

Contractor's Policy Number

03-06

Contractor's Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Outpatient Psychiatric Services

AMA CPT Copyright Statement

CPT codes, descriptions, and other data only are copyright 1999 American Medical Association (or such publication of CPT). All rights reserved. Applicable FARS/DFARS clauses apply.

CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of

illness or injury or to improve the functioning of a malformed body member.

- Medicare Intermediary Manual, section 3112 (7)(B)(3), describes outpatient hospital psychiatric services.
- Medicare Hospital Manual, section 230.4, describes coverage of outpatient therapeutic services.
- Medicare Hospital Manual, section 230.5, describes outpatient hospital psychiatric services.
- Medicare Coverage Issues Manual, section 35-14, describes coverage of consultations with a beneficiary's family and associates.
- Medicare Coverage Issues Manual, section 35-22, describes coverage of outpatient hospital services for the treatment of alcoholism.
- Medicare Coverage Issues Manual, section 35-23, describes coverage of chemical aversion therapy for the treatment of alcoholism.
- Medicare Coverage Issues Manual, section 80-1, describes coverage of patient education programs
- Program Memorandum, AB-03-037, CR 2520, Provider Education Article: Medicare Payments for Part B Mental Health Services
- Program Memorandum, A-01-111, CR 1798, Clarification of HCPC G0177.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

CMS Region

Region III

CMS Consortium

Northeast

Original Policy Effective Date

12/29/2003

Original Policy Ending Date

Revision Effective Date

Revision Ending Date

LMRP Description

Outpatient psychiatric services represent a variety of ambulatory psychiatric services used to provide active treatment to individuals with mental disorders. Other than certain diagnostic tests, these services are provided incident to the services of a psychiatrist or other physician (M.D. or D.O.) trained in the treatment of psychiatric disorders.

This policy does not address Partial Hospitalization Programs.

Indications and Limitations of Coverage and/or Medical Necessity

Outpatient psychiatric services can be billed incident to a physician's services provided the following conditions are met:

- The physician has performed an initial evaluation.
- A written plan of treatment has been developed which the physician has approved.
- The physician has an active and continuous role in the management of the patient including clinical supervision of all those involved in providing psychiatric services to the patient.
- The physician's ongoing involvement is documented in the patient record.
- Non-physician practitioners are licensed and authorized by the state to perform the services they provide.
- Non-physician practitioners are hospital employees.
- The patient is an outpatient.
- The services are not received in the home setting.
- The patient (or legal guardian) has provided written, informed consent for treatment.
- The patient's assessment indicates that the patient has a reasonable expectation of improvement as a result of the treatment provided.
- The patient is able to participate in a meaningful way in the services provided.
- All services are to be comprised of clinically recognized interventions, which are pertinent to the patient's illness or condition, which may include: individual psychotherapy; group psychotherapy; family counseling; occupational therapies; and, psycho-educational groups.

A treatment plan that establishes a course of therapy comprised primarily of activity, social, or recreational therapy does **not** constitute medically necessary psychiatric services. Psychosocial programs or services, which provide only a structured environment, socialization, and/or vocational rehabilitation, are **not** covered by Medicare.

A course of therapy need not have as its goal restoration of the patient's

premorbid status. For many psychiatric patients (particularly those with long-term, chronic conditions) control of symptoms to avoid further deterioration and to maintain a reasonable functional level and avoid hospitalization is an acceptable goal. Improvement in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Services should be provided at the lowest level of intensity required to achieve and maintain this improvement.

Covered Services:

- Medically necessary diagnostic services related to mental illness
- Individual and group psychotherapy
 - This service must be provided by physicians, psychologists, and other mental health professionals licensed or authorized by the state to perform such a service. The license or authorization must specify that the practitioner's scope of practice includes psychotherapy for the treatment of mental illness.
- Occupational therapy
 - These services must be provided by a qualified occupational therapist.
 - These services must be included in the individualized treatment plan developed by the physician.
 - Such services may include pre-vocational assessment and training, but services related to specific employment opportunities are not covered.
- Other psychiatric services
 - Services of staff trained to work with psychiatric patients. (Individual and group psychotherapy must only be performed by mental health professionals licensed or authorized by the state to perform such a service.)
- Drugs and biologicals
 - This includes medications that are usually not self-administered.
- Family counseling
 - These services must be provided by a mental health professional licensed or authorized by the state to perform such a service.
 - These services must be for the primary purpose of treating the patient's condition. They may include observing and assessing the patient's

interaction with family members; counseling the family to assist in the patient's management; attempting to modify the behavior of family members when necessary to facilitate the patient's improvement.

When this service is provided without the patient present, the counseling should still relate directly to the patient.

- Individualized activity therapies
 - These services must be included in the individualized treatment plan developed by the physician.
 - The need for these services as a treatment of the patient's condition must be clearly documented.
 - These therapies should not be billed as individual or group psychotherapies.
- Patient training and education
 - These services should be clearly related to the individual's care and treatment of their diagnosed psychiatric condition

CPT/HCPCS Section & Benefit Category

Psychiatry

Type of Bill Code

13X, 76X

Revenue Codes

250, 43X, 513, 901, 904, 910, 914, 915, 916, 918, 942, 944, 945

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

90801 © Psy dx interview

- 90802 © Interactive psy dx interview
- 90804 © Indiv psy, outpt, 20-30 min
- 90805 © Indiv psy; outpt, 20-30 min w/e&m
- 90806 © Indiv psy, outpt, 45-50 min
- 90807 © Indiv psy, outpt, 45-50, w/e&m
- 90808 © Indiv psy, outpt, 75-80 min
- 90809 © Indiv psy, outpt, 75-80 min w/e&m
- 90810 © Intac psy, outpt, 20-30 min
- 90812 © Intac psy, 45-50 min
- 90814 © Intac psy 75-80 min
- 90845 © Psychoanalysis
- 90846 © Family therapy w/o patient
- 90847 © Family therapy w/patient
- 90853 © Group therapy
- 90857 © Intac group therapy
- 90862 © Pharmacologic therapy
- 90865 © Narcosynthesis
- 90870 © ECT; single seizure
- 90880 © Hypnotherapy
- 90887 © Interpretation or explanation to family
- 96100 © Psychological testing
- 96110 © Developmental test, ltd
- 96111 © Developmental test, extend
- 96115 © Neurobehavioral status exam
- 96117 © Neuropsych test battery
- 97003 © OT evaluation
- 97004 © OT re-evaluation
- 97530 © Therapeutic activities
- 97532 © Development of cognitive skills

- 97533 © Sensory integrative techniques
- 97535 © Self-care/home mngment trng
- 97537 © Community/work reintegration trng
- G0177 Trng and educational svcs

© CPT American Medical Association

Not Otherwise Classified (NOC)

ICD-9 Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

Medicare is establishing the following limited coverage:

Covered for:

- 290.0 Senile dementia, uncomplicated
- 290.10 Presenile dementia, uncomplicated
- 290.11 Presenile dementia with delirium
- 290.12 Presenile dementia with delusional features
- 290.13 Presenile dementia with depressive features
- 291.1 Alcohol amnestic syndrome
- 291.2 Other alcoholic dementia
- 291.3 Alcohol withdrawal hallucinosis

| | |
|--------|--|
| 291.5 | Alcoholic jealousy |
| 291.81 | Other specified alcoholic psychosis, alcohol withdrawal |
| 291.89 | Other specified alcoholic psychosis, other- |
| 291.9 | Unspecified alcoholic psychosis |
| 292.0 | Drug withdrawal syndrome |
| 292.11 | Drug-induced organic delusional syndrome |
| 292.12 | Drug-induced hallucinosis |
| 292.81 | Other specified drug-induced mental disorders, drug induced delirium |
| 292.82 | Other specified drug-induced mental disorders, drug-induced dementia |
| 292.83 | Other specified drug-induced mental disorders, drug-induced amnestic syndrome |
| 292.84 | Other specified drug-induced mental disorders, drug-induced organic affective syndrome |
| 292.89 | Other specified drug-induced mental disorders, other |
| 292.9 | Unspecified drug-induced mental disorder |
| 293.81 | Organic delusional syndrome |
| 293.82 | Organic hallucinosis syndrome |
| 293.83 | Organic affective syndrome |
| 293.84 | Organic anxiety syndrome |
| 293.89 | Transient organic mental disorders, other |
| 293.9 | Unspecified transient organic mental disorder |
| 294.0 | Amnestic syndrome |
| 294.10 | Dementia in conditions classified elsewhere without behavioral disturbance |
| 294.11 | Dementia in conditions classified elsewhere with behavioral disturbance |
| 294.8 | Other specified organic brain syndromes (chronic) |
| 294.9 | Unspecified organic brain syndrome (chronic) |
| 295.00 | Schizophrenic disorder, simple type, unspecified |

- 295.01 Schizophrenic disorder, simple type, subchronic
- 295.02 Schizophrenic disorder, simple type, chronic
- 295.03 Schizophrenic disorder, simple type, subchronic with acute exacerbation
- 295.04 Schizophrenic disorder, simple type, chronic with acute exacerbation
- 295.05 Schizophrenic disorder, simple type, in remission
- 295.10 Schizophrenic disorder, disorganized type, unspecified
- 295.11 Schizophrenic disorder, disorganized type, subchronic
- 295.12 Schizophrenic disorder, disorganized type, chronic
- 295.13 Schizophrenic disorder, disorganized type, subchronic with acute exacerbation
- 295.14 Schizophrenic disorder, disorganized type, chronic with acute exacerbation
- 295.15 Schizophrenic disorder, disorganized type, in remission
- 295.20 Schizophrenic disorder, catatonic type, unspecified
- 295.21 Schizophrenic disorder, catatonic type, subchronic
- 295.22 Schizophrenic disorder, catatonic type, chronic
- 295.23 Schizophrenic disorder, catatonic type, subchronic with acute exacerbation
- 295.24 Schizophrenic disorder, catatonic type, chronic with acute exacerbation
- 295.25 Schizophrenic disorder, catatonic type, in remission
- 295.30 Schizophrenic disorder, paranoid type, unspecified
- 295.31 Schizophrenic disorder, paranoid type, subchronic
- 295.32 Schizophrenic disorder, paranoid type, chronic
- 295.33 Schizophrenic disorder, paranoid type, subchronic with acute exacerbation
- 295.34 Schizophrenic disorder, paranoid type, chronic with acute exacerbation
- 295.35 Schizophrenic disorder, paranoid type, in remission

- 295.40 Acute schizophrenic episode, unspecified
- 295.41 Acute schizophrenic episode, subchronic
- 295.42 Acute schizophrenic episode, chronic
- 295.43 Acute schizophrenic episode, subchronic with acute exacerbation
- 295.44 Acute schizophrenic episode, chronic with acute exacerbation
- 295.45 Acute schizophrenic episode, in remission
- 295.50 Latent schizophrenia, unspecified
- 295.51 Latent schizophrenia, subchronic
- 295.52 Latent schizophrenia, chronic
- 295.53 Latent schizophrenia, subchronic with acute exacerbation
- 295.54 Latent schizophrenia, chronic with acute exacerbation
- 295.55 Latent schizophrenia, in remission
- 295.60 Residual schizophrenia, unspecified
- 295.61 Residual schizophrenia, subchronic
- 295.62 Residual schizophrenia, chronic
- 295.63 Residual schizophrenia, subchronic with acute exacerbation
- 295.64 Residual schizophrenia, chronic with acute exacerbation
- 295.65 Residual schizophrenia, in remission
- 295.70 Schizo-affective type, unspecified
- 295.71 Schizo-affective type, subchronic
- 295.72 Schizo-affective type, chronic
- 295.73 Schizo-affective type, subchronic with acute exacerbation
- 295.74 Schizo-affective type, chronic with acute exacerbation
- 295.75 Schizo-affective type, in remission
- 295.80 Other specified types of schizophrenia, unspecified
- 295.81 Other specified types of schizophrenia, subchronic
- 295.82 Other specified types of schizophrenia, chronic
- 295.83 Other specified types of schizophrenia, subchronic with acute exacerbation
- 295.84 Other specified types of schizophrenia, chronic with acute exacerbation

| | |
|--------|--|
| 295.85 | Other specified types of schizophrenia, in remission |
| 295.90 | Unspecified schizophrenia, unspecified |
| 295.91 | Unspecified schizophrenia, subchronic |
| 295.92 | Unspecified schizophrenia, chronic |
| 295.93 | Unspecified schizophrenia, subchronic with acute exacerbation |
| 295.94 | Unspecified schizophrenia, chronic with acute exacerbation |
| 295.95 | Unspecified schizophrenia, in remission |
| 296.00 | Manic disorder, single episode, unspecified |
| 296.01 | Manic disorder, single episode, mild |
| 296.02 | Manic disorder, single episode, moderate |
| 296.03 | Manic disorder, single episode, severe, without mention of psychotic behavior |
| 296.04 | Manic disorder, single episode, severe, specified as with psychotic behavior |
| 296.05 | Manic disorder, single episode, in partial or unspecified remission |
| 296.06 | Manic disorder, single episode, in full remission |
| 296.10 | Manic disorder, recurrent episode, unspecified |
| 296.11 | Manic disorder, recurrent episode, mild |
| 296.12 | Manic disorder, recurrent episode, moderate |
| 296.13 | Manic disorder, recurrent episode, severe, without mention of psychotic behavior |
| 296.14 | Manic disorder, recurrent episode, severe, specified as with psychotic behavior |
| 296.15 | Manic disorder, recurrent episode, in partial or unspecified remission |
| 296.16 | Manic disorder, recurrent episode, in full remission |
| 296.20 | Major depressive disorder, single episode, unspecified |
| 296.21 | Major depressive disorder, single episode, mild |
| 296.22 | Major depressive disorder, single episode, moderate |
| 296.23 | Major depressive disorder, single episode, severe, without mention of psychotic behavior |

- 296.24 Major depressive disorder, single episode, severe, specified as with psychotic behavior
- 296.25 Major depressive disorder, single episode, in partial or unspecified remission
- 296.26 Major depressive disorder, single episode, in full remission
- 296.30 Major depressive disorder, recurrent episode, unspecified
- 296.31 Major depressive disorder, recurrent episode, mild
- 296.32 Major depressive disorder, recurrent episode, moderate
- 296.33 Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior
- 296.34 Major depressive disorder, recurrent episode, severe, specified as with psychotic behavior
- 296.35 Major depressive disorder, recurrent episode, in partial or unspecified remission
- 296.36 Major depressive disorder, recurrent episode, in full remission
- 296.40 Bipolar affective disorder, manic, unspecified
- 296.41 Bipolar affective disorder, manic, mild
- 296.42 Bipolar affective disorder, manic, moderate
- 296.43 Bipolar affective disorder, manic, severe, without mention of psychotic behavior
- 296.44 Bipolar affective disorder, manic, severe, specified as with psychotic behavior
- 296.45 Bipolar affective disorder, manic, in partial or unspecified remission
- 296.46 Bipolar affective disorder, manic, in full remission
- 296.50 Bipolar affective disorder, depressed, unspecified
- 296.51 Bipolar affective disorder, depressed, mild
- 296.52 Bipolar affective disorder, depressed, moderate
- 296.53 Bipolar affective disorder, depressed, severe, without mention of psychotic behavior

- 296.54 Bipolar affective disorder, depressed, severe, specified as with psychotic behavior
- 296.55 Bipolar affective disorder, depressed, in partial or unspecified remission
- 296.56 Bipolar affective disorder, depressed, in full remission
- 296.60 Bipolar affective disorder, mixed, unspecified
- 296.61 Bipolar affective disorder, mixed, mild
- 296.62 Bipolar affective disorder, mixed, moderate
- 296.63 Bipolar affective disorder, mixed, severe, without mention of psychotic behavior
- 296.64 Bipolar affective disorder, mixed, severe, specified as with psychotic behavior
- 296.65 Bipolar affective disorder, mixed, in partial or unspecified remission
- 296.66 Bipolar affective disorder, mixed, in full remission
- 296.7 Bipolar affective disorder, unspecified
- 296.80 Manic-depressive psychosis, unspecified
- 296.81 Atypical manic disorder
- 296.82 Atypical depressive disorder
- 296.89 Manic-depressive psychosis, other
- 296.90 Unspecified affective psychosis
- 296.99 Other specified affective psychosis
- 297.0 Paranoid state, simple
- 297.1 Paranoia
- 297.2 Paraphrenia
- 297.3 Shared paranoid disorder
- 297.8 Other specified paranoid states
- 297.9 Unspecified paranoid state
- 298.0 Depressive type psychosis
- 298.1 Excitatory type psychosis
- 298.2 Reactive confusion

| | |
|--------|---|
| 298.3 | Acute paranoid reaction |
| 298.4 | Psychogenic paranoid psychosis |
| 298.8 | Other and unspecified reactive psychosis |
| 298.9 | Unspecified psychosis |
| 299.10 | Disintegrative psychosis, active state |
| 299.11 | Disintegrative psychosis, residual state |
| 299.80 | Other specified early childhood psychoses, active state |
| 299.81 | Other specified early childhood psychoses, residual state |
| 299.90 | Psychosis with origin specific to childhood, active state |
| 299.91 | Psychosis with origin specific to childhood, residual state |
| 300.00 | Anxiety state, unspecified |
| 300.01 | Panic disorder |
| 300.02 | Generalized anxiety disorder |
| 300.09 | Anxiety state, other |
| 300.10 | Hysteria, unspecified |
| 300.11 | Conversion disorder |
| 300.12 | Psychogenic amnesia |
| 300.13 | Psychogenic fugue |
| 300.14 | Multiple personality |
| 300.15 | Dissociative disorder or reaction, unspecified |
| 300.16 | Factitious illness with psychological symptoms |
| 300.19 | Other and unspecified factitious illness |
| 300.20 | Phobia, unspecified |
| 300.21 | Agoraphobia with panic attacks |
| 300.22 | Agoraphobia without mention of panic attacks |
| 300.23 | Social phobia |
| 300.29 | Other isolated or simple phobias |
| 300.3 | Obsessive-compulsive disorders |
| 300.4 | Neurotic depression |
| 300.5 | Neurasthenia |

| | |
|--------|--|
| 300.6 | Depersonalized syndrome |
| 300.7 | Hypochondriasis |
| 300.81 | Somatization disorder |
| 300.82 | Undifferentiated somatoform disorder |
| 300.89 | Other neurotic disorder, other |
| 300.9 | Unspecified neurotic disorder |
| 301.0 | Paranoid personality disorder |
| 301.10 | Affective personality disorder, unspecified |
| 301.11 | Chronic hypomanic personality disorder |
| 301.12 | Chronic depressive personality disorder |
| 301.13 | Cyclothymic disorder |
| 301.20 | Schizoid personality disorder, unspecified |
| 301.21 | Introverted personality |
| 301.22 | Schizotypal personality |
| 301.3 | Explosive personality disorder |
| 301.4 | Compulsive personality disorder |
| 301.50 | Histrionic personality disorder, unspecified |
| 301.51 | Chronic factitious illness with physical symptoms |
| 301.59 | Other histrionic personality disorder |
| 301.6 | Dependent personality disorder |
| 301.7 | Antisocial personality disorder |
| 301.81 | Other personality disorder, Narcissistic personality |
| 301.82 | Other personality disorder, Avoidant personality |
| 301.83 | Other personality disorder, Borderline personality |
| 301.84 | Other personality disorder, Passive-aggressive personality |
| 301.89 | Other personality disorder, other |
| 301.9 | Unspecified personality disorder |
| 302.0 | Ego-dystonic homosexuality |
| 302.1 | Zoophilia |
| 302.2 | Pedophilia |

- 302.3 Transvestism
- 302.4 Exhibitionism
- 302.50 Trans-sexualism with unspecified sexual history
- 302.51 Trans-sexualism with asexual history
- 302.52 Trans-sexualism with homosexual history
- 302.53 Trans-sexualism with heterosexual history
- 302.6 Disorders of psychosexual identity
- 302.70 Psychosexual dysfunction, unspecified
- 302.71 Psychosexual dysfunction, with inhibited sexual desire
- 302.72 Psychosexual dysfunction, with inhibited sexual excitement
- 302.73 Psychosexual dysfunction, with inhibited female orgasm
- 302.74 Psychosexual dysfunction, with inhibited male orgasm
- 302.75 Psychosexual dysfunction, with premature ejaculation
- 302.76 Psychosexual dysfunction, with functional dyspareunia
- 302.79 Psychosexual dysfunction, with other specified psychosexual dysfunctions
- 302.81 Fetishism
- 302.82 Voyeurism
- 302.83 Sexual masochism
- 302.84 Sexual sadism
- 302.85 Gender identity disorder of adolescent or adult life
- 302.89 Other specified psychosexual disorders, other
- 302.9 Unspecified psychosexual disorder
- 303.90 Other and unspecified alcohol dependence, unspecified
- 303.91 Other and unspecified alcohol dependence, continuous
- 303.92 Other and unspecified alcohol dependence, episodic
- 303.93 Other and unspecified alcohol dependence, in remission
- 304.00 Opioid type dependence, unspecified
- 304.01 Opioid type dependence, continuous
- 304.02 Opioid type dependence, episodic
- 304.03 Opioid type dependence, in remission

- 304.10 Barbiturate and sedative or hypnotic dependence, unspecified
- 304.11 Barbiturate and sedative or hypnotic dependence, continuous
- 304.12 Barbiturate and sedative or hypnotic dependence, episodic
- 304.13 Barbiturate and sedative or hypnotic dependence, in remission
- 304.20 Cocaine dependence, unspecified
- 304.21 Cocaine dependence, continuous
- 304.22 Cocaine dependence, episodic
- 304.23 Cocaine dependence, in remission
- 304.30 Cannabis dependence, unspecified
- 304.31 Cannabis dependence, continuous
- 304.32 Cannabis dependence, episodic
- 304.33 Cannabis dependence, in remission
- 304.40 Amphetamine and other psychostimulant dependence, unspecified
- 304.41 Amphetamine and other psychostimulant dependence, continuous
- 304.42 Amphetamine and other psychostimulant dependence, episodic
- 304.43 Amphetamine and other psychostimulant dependence, in remission
- 304.50 Hallucinogen dependence, unspecified
- 304.51 Hallucinogen dependence, continuous
- 304.52 Hallucinogen dependence, episodic
- 304.53 Hallucinogen dependence, in remission
- 304.60 Other specified drug dependence, unspecified
- 304.61 Other specified drug dependence, continuous
- 304.62 Other specified drug dependence, episodic
- 304.63 Other specified drug dependence, in remission
- 304.70 Combinations of opioid type drug with any other, unspecified
- 304.71 Combinations of opioid type drug with any other, continuous
- 304.72 Combinations of opioid type drug with any other, episodic
- 304.73 Combinations of opioid type drug with any other, in remission
- 304.80 Combinations of drug dependence excluding opioid type drug, unspecified

- 304.81 Combinations of drug dependence excluding opioid type drug, continuous
- 304.82 Combinations of drug dependence excluding opioid type drug, episodic
- 304.83 Combinations of drug dependence excluding opioid type drug, in remission
- 304.90 Unspecified drug dependence, unspecified
- 304.91 Unspecified drug dependence, continuous
- 304.92 Unspecified drug dependence, episodic
- 304.93 Unspecified drug dependence, in remission
- 305.00 Alcohol abuse, unspecified
- 305.01 Alcohol abuse, continuous
- 305.02 Alcohol abuse, episodic
- 305.03 Alcohol abuse, in remission
- 305.20 Cannabis abuse, unspecified
- 305.21 Cannabis abuse, continuous
- 305.22 Cannabis abuse, episodic
- 305.23 Cannabis abuse, in remission
- 305.30 Hallucinogen abuse, unspecified
- 305.31 Hallucinogen abuse, continuous
- 305.32 Hallucinogen abuse, episodic
- 305.33 Hallucinogen abuse, in remission
- 305.40 Barbiturate and sedative or hypnotic abuse, unspecified
- 305.41 Barbiturate and sedative or hypnotic abuse, continuous
- 305.42 Barbiturate and sedative or hypnotic abuse, episodic
- 305.43 Barbiturate and sedative or hypnotic abuse, in remission
- 305.50 Opioid abuse, unspecified
- 305.51 Opioid abuse, continuous
- 305.52 Opioid abuse, episodic
- 305.53 Opioid abuse, in remission
- 305.60 Cocaine abuse, unspecified

- 305.61 Cocaine abuse, continuous
- 305.62 Cocaine abuse, episodic
- 305.63 Cocaine abuse, in remission
- 305.70 Amphetamine or related abuse, unspecified
- 305.71 Amphetamine or related abuse, continuous
- 305.72 Amphetamine or related abuse, episodic
- 305.73 Amphetamine or related abuse, in remission
- 305.80 Antidepressant type abuse, unspecified
- 305.81 Antidepressant type abuse, continuous
- 305.82 Antidepressant type abuse, episodic
- 305.83 Antidepressant type abuse, in remission
- 305.90 Other, mixed, or unspecified drug abuse, unspecified
- 305.91 Other, mixed, or unspecified drug abuse, continuous
- 305.92 Other, mixed, or unspecified drug abuse, episodic
- 305.93 Other, mixed, or unspecified drug abuse, in remission
- 306.51 Psychogenic pagnisms
- 306.52 Psychogenic dysmenorrhea
- 306.53 Psychogenic dysuria
- 306.59 Physiologic malfunction from mental factors, genitourinary, other
- 307.1 Anorexia nervosa
- 307.20 Tic disorder, unspecified
- 307.21 Transient tic disorder of childhood
- 307.22 Chronic motor tic disorder
- 307.23 Gilles de la Tourette's disorder
- 307.3 Sterotyped repetitive movements
- 307.42 Persistent disorder of initiating or maintaining sleep
- 307.44 Persistent disorder of initiating or maintaining wakefulness
- 307.46 Somnambulism or night terrors
- 307.47 Other dysfunctions of sleep stages or arousal from sleep
- 307.49 Specific disorders of sleep of nonorganic origin, other

| | |
|--------|---|
| 307.50 | Eating disorder, unspecified |
| 307.51 | Bulimia |
| 307.52 | Pica |
| 307.53 | Psychogenic rumination |
| 307.54 | Psychogenic vomiting |
| 307.59 | Other disorders of eating |
| 307.6 | Enuresis |
| 307.7 | Encopresis |
| 307.80 | Psychogenic pain, site unspecified |
| 307.89 | Psychalgia, other |
| 307.9 | Other and unspecified special symptoms or syndromes, not elsewhere classified |
| 308.0 | Acute reaction to stress, predominant disturbance of emotions |
| 308.1 | Acute reaction to stress, predominant disturbance of consciousness |
| 308.2 | Acute reaction to stress, predominant psychomotor disturbance |
| 308.3 | Other acute reactions to stress |
| 308.4 | Mixed disorders as reaction to stress |
| 308.9 | Unspecified acute reaction to stress |
| 309.0 | Adjustment reaction, brief depressive reaction |
| 309.1 | Adjustment reaction, prolonged depressive reaction |
| 309.21 | Adjustment reaction, separation anxiety disorder |
| 309.24 | Adjustment reaction with anxious mood |
| 309.28 | Adjustment reaction with mixed emotional features |
| 309.29 | Adjustment reaction, with predominant disturbance of other emotions, other |
| 309.3 | Adjustment reaction, with predominant disturbance of conduct |
| 309.4 | Adjustment reaction, with mixed disturbance of emotions and conduct |
| 309.81 | Adjustment reaction, prolonged posttraumatic stress disorder |
| 309.82 | Adjustment reaction with physical symptoms |
| 309.83 | Adjustment reaction with withdrawal |

| | |
|--------|--|
| 309.89 | Adjustment reaction, other |
| 309.9 | Unspecified adjustment reaction |
| 310.0 | Frontal lobe syndrome |
| 310.1 | Organic personality syndrome |
| 310.2 | Post concussion syndrome |
| 310.8 | Other specified nonpsychotic mental disorders following organic brain damage |
| 310.9 | Unspecified nonpsychotic mental disorder following organic brain damage |
| 311 | Depressive disorder, not elsewhere classified |
| 312.00 | Undersocialized conduct disorder, aggressive type, unspecified |
| 312.01 | Undersocialized conduct disorder, aggressive type, mild |
| 312.02 | Undersocialized conduct disorder, aggressive type, moderate |
| 312.03 | Undersocialized conduct disorder, aggressive type, severe |
| 312.10 | Undersocialized conduct disorder, unaggressive type, unspecified |
| 312.11 | Undersocialized conduct disorder, unaggressive type, mild |
| 312.12 | Undersocialized conduct disorder, unaggressive type, moderate |
| 312.13 | Undersocialized conduct disorder, unaggressive type, severe |
| 312.20 | Socialized conduct disorder, unspecified |
| 312.21 | Socialized conduct disorder, mild |
| 312.22 | Socialized conduct disorder, moderate |
| 312.23 | Socialized conduct disorder, severe |
| 312.30 | Impulse control disorder, unspecified |
| 312.31 | Pathological gambling |
| 312.32 | Kleptomania |
| 312.33 | Pyromania |
| 312.34 | Intermittent explosive disorder |
| 312.35 | Isolated explosive disorder |
| 312.39 | Disorders of impulse control, not elsewhere classified, other |
| 312.4 | Mixed disturbance of conduct and emotions |
| 312.81 | Conduct disorder, childhood onset type |

| | |
|--------|---|
| 312.82 | Conduct disorder, adolescent onset type |
| 312.89 | Other conduct disorder |
| 312.9 | Unspecified disturbance of conduct |
| 313.0 | Overanxious disorder |
| 313.1 | Misery and unhappiness disorder |
| 313.21 | Shyness disorder of childhood |
| 313.22 | Introverted disorder of childhood |
| 313.23 | Disturbance of emotions, childhood and adolescence, elective mutism |
| 313.3 | Relationship problems |
| 313.81 | Disturbance of emotions, childhood and adolescence, oppositional disorder |
| 313.82 | Disturbance of emotions, childhood and adolescence, identity disorder |
| 313.83 | Academic underachievement disorder |
| 313.89 | Disturbance of emotions, childhood and adolescence, other |
| 313.9 | Disturbance of emotions, childhood and adolescence, unspecified |
| 314.00 | Attention deficit disorder, without mention of hyperactivity |
| 314.01 | Attention deficit disorder with hyperactivity |
| 314.1 | Hyperkinesis with developmental delay |
| 314.2 | Hyperkinetic conduct disorder |
| 314.8 | Other specified manifestations of hyperkinetic syndrome |
| 314.9 | Unspecified hyperkinetic syndrome |
| 315.00 | Reading disorder, unspecified |
| 315.1 | Specific arithmetical disorder |
| 315.2 | Other specific learning difficulties |
| 315.31 | Developmental language disorder |
| 315.32 | Receptive language disorder, mixed |
| 315.39 | Developmental speech or language disorder, other |
| 315.4 | Coordination disorder |
| 315.5 | Mixed development disorder |

| | |
|--------|--|
| 315.8 | Other specified delays in development |
| 315.9 | Unspecified delay in development |
| 316 | Psychic factors associated with diseases classified elsewhere |
| 332.1 | Secondary Parkinsonism |
| 333.1 | Essential and other specified forms of tremor |
| 333.7 | Symptomatic torsion dystonia |
| 333.82 | Orofacial dyskinesia |
| 333.90 | Unspecified extrapyramidal disease and abnormal movement disorder |
| 333.92 | Neuroleptic malignant syndrome |
| 333.99 | Other and unspecified extrapyramidal diseases and abnormal movement disorders, other |
| 347 | Cataplexy and narcolepsy |
| 780.09 | Alteration of consciousness, other |
| 780.52 | Sleep disturbances, other insomnia |
| 780.54 | Sleep disturbances, other hypersomnia |
| 780.59 | Sleep disturbances, other |
| 995.2 | Unspecified adverse effect of drug, medicinal and biological substance |
| V61.10 | Counseling for marital and partner problems, unspecified |
| V61.11 | Counseling for victim of spousal and partner abuse |
| V61.12 | Counseling for perpetrator of spousal and partner abuse |
| V61.20 | Counseling for parent-child problem, unspecified |
| V61.21 | Counseling for victim of child abuse |
| V62.82 | Counseling for perpetrator of parental child abuse |
| V71.02 | Observation for suspected childhood or adolescent antisocial behavior |

Diagnoses that Support Medical Necessity

As listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

ICD-9 Codes that DO NOT Support Medical Necessity

Any diagnosis codes not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

Diagnoses that DO NOT Support Medical Necessity

Conditions not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

Reasons for Denial

- Services are provided for an indication not listed in the "Indications and Limitations of Coverage" section of this policy.
- The service is for screening purposes.
- The services are duplicative (two providers providing the same service). This does not refer to two separate therapies provided on the same day.
- The service is not considered medically reasonable and necessary, such as:
 - day care programs, which provide primarily social, recreational, or diversional activities, custodial or respite care
 - programs attempting to enhance emotional wellness, e.g., day care programs
 - services to a skilled nursing facility resident that should be expected to be provided by the nursing facility staff
 - vocational training when services are related to specific employment opportunities, work skills, or work settings
 - biofeedback training for psychosomatic conditions
 - recovery meetings such as Alcoholics Anonymous, 12 Step, Al Anon, Narcotics Anonymous, etc.

- telephone calls to collateral resources and agencies
- evaluation of records, reports, tests, and other data
- explanation of results to family, or others
- preparation of reports for agencies, courts, schools, or insurance companies, etc. for medicolegal or informational purposes
- services for patients who cannot or refuse to participate (due to their behavioral, cognitive, or emotional status) with active treatment of their mental disorder
- services for patients who require 24 hour supervision (inpatient care) because of the severity of their mental disorder, or for their safety or the safety of others
- services for patients who have met the criteria for discharge from outpatient hospital psychiatric services, or who require a higher level of care, including inpatient hospitalization
- The service is investigational.
- The service is cosmetic.
- The service is a program exclusion.
- The medical record does not verify that the service described by the HCPCS code was provided.
- A physician-approved treatment plan has not been documented.
- "Incident to" provisions have not been followed, including ongoing active involvement of the physician in the patient's care.
- The service does not follow the guidelines of this policy.

Non-covered ICD-9 Codes

Any diagnosis codes not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy

Non-covered Diagnoses

Conditions not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

Coding Guidelines

- To report this service, use the appropriate CPT/HCPCS code

| Revenue | Description | CPT/HCPCS Codes |
|----------------|------------------------|--|
| 250 | Pharmacy | Not Applicable |
| 43X | Occupational Therapy | 97003, 97004, 97530, 97532, 97533, 97535, 97537 |
| 901 | Electroshock | 90870 |
| 914 | Individual Therapy | 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90812, 90814, 90862 |
| 915 | Group Therapy | 90853, 90857 |
| 916 | Family Therapy | 90846, 90847 |
| 918 | Psychiatric Testing | 96100, 96110, 96111, 96115, 96117 |
| 944 | Drug Rehabilitation | 90804, 90806, 90808, 90810, 90812, 90814, 90853, 90857 |
| 945 | Alcohol Rehabilitation | 90804, 90806, 90808, 90810, 90812, 90814, 90853, 90857 |

- This policy does not address physician Evaluation and Management services. E&M codes may be used by physicians when these codes represent the services provided more accurately than the Psychiatric codes. Procedure code 99211 may be used by non-physicians for E&M services that may not require the presence of a physician.
- All of the coverage criteria must be met before this service can be reimbursed by Medicare
- Diagnosis (es) must be present on any claim submitted, and be coded to the highest level of specificity
- The diagnosis codes(s) must be representative of the patient's condition
- Procedure code 90801 should be used once at the onset of an illness or suspected illness. It may be utilized again for the same patient if a new

episode of illness occurs after a hiatus, or on admission or re-admission to inpatient status due to complications of the underlying condition.

- Psychiatric therapy procedure codes 90804-90829 should not be billed on the same date of service as an E&M service for the same patient by the same mental health professional group.
- Procedure code 90849, multiple-family group therapy, is a non-covered service, as it is not directly beneficial to the patient.
- Procedure codes 90853 and 90857, group therapy, should be restricted to groups of ten or less participants.
- Procedure code 90862, pharmacologic management, should not be billed separately on the same date of service as a psychotherapy service by the same physician. Procedure code 90862 should not be billed with E&M codes on the same date of service by the same physician. This code is a physician service, and is not intended to be used for the administration of medication, nor is it intended to be used for observation of the patient taking an oral medication. Administration and supply of oral medication is a non-covered service.
- Procedure code 90885, evaluation of records, is considered a bundled service and is not separately payable.

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.
- Upon initiation of outpatient psychiatric services, an initial psychiatric evaluation needs to be performed and placed on the chart in order to establish the medical necessity for these services. An appropriate update to an inpatient or partial hospitalization admission note is acceptable documentation. This evaluation should include the following:
 - Patient's chief complaint
 - Description of the acute illness or the exacerbation of the chronic illness requiring treatment
 - Current medical history, including medications and supporting

evidence for the hospital outpatient level of service

- Past psychiatric and medical history
- History of substance abuse
- Family, vocational and social history
- Mental status exam
- Physical exam if needed
- *ICD-9-CM/DSM-IV* diagnoses
- An individualized treatment plan that has been approved by the treating physician must be included in the documentation. The treatment plan should include long and short-term goals related to the active treatment of the patient's diagnosis, and the therapies to be used to achieve those goals, including type, amount, duration and frequency of these interventions.
- The initial evaluation and treatment plan may be the result of a team effort, but the physician needs to document the mental status examination, physical examination (when appropriate), assessment, diagnoses, and prescription of services. The need for all services provided in the treatment plan should be documented by the physician.
- The individual treatment plan should be reviewed by the physician, at a minimum, every 31 days. The treatment plan should be reviewed and updated more often as clinically appropriate. All changes in therapy should be reflected in the updated treatment plan. (In those instances when a patient is being seen less frequently than once every 31 days, documentation of the patient's visit, including goals and proposed interventions, should be forwarded to the treating physician for a co-signature, which should then be included in the patient's record.)
- The short and long-term treatment goals should be used to evaluate the patient's response to therapy. Progress towards these goals must be documented to support the medical necessity of continuing hospital outpatient psychiatric services.
- Training and educational services should be clearly related to the care and treatment of the patient's mental health problems, and the goals for these services should be outlined in the treatment plan.
- A separate progress note is required for each service rendered, either by the

physician or non-physician practitioner rendering the service. Each progress note should be dated and signed by the rendering practitioner, and include that practitioner's credentials. The note should include the patient's status, the service rendered, and the patient's response to the intervention in terms of the patient's treatment goals.

Utilization Guidelines

Medicare will monitor the utilization of these outpatient services through the Medical Review process.

Other Comments

Financial Responsibility:

Provider Liable

The provider of the service or the ordering physician must have notified the patient or their authorized representative in writing, prior to the service, and obtained a signature verifying Advance Beneficiary Notice. Without prior notice, services denied as not medically necessary cannot be billed to the beneficiary. The provider is liable.

Beneficiary Liable

If there is clear evidence that the beneficiary or their authorized representative was issued and signed an Advanced Beneficiary Notice (ABN) prior to the service, the liability rests with the beneficiary. Claims for dates of service prior to January 1, 2003 should contain the condition code 20 and occurrence code 32, with date to signify that an ABN was issued to the beneficiary or their authorized beneficiary. Absence of these codes will result in a provider liable determination

Claims for dates of service beginning January 1, 2003 should contain the occurrence code 32 with date to signify that an ABN was issued to the beneficiary

or their authorized representative. Absence of this code will result in a provider liable determination.

Reference: PM AB-02-168, CR 2415

Sources of Information and Basis for Decision

Medicare Part A Template Local Medical Review Policy for Outpatient Hospital Psychiatric Services

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty(ies).

Start Date of Comment Period

06/17/2003

End Date of Comment Period

08/01/2003

Start Date of Notice Period

11/14/2003

Revision History

| Number | Date | Change |
|---------------|-------------|---------------|
|---------------|-------------|---------------|

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT www.marylandmedicare.com

Italicized and or quoted material is excerpted from the American Medical Association *Current Procedural Terminology CPT codes*, descriptions and other data only are copyrighted 1999 American Medical Association (or such other publication of CPT).

All rights reserved. Applicable FARS/DFARS apply.