainee who meets the following criteria: <ul style="list-style-type: none"> • Be complying with requirements for licensure or board certification as a mental health professional including supervised practice in the delivery of mental health services for the treatment of mental illness |

| TERM | NARRATIVE DESCRIPTION |
|---------------------|--|
| | <ul style="list-style-type: none"> • Be a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional <p>The clinical trainee’s clinical supervision experience helps the practitioner gain knowledge and skills necessary to practice effectively and independently. The experience gained by the clinical trainee during supervision may include:</p> <ul style="list-style-type: none"> • Direct practice • Treatment team collaboration • Continued professional learning • Job management |
| Psychotherapy | Means a planned and structured, face-to-face treatment of a patient’s mental illness that is provided using the psychological, psychiatric or interpersonal method most appropriate to the needs of the patient according to current community standards of mental health practice and is directed to accomplish measurable goals and objectives specified in the patient’s individual treatment plan (ITP). |
| Notification | Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member’s benefit set. If claims are submitted to UCare and no notification has been received from the provider, the claim will be denied. |
| Prior Authorization | Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. |

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

For services to be covered by UCare the patient must be actively enrolled in one of the UCare products listed above.

ELIGIBLE PROVIDERS OR FACILITIES**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT****Provider**

Psychotherapy may be provided by:

- Clinical nurse specialist in mental health (CNS)
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Psychiatric nurse practitioner (NP)
- Psychiatrist
- Mental health practitioners working as clinical trainees under the supervision of a mental health professional.

Facility

This policy outlines payment for professional services.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

| MODIFIER(S) | NARRATIVE DESCRIPTION |
|-------------|--|
| HN | For purposes of this policy, the –HN modifier indicates services were furnished by a Mental Health Practitioner or qualified Clinical Trainee when licensing and supervision requirements are met. |

CPT and/or HCPCS Code(s)

| CPT AND/OR HCPCS CODE(S) | MODIFIER(S) | NARRATIVE DESCRIPTION |
|--------------------------|-------------|---|
| 90832 | | Psychotherapy (with patient or family member or both), 30 minutes |
| 90833 | | Psychotherapy, 30 minutes with patient or family member or both when performed with an evaluation and management service (List separately in addition to the code for primary procedure (E&M code)) |
| 90834 | | Psychotherapy (with patient or family member or both), 45 minutes |
| 90836 | | Psychotherapy, 45 minutes with patient or family member or both when performed with an evaluation and management service (List separately in addition to the code for primary procedure (E&M code)) |
| 90837 | | Psychotherapy (with patient or family member or both), |
| 90838 | | Psychotherapy, 60 minutes with patient or family member or both when performed with an evaluation and management |

| CPT AND/OR HCPCS CODE(S) | MODIFIER(S) | NARRATIVE DESCRIPTION |
|--------------------------|-------------|--|
| | | service (List separately in addition to the code for primary procedure (E&M code)) |
| 90839 | | Psychotherapy for Crisis |
| 90840 | | Psychotherapy for Crisis (add on-code code to 90839) |
| 90846 | | Family psychotherapy (without the patient present), 50 minutes |
| 90847 | | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes |
| 90849 | | Multiple-family group psychotherapy |
| 90853 | | Group psychotherapy (other than of a multiple-family group) |
| 90875 | | Individual psychophysiological therapy incorporating biofeedback, with psychotherapy, 30 minutes |
| 90876 | | Individual psychophysiological therapy incorporating biofeedback, with psychotherapy, 45 minutes |
| 99354 | | Prolonged service code for psychotherapy services (add on to 90837) |

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

Revenue Codes

PAYMENT INFORMATION

Payment Guidelines

UCare follows MHCP guidelines when applying Master’s prepared provider reductions to eligible mental health services. Master’s level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee.

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 10-20 Fee Schedule Updates).

Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

| MINUTES | BILLABLE UNITS |
|---------------------------------------|---------------------------------|
| Fifteen (15) Minute Increments | |
| 0 – 7 minutes | 0 (no billable unit of service) |
| 8 – 15 minutes | 1 (unit of billable service) |
| Sixty (60) Minute Increments | |
| 0 – 30 minutes | 0 (no billable unit of service) |
| 31 – 60 minutes | 1 (unit of billable service) |

BILLING REQUIREMENTS AND DIRECTIONS

General Information

Psychotherapy (with patient or family member or both)

These codes should be used for services when:

- The patient, family member or both are present.
- Therapy includes some time without the patient (but the patient must be present for a significant amount of the psychotherapy time).
- Therapy includes hypnotherapy (conducted by a mental health professional or qualified clinical trainee trained in hypnotherapy). Do not bill hypnotherapy separately.
- Therapy includes individual psychophysiological therapy incorporating biofeedback, with psychotherapy
- Appropriate the interactive complexity add-on (CPT® code 90785) service may be billed in addition to psychotherapy.

Evaluation and Management (E&M) with Psychotherapy (patient or family or both)

These codes should be used when:

- Psychotherapy is performed in addition to E&M services.
- The time spent on E&M activities and psychotherapy are necessary and distinct services.

- Appropriate interactive complexity add-on (CPT® code 90785) service may be billed in addition to psychotherapy.

Family Psychotherapy

These codes should be used when:

- The patient and one or more family members participation in therapy is necessary to accomplish the patient's treatment goals.
- In the opinion of the treating provider the patient's absence from the family psychotherapy session is necessary to carry out the patient's treatment plan.

Family members do not need to be enrolled with UCare or MHCP to participate in family psychotherapy.

Multiple Family Group Psychotherapy

- Multiple family group psychotherapy is designed for at least two, but no more than five families.
- The focus of multiple family group psychotherapy is to meet the treatment needs of the patient as outlined in their treatment plan.
- If it is the opinion of the treating provider that the patient's absence from the family psychotherapy session is necessary to carry out the patient's treatment plan, document the length of time and reason for the patient's absence in the medical record. In addition, also document reason(s) for a family member's exclusion from family psychotherapy.

Group Psychotherapy

- Group psychotherapy is appropriate for individuals who because of the nature of their emotional, behavioral, or social dysfunctions can benefit from treatment in a group setting.
- One mental health professional may provide services for a group of 3 - 8 patients
- When the size of the group is 9 – 12 patients, two Mental Health Professionals must be present.
- For group psychotherapy the group may not exceed 12 patients and is not dependent on the number of UCare enrollees or MHCP patients participating the group.
- When appropriate, the interactive complexity add-on (CPT® code 90785) service may be billed in addition to psychotherapy.

Interactive Complexity

It is appropriate to add-on CPT® code 90785 when any of the following circumstances exist during the visit:

- Communication difficulties among participants complicate care delivery related to issues such as:
 - High anxiety

- High reactivity
- Repeated questions
- Disagreement
- Caregiver emotions or behaviors that interfere with implementing the treatment plan
- Discovery or discussion of evidence relating to an event that must be reported to a third party. This may include events such as abuse or neglect that require a mandatory report to the state agency
- It is necessary to overcome communication barriers by using any of the following methods:
 - Play equipment
 - Physical devices
 - An interpreter
 - A translator
- For patients who are not fluent in the same language as the mental health provider.
- For patient who have not developed or have lost the skills needed to use or understand typical language.

Diagnostic Assessment and Diagnosis Requirements

Eligible patients must have a diagnosis of mental illness as determined by a diagnostic assessment. A new patient may receive up to three (3) sessions of a combination of individual or group psychotherapy or family psychoeducation prior to completion of the patient’s diagnostic assessment.

Billing Guidelines

The services outlined below must be submitted using the 837P format or the electronic equivalent.

| CPT® or HCPCS CODES | MODIFIER | NARRATIVE DESCRIPTION | BILLING GUIDELINES |
|---------------------|----------|--|--|
| 90832 | | Psychotherapy (with patient or family member or both), 30 minutes | E&M with psychotherapy may only be billed by: <ul style="list-style-type: none"> ● Clinical nurse specialist – MH (CNS-MH-MH) ● Psychiatric Nurse Practitioner (NP) ● Psychiatrist CPT® Code 90785 (Interactive complexity) may reported in addition to the following services: <ul style="list-style-type: none"> ● Psychotherapy (CPT® codes 90832, 90834, 90837) ● Psychotherapy performed with an E&M service (90833, 90836, 90938) |
| 90834 | | Psychotherapy (with patient or family member or both), 45 minutes | |
| 90837 | | Psychotherapy (with patient or family member or both), 60 minutes | |
| 90833 | | Psychotherapy, 30 minutes with patient or family member or both when performed with an evaluation and management | |

| CPT® or HCPCS CODES | MODIFIER | NARRATIVE DESCRIPTION | BILLING GUIDELINES | |
|---------------------|----------|---|--|--|
| | | service (List separately in addition to the code for primary procedure (E&M code)) | CPT® code 90849 may be billed for <i>each family</i> participating in the multi-family group session. This coded should <i>not</i> be billed for each family member participating in the therapy session | |
| 90836 | | Psychotherapy, 45 minutes with patient or family member or both when performed with an evaluation and management service (List separately in addition to the code for primary procedure (E&M code)) | | |
| 90838 | | Psychotherapy, 60 minutes with patient or family member or both when performed with an evaluation and management service (List separately in addition to the code for primary procedure (E&M code)) | | |
| 90875 | | Individual psychophysiological therapy incorporating biofeedback, with psychotherapy, 30 minutes | | |
| 90876 | | Individual psychophysiological therapy incorporating biofeedback, with psychotherapy, 45 minutes | | |
| 90846 | | Family psychotherapy (without the patient present), 50 minutes | | |
| 90847 | | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | | |
| 90849 | | Multiple-family group psychotherapy | | |
| 90853 | | Group psychotherapy (other than of a multiple-family group) | | When appropriate, 90875 Interactive Complexity add-on service may be billed in addition to 90853 |
| 90785 | | Interactive Complexity Add-On Service Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the | | |

| CPT® or HCPCS CODES | MODIFIER | NARRATIVE DESCRIPTION | BILLING GUIDELINES |
|---------------------|----------|--|--------------------|
| | | patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes | |
| 99354 | | Pronged E&M or psychotherapy service(s) beyond the typical service time of the primary procedure. (List separately in addition to 90837) | |

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

Psychotherapy services do not require at prior authorization. UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

| POLICY NUMBER | POLICY TITLE |
|---------------|--------------|
| | |

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFERENCES**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, Psychotherapy](#)

[Minnesota Statutes 144.292](#), subdivision 2 and 7 (Minnesota Health Records Act – patient access and exception)

[Minnesota Statutes 245.4871](#), subdivision 11a (Diagnostic assessment)

[Minnesota Rules 9505.0372](#) (Psychotherapy services)

[Minnesota Rules 9505.0371 Subp. 7](#) (Individual Treatment Plan)

[Code of Federal Regulations, title 45, section 164](#), parts 501 (45 CFR 164.501) (Psychotherapy notes)

[Code of Federal Regulations title 45, section 160](#), parts 203 (45 C.F.R. 160.203 (b)) (Release of Privacy)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”