

# MEDICAL POLICY

<b>SUBJECT: STANDARD DIALECTICAL BEHAVIOR THERAPY</b>	<b>EFFECTIVE DATE: 04/28/11</b> <b>REVISED DATE: 04/26/12, 04/25/13, 04/24/14</b>
<b>POLICY NUMBER: 3.01.10</b> <b>CATEGORY: Behavioral Health</b>	<b>PAGE: 1 OF: 4</b>
<ul style="list-style-type: none"><li>• <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></li><li>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i></li><li>• <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></li></ul>	

## **POLICY STATEMENT:**

- I. Based upon our criteria and assessment of peer-reviewed literature, dialectical behavior therapy (DBT) Skills Training Groups have been medically proven to be effective and therefore are considered a **medically appropriate** treatment for adults diagnosed with Borderline Personality Disorder who also have co-morbid Substance Abuse Disorders and/or Binge Eating Disorders and who meet the following criteria:
  - A. The patient must have a principal diagnosis of Borderline Personality Disorder as specified in the Diagnostic and Statistical Manual or ICD-9-CM equivalent;  
AND ONE of the following:
    - B. History of self-harm or suicidal ideation in the last six months;
    - C. History of a higher level of care in the last six months (Residential, Inpatient, PHP, IOP);
    - D. Recurrent suicidal behaviors; OR
    - E. High risk symptom/clinical acuity.
- II. Based upon our criteria and assessment of peer-reviewed literature, dialectical behavior therapy (DBT) Skills Training Groups have been medically proven to be effective and therefore are considered a **medically appropriate** treatment for adolescents diagnosed with Borderline Personality Disorder who also have co-morbid Substance Abuse Disorders and/or Binge Eating Disorders and who meet the following criteria:
  - A. The patient must meet three symptoms for Borderline Personality Disorder as outlined in the Diagnostic and Statistical Manual;  
AND ONE of the following:
    - B. History of recurrent suicidal behavior, gestures or threats; OR
    - C. Self-mutilating behavior.
- III. Standard Dialectical Behavior Therapy Programs **must** meet the following requirements:
  - A. Adult DBT Training Skills Groups consist of one cycle which includes the following four modules. The standard treatment for adults typically includes the completion of two cycles. One cycle typically lasts 24-26 weeks.
    1. Mindfulness;
    2. Interpersonal Effectiveness;
    3. Emotional Regulation; and
    4. Distress Tolerance.
  - B. Adolescent DBT Training Skills Groups consist of one cycle which includes the following five modules. The standard treatment for adolescents typically includes the completion of one cycle which typically lasts 24-26 weeks. Parenting DBT Skills Groups are included in the treatment for Adolescents.
    1. Mindfulness
    2. Interpersonal Effectiveness;
    3. Emotional Regulation;
    4. Distress Tolerance; and
    5. Walking the Middle Path (specific for parents and adolescents).
  - C. Standard DBT programs must include weekly individual therapy.
  - D. All DBT providers must receive specialized training in Dialectical Behavior Therapy.

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- E. Standard DBT programs must include a Consult Therapy Team for DBT trained providers.
  - F. Standard DBT programs must offer Phone Coaching.
  - G. Standard DBT programs are expected to maintain clear written descriptions of the treatment goals and objectives, as well as admission and discharge criteria.
- IV. Based upon our criteria and assessment of peer-reviewed literature, DBT does not improve patient outcomes and is considered **not medically necessary** for diagnoses other than Borderline Personality Disorder.
- V. Based upon our criteria and assessment of peer-reviewed literature, DBT is considered **investigational** for all other Axis I and Axis II diagnoses.

#### **POLICY GUIDELINES:**

- I. If the Health Plan reviews a plan of care that includes group therapy, we will need to determine if the group meets the criteria set forth in the policy, in addition to the member's plan of care. For in area participating providers, psychotherapy groups for all lines of business must be submitted to the Behavioral Health Department for review and must receive formal approval as a group that meets the criteria set forth in the Group Therapy for Mental Health, Corporate Medical Policy #3.01.08, to ensure coverage for group therapy services provided.
- II. Standard DBT programs are expected to maintain clear written descriptions of the treatment goals and objectives, as well as admission and discharge criteria.
- III. The Health Plan will require Member Management from a Member Treatment Coordinator in Behavioral Health. Participation is a requirement for patients participating in DBT programs.
- IV. Medical necessity reviews are required for DBT and after each module.
- V. It is expected that patients will be seen for medication management and support by a psychiatrist as necessary while in DBT.
- VI. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

#### **DESCRIPTION:**

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment that was originally created for chronically suicidal patients but has been modified to treat individuals with Borderline Personality Disorder. DBT is empirically supported and is a standardized treatment with a specific model incorporating Skills Training Group, Individual Therapy, Phone Coaching and Therapist Consultation.

Borderline Personality Disorder (BPD) is a personality disorder characterized by unstable and intense interpersonal relationships, inappropriate and uncontrolled anger, unstable self-image, and recurrent suicidal ideation, gestures, threats and other self-mutilating behaviors Diagnostic and Statistical Manual. 69% to 80% of individuals diagnosed with Borderline Personality Disorder engage in suicidal behavior with a suicide rate up to 9%. Individuals diagnosed with BPD use more services than those with major depression and other personality disorders. These services include frequent visits to emergency departments, psychiatric inpatient hospitalizations and high utilization of outpatient treatment. Clinicians are reluctant to diagnose personality disorders in individuals less than 18 years of age and therefore adolescents are rarely diagnosed with personality disorders. The goals of the comprehensive DBT program are intended to reduce suicidal ideation and gestures, unstable self-image, emotional instability and interpersonal difficulties.

#### **RATIONALE:**

Studies have been performed assessing DBT for the treatment of Borderline Personality Disorder and Borderline Personality Disorders with co-existing Chemical Dependency, Eating Disorders and Mood Disorders. The majority of studies find statistically significant findings for DBT as the treatment for DBT versus 'Treatment As Usual.'

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In one randomized controlled trial, Linehan, Armstrong, Suarez, Allmon & Heard (1991) studied the comprehensive DBT program (with individual psychotherapy) compared to 'Treatment As Usual' (TAU) with chronically suicidal women diagnosed with Borderline Personality Disorder. The findings showed reductions in para suicidal behavior and statistically significant likelihood of starting and completing treatment for the comprehensive DBT program. Further, in this study, inpatient hospital days for those engaged in the DBT program were significantly fewer than 'Treatment As Usual' and at one year after treatment ended, these findings were maintained. In 2006, Linehan et al. completed a two year randomized controlled trial studying treatment outcomes of individuals receiving DBT versus individuals receiving treatment rendered by non-behavioral psychotherapy experts. This study included one year of DBT or one year of community treatment followed by one year of post treatment follow-up. This intent of this study was to measure assessment outcomes of suicidal behavior, use of emergency services and general psychological functioning for subjects in the DBT group versus subjects in the treatment offered by community psychotherapy clinicians. In this study, DBT showed better outcomes than those in community treatment. Subjects receiving DBT were half as likely to make a suicide attempt, required less hospitalization for suicidal ideation and were less likely to drop out of treatment with fewer psychiatric emergency department visits.

Linehan, Heard and Armstrong (1993) also studied the efficacy of DBT skills group as an additional treatment for members already engaged in individual psychotherapy with a community therapist. This study intended to question the outcome of exposing members to DBT skills only while in treatment with an individual psychotherapist. The results of this study did not show strong results of adding only DBT skills group to ongoing individual psychotherapy.

Verheul et al (2003) also studied the effectiveness of twelve months of DBT compared to twelve months in 'Treatment As Usual' in a randomized controlled study to compare treatment retention, suicidal, self-mutilating and impulsive behaviors. This study showed statistically significant results with reductions in self-mutilating; self-damaging behaviors and treatment dropout rates for individuals receiving DBT compared to those individuals receiving 'Treatment As Usual.'

Linehan et al. (1999) conducted a randomized controlled trial to evaluate DBT for individuals diagnosed with borderline personality disorder and co-morbid chemical dependency compared to 'Treatment As Usual' in the community. The results showed statistically significant reduction in substance abuse for subjects engaged in DBT versus subjects engaged in 'Treatment As Usual' and further, DBT showed greater treatment retention, increased social and global functioning.

Safer, Telch and Agras (2001) completed a randomized controlled trial to evaluate DBT for women with binge eating disorder. The results showed that DBT decreased bingeing and purging behaviors when DBT was adapted specifically for bulimia nervosa. The DBT group showed 0% drop out rate and was statistically significant results for decreasing bingeing and purging.

**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.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

<b><u>CPT:</u></b>	90853	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

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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 90791-90792, 90832-90838  
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**ICD9:** 301.83 Borderline personality disorder

**ICD10:** F60.3 Borderline personality disorder

#### **REFERENCES:**

- \*Linehan MM, et al. Cognitive-behavior treatment of chronically parasuicidal borderline patients. Arch General Psychiatry 1991;48:1060-4.
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- \*Linehan MM, et al. Dialectical behavior therapy for patients with borderline personality disorder and drug dependence. Amer J Addiction 1999;8:279-92.
- \*Linehan MM, et al. Two-year randomized controlled trial and follow-up of dialectical behavior therapy versus therapy by experts for suicidal behaviors and borderline personality disorder. Arch General Psychiatry 2006;63:757-66.
- \*Safer DL, et al. Dialectical behavior therapy for bulimia nervosa. Amer J Psychiatry 2001;158:632-4.
- \*Verheul R, et al. Dialectical behavior therapy for women with borderline personality disorder. Brit J Psychiatry 2003;182:135-40.
- \* key article

#### **KEY WORDS:**

Dialectical Behavioral Therapy (DBT)

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## **CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

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Based upon our review, dialectical behavioral therapy is not specifically addressed in National or regional CMS coverage determinations or policies.