

MEDICAL POLICY



SUBJECT: BEHAVIORAL HEALTH TREATMENT OF FAMILY AND COUPLES	EFFECTIVE DATE: 07/11/99 REVISED DATE: 01/18/01, 03/28/02, 03/27/03 ARCHIVE DATE: 02/26/04 EDITED DATE: 11/10/05, 12/07/06, 12/20/07, 12/11/08, 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13
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<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

A benefit for the treatment of family and couples is **eligible for coverage** in accordance with the member's subscriber contract. Coverage is provided for family and/or couple therapy when used to treat the identified patient's mental illness. This includes:

- I. Individual session(s) with a family member(s) of the identified patient's to aid in the treatment of the patient.
- II. Other identified situations supported by clinical documentation and approved by a Health Plan Behavioral Health Medical Director.
- III. The identified patient must have a DSM IV diagnosis.

POLICY GUIDELINES:

- I. Concurrent individual treatment of more than the identified patient in a family, by the same practitioner, will not be covered without supporting clinical documentation demonstrating that the benefits of concurrent treatment outweigh the risks generally associated with concurrent treatment.

Exception: Individuals with an Axis I DSM IV diagnosis who are seen by a psychiatrist for psychotropic medication(s).

- II. Practitioners/providers must bill these services under the identified patient's referral authorization.
- III. No additional benefit will be provided for family/group psychotherapy if the patient has already utilized the individual psychotherapy benefit for the same date.

DESCRIPTION:

Family and couples therapy is a service provided for individuals seeking treatment with a licensed mental health care practitioner, when this is the most effective and efficient treatment for the identified patient's mental illness. Family and couples treatment is generally conducted with the patient(s) and family present during the same session. There are occasions where it is beneficial to the patient for the family members or the significant others to meet individually with the mental health practitioner to address specific issues.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Note: Reimbursement mechanisms utilizing CPT codes may vary by Health Plan Region

CPT: 90846 Family psychotherapy (without patient present)

Proprietary Information of Excellus BlueCross BlueShield

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90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple-family group psychotherapy
90832	Psychotherapy, 30 minutes
90833	30-minute psychotherapy add on code to be used with appropriate outpatient E/M code
90834	Psychotherapy, 45 minutes
90836	45- minute psychotherapy add on code to be used with appropriate outpatient E/M code
90837	Psychotherapy, 60 minutes
90838	60-minute psychotherapy add on code to be used with appropriate outpatient E/M code
90785	Interactive complexity, add on code for 90832-90838

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HCPCS: No specific codes

REVENUE: 916 Psychiatric services, family therapy
916H Family therapy, 20-25 minutes

ICD9: *Diagnoses corresponding with limitations & exclusions are not covered.*

293-302.9, Psychiatric diagnoses (code range)
306-319

ICD10: F02.80-F02.81 Dementia in other diseases classified elsewhere without behavioral disturbance (code range)
F03.90-F03.91 Unspecified dementia (code range)
F04 Amnestic disorder due to known physiological condition
F05 Delirium due to known physiological condition
F06.0-F06.8 Other mental disorders due to physiological condition
F07 Personality change due to known physiological condition
F07.81 Postconcussional syndrome
F07.89 Other personality and behavioral disorders due to known physiological condition
F07.9 Unspecified personality and behavioral disorder due to known physiological condition
F09 Unspecified personality and behavioral disorder due to known physiological condition
F20.0-F20.9 Schizophrenia (code range)
F21-F25.9 Schizoaffective disorder (code range)

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F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10-F30.9	Manic episode (code range)
F31.0-F31.9	Bipolar disorder (code range)
F32.0-F33.9	Major depressive disorder (code range)
F34.0-F39	Mood (affective disorder) (code range)
F40.00-F48.9	Anxiety disorder (code range)
F50.00-F50.9	Eating disorders (code range)
F51.01-F51.9	Sleep disorders (code range)
F52.0-F52.9	Sexual dysfunction (code range)
F53	Puerperal psychosis
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F60.0-F69	Disorders of adult personality and behavior (code range)
F70-F79	Intellectual disabilities (code range)
F80.0-F89	Developmental disorders (code range)
F90.0-F98	Behavioral and emotional disorders (code range)
F99	Mental disorder, not otherwise specified
R37	Sexual dysfunction, unspecified
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.82	Worries
R48.0	Dyslexia and alexia
Z87.890	Personal history of sex reassignment

KEY WORDS:

Couples therapy, Family therapy.

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for outpatient psychiatry services. Please refer to the following LCD website for Medicare Members: http://apps.ngsmedicare.com/lcd/LCD_L26895.htm.