Extended Outpatient Psychotherapy

MEDICAL POLICY NUMBER: 272

Effective Date: 1/1/2024

Last Review Date: 12/2023

Next Annual Review: 12/2024

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, and Providence Plan Partners 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, e.g., 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 2023) 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)

The updated 2023 joint VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder gave the following recommendations for psychotherapy:

- *We recommend the individual, manualized trauma-focused psychotherapies for the treatment of PTSD: Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, or Prolonged Exposure. (**Strong For; Reviewed, New-replaced**)*
- *We suggest the following individual, manualized psychotherapies for the treatment of PTSD: Ehlers' Cognitive Therapy for PTSD, Present-Centered Therapy, or Written Exposure Therapy. (**Weak For; Reviewed, New-replaced**)*
- *There is insufficient evidence to recommend for or against the following individual psychotherapies for the treatment of PTSD: Accelerated Resolution Therapy, Adaptive Disclosure, Acceptance and Commitment Therapy, Brief Eclectic Psychotherapy, Dialectical Behavioral Therapy, Emotional Freedom Techniques, Impact on Killing, Interpersonal Psychotherapy, Narrative Exposure Therapy, Prolonged Exposure in Primary Care, psychodynamic therapy, psychoeducation, Reconsolidation of Traumatic Memories, Seeking Safety, Stress Inoculation Training, Skills Training in Affective and Interpersonal Regulation, Skills Training in Affective and Interpersonal Regulation in Primary Care, supportive counseling, Thought Field Therapy, Trauma-Informed Guilt Reduction, or Trauma Management Therapy. **(Neither for nor against; Reviewed, New-replaced)***
- *There is insufficient evidence to recommend for or against using individual components of manualized psychotherapy* protocols over, or in addition to, the full therapy protocol for the treatment of PTSD. *(**Neither for nor against; Reviewed, Not Changed**)*
- *There is insufficient evidence to recommend for or against any specific manualized group therapy for the treatment of PTSD **(Neither for nor against; Reviewed, New-replaced)***
- *There is insufficient evidence to recommend using group therapy as an adjunct for the primary treatment of PTSD **(Neither for nor against; Reviewed, New-replaced)***
- *There is insufficient evidence to recommend for or against the following couples therapies for the treatment of PTSD: Behavioral Family Therapy, Structured Approach Therapy, or Cognitive Behavioral Conjoint Therapy **(Neither for nor against; Reviewed, Not Changed)**.*[5]

The 2022 joint VA/DoD clinical practice guideline for the management of major depressive disorder recommended the following:

- *We recommend that [uncomplicated] major depressive disorder (MDD) be treated with either psychotherapy or pharmacotherapy as monotherapy, based on patient preference. Factors including treatment response, severity, and chronicity may lead to other treatment strategies such as augmentation, combination treatment, switching of treatments, or use of non-first line treatments. **(Strong; Reviewed, New-replaced)***

- *When choosing psychotherapy to treat [uncomplicated] MDD, we suggest offering one of the following interventions (not rank ordered):*
  - *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)*
  - *Short-term psychodynamic psychotherapy*

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

(Weak 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 (i.e., 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.

  *(**Weak For; Not reviewed, Amended**)*

- *For patients with mild to moderate MDD, we suggest offering clinician-guided computer/internet-based cognitive behavioral therapy either as an adjunct to pharmacotherapy or as a first-line treatment, based on patient preference.* ***(Weak for; Reviewed, New-replaced)*** [6]

The 2019 joint VA/DoD 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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2. UpToDate. Psychotherapy for posttraumatic stress disorder in adults. https://www.uptodate.com/contents/psychotherapy-for-posttraumatic-stress-disorder-in-adults?search=prolonged%20exposure%20therapy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1. Published 2023. Accessed 10/30/2023.
3. UpToDate. Cognitive-behavioral therapies for specific phobia in adults. https://www.uptodate.com/contents/cognitive-behavioral-therapies-for-specific-phobia-in-adults?search=eye%20movement%20desensitization&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H111054121. Published 2023. Accessed 10/30/2023.
4. American Psychological Association. Summary of the clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults (updated 2023). *Am Psychol.* 2017;74(5):596-607.
5. Department of Veterans Affairs (VA)/Department of Defense (DoD). VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder: Clinician Summary. *Focus (Am Psychiatr Publ).* 2023;16(4):430-448.
6. Department of Veterans Affairs (VA)/Department of Defense (DoD). VA/DoD clinical practice guideline for the management of major depressive disorder. https://www.acpjournals.org/doi/10.7326/M22-1603. Published 2022. Accessed 11/18/2022.
7. Department of Veterans Affairs (VA)/Department of Defense (DoD). 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.
8. Fenske JN, Petersen K. Obsessive-Compulsive Disorder: Diagnosis and Management. *Am Fam Physician.* 2015;92(10):896-903.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
1/2024	Annual review. No criteria changes.