

LCD for Psychiatry and Psychology Services (L30489)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier- FI - MAC

LCD Information

LCD ID Number

L30489

LCD Title

Psychiatry and Psychology Services

Contractor's Determination Number

PSYCH-014

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CMS National Coverage Policy

Social Security Act 1861(s)(3)

42 CFR 410.73 – 410.76

CMS Publication 100-02; Medicare Benefit Policy Manual, Chapter 15:

§80.2 Psychological Tests

§160 Clinical Psychological Services

§170 Clinical Social Worker (CSW) Services

§210 Clinical Nurse Specialist (CNS) Services

Publication 100-03; Medicare National Coverage Determinations Manual, Chapter 1:

§30.1 Biofeedback Therapy

Medicare Claims Processing Manual, Chapter 12:

§120 Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) Services

§120.1 Direct Billing and Payment for NP and CNS Services

§150 Clinical Social Worker (CSW) Services

§160 Independent Psychologist Services

§170 Clinical Psychologist Services

§170.1 Payment for Clinical Psychologist Services

*Pub. 100-02 Transmittal: 85

Primary Geographic Jurisdiction

Oversight Region

Region V

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For services performed on or after 03/18/2010

Original Determination Ending Date

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Indications and Limitations of Coverage and/or Medical Necessity

Psychiatry and Psychology are specialized fields for the diagnosis and treatment of various mental health disorders and/or diseases.

Information in this part of the policy has been divided into six (6) sections. These sections address the following CPT/HCPCS procedure codes:

- I. General Clinical Psychiatric Diagnostic or Evaluative Interview Procedure (90801)
- II. Special Clinical Psychiatric Diagnostic or Evaluative Procedures (90802)
- III. Psychiatric Therapeutic Services (90804-90829, 90845-90857, 90865)
- IV. Psychiatric Somatotherapy (90862, 90870, M0064)
- V. Other Psychiatric Services or Procedures (90875, 90876, 90880, 90885, 90887, 90889)
- VI. Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing), (90101, 96105, 96110, 96111, 96116, and 96118)

Note:

References to providers throughout this policy include physicians, and non-physicians, such as clinical psychologists, independent psychologist, nurse practitioners, clinical nurse specialists and physician assistants when the services performed are within the scope of their clinical practice/education and authorized under the state law.

A technician, supervised by the primary qualified health care profession who interpretation tests, may perform Central Nervous System Assessments /Tests (CPT codes 96102 or 96119). Central Nervous System Assessments/Tests (CPT codes 96103 or 96120) may be performed by a computer supervised by the primary provider. The CPT codes include both technicians/computer time and the interpretation and report performed by the supervising provider.

Central Nervous System Assessments/Tests (CPT codes 96101-96120 cannot be reimbursed to clinical social workers.

Section I: General Clinical Psychiatric Diagnostic or Evaluative Interview

Procedure 90801

Description:

CPT code 90801 is described as the elicitation of a complete medical (including past, family, social) and psychiatric history, a mental status examination, establishment of an tentative initial diagnosis for those patient's who will be receiving subsequent psychotherapy, and an evaluation of the patient's ability and capacity to respond to treatment on an initial plan of treatment. Information may be obtained from the patient, healthcare providers, and/or family. There may be an overlapping of the medical and psychiatric history(s) depending on the problem."

Documentation:

The medical record must reflect the elements outlined in the above description and must be rendered by a qualified provider. To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

Comments:

This service may be covered once, per provider/discipline, at the outset 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 an admission, or readmission, to an inpatient status due to complications of the underlying condition.

Section II: Special Clinical Psychiatric Diagnostic or Evaluative Procedures

CPT code 90802

Description:

CPT code 90802 is an interactive technique used principally to evaluate children and/or adults who do not have the ability to interact through ordinary verbal communication. This CPT code may also be applied to the initial evaluation of adult patients with organic mental deficits, or who are catatonic or mute.

CPT code (90802) includes the same components as the Psychiatric Diagnosis Interview Examination, however, in the interactive examination, the healthcare provider uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communication to overcome barriers to therapeutic interaction, or an interpreter for a person who is deaf or one who does not speak the same language as the healthcare provider.

Documentation:

The medical record must indicate that the person being evaluated does not have the ability to interact through normal verbal communicative channels, include adaptations utilized in the session and the rationale for employing these interactive techniques, and recommendations for future care.

Comments:

CPT code 90802 and all other psychotherapeutic CPT codes (90810-90815, 90823-90829 and 90857) are interactive techniques and are covered for the interactive evaluation/treatment of children who are 16 years of age or younger.

CPT codes 90802, 90810-90815, 90823-90829 and 90857 may also be covered for any psychiatric disorder as specified in the "ICD-9-CM Codes that Support Medical Necessity" section for adults who have one of the following conditions:

295.20-295.24 Schizophrenic disorders; catatonic type, unspecified

299.00 Psychoses with origin specific to childhood; infantile autism, current or active state

299.80 Psychoses with origin specific to childhood; other specified childhood psychoses (a typical childhood psychosis, borderline psychosis of childhood)

312.34 Intermittent Explosive Disorder
315.31 Developmental language disorder
315.34 Speech and language development delay due to hearing loss
315.39 Developmental speech or language disorder; other
318.0 Moderate mental retardation
389.00 Hearing loss; conductive hearing loss, unspecified
389.01 Hearing loss; conductive hearing loss, external ear
389.02 Hearing loss; conductive hearing loss, tympanic membrane
389.03 Hearing loss; conductive hearing loss, middle ear
389.04 Hearing loss; conductive hearing loss, inner ear
389.08 Hearing loss; conductive hearing loss of combined types
389.10 Sensorineural hearing loss; sensorial hearing loss, unspecified
389.11 Sensory hearing loss
389.12 Neural hearing loss
389.14 Central hearing loss
389.18 Sensorineural hearing loss of combined types
389.20 Mixed hearing loss, unspecified
389.21 Mixed hearing loss, unilateral
389.22 Mixed hearing loss, bilateral
389.7 Deaf mutism, not elsewhere classifiable
389.8 Other specified forms of hearing loss
784.3 Symptoms involving head and neck; aphasia
784.41 Voice disturbance; aphonia
784.51 Dysarthria
784.59 Other speech disturbance

V65.19 Person consulting on behalf of another person (to be used when an interpreter is required for assessment or therapy)

For the group of diagnoses immediately above, both the primary psychiatric diagnosis and secondary communication disorder should be submitted on the claim

Section III: Psychiatric Therapeutic Services (90804-90829, 90845-90849, 90853, 90857, 90865)

Information in this part of the policy has been subdivided into three (3) sections. These sections address the following CPT/HCPCS codes:

CPT codes 90804 – 90829 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy;

CPT codes 90845-90857 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy; and

CPT code 90865 represents narcosynthesis for psychiatric diagnostic and/or therapeutic purposes. CPT codes 90804 – 90829 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy

Description:

CPT codes 90804 through 90829 (psychotherapy) are defined as the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or support current evaluation of functioning. Although maintenance per se is not covered, helping a patient maintain his/her highest level of functioning, such as a patient with borderline personality disorder, may be covered on a case-by-case basis. These case-by-case considerations must be supported by the evaluation and a plan with clearly identified goal(s).

Documentation:

The medical record must indicate the time spent in the psychotherapy encounter and the therapeutic maneuvers, such as behavior modification, supportive or interpretive interactions that were applied to produce a therapeutic change.

Behavior modification is not a separate service, but is an adjunctive measure in psychotherapy. Additionally, a periodic summary of goals, progress toward goals, and an updated treatment plan must be included in the medical record.

Prolonged treatment must be well supported by the content of the medical documentation. Documentation must be present in the medical record supporting the medical necessity for ongoing treatment.

CPT codes 90808, 90809, 90814, 90815, 90821, 90822, 90828, and 90829 (psychotherapy of approximately 75 to 80 minutes) should only be used for exceptional circumstances. The provider must document in the patient's medical record the medical necessity of these services and define the exceptional circumstances.

For psychotherapy sessions lasting longer than 90 minutes, reimbursement will only be made if the report is supported by the medical record documenting the face-to-face time spent with the patient and the medical necessity for the extended time.

Time submitted for the viewing of films or other activities that are not face-to-face psychotherapy are not considered a provider service and are not separately payable. To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

Comments:

While a variety of psychotherapeutic techniques are recognized for coverage under these CPT codes, the services must be performed by persons authorized by their state to render psychotherapy services.

Medicare coverage of CPT codes 90804-90829 does not include teaching grooming skills, monitoring activities of daily living (ADL), recreational therapy (dance, art, play) or social interaction. Therefore, CPT codes 90804-90829 should not be used to bill for ADL training and/or teaching social interaction skills. It also does not include oversight activities such as housing, financial management, etc.

Psychotherapy services (90804-90829) are not covered when documentation indicates that senile dementia has produced a severe enough cognitive defect to prevent psychotherapy from being effective.

Severe and profound mental retardation is never covered for psychotherapy services. In such cases, rehabilitative, evaluation and management (E/M) CPT codes, or pharmacological management codes should be reported. The mental retardation ICD-9 codes are: 318.1 (Severe mental retardation) and 318.2 (Profound mental retardation).

CPT codes 90845-90857 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy

CPT code 90845

Description:

CPT code 90845 is the practice of psychoanalysis using special techniques to gain insight into and treat a patient's unconscious motivations and conflicts using the development and resolution of a therapeutic transference to achieve therapeutic effect. It is a different therapeutic modality than psychotherapy.

Documentation:

The medical record must document the indications for psychoanalysis, description of the transference, and the psychoanalytic techniques used. To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

Comments:

The provider using this technique must be trained by an accredited program of psychoanalysis. It is not time related, but the code is billed once for each daily session regardless of the time involved. The Relative Value Units assigned to this code are based on a 45-60 minute session.

Medicare Coverage for Psychoanalytic Services Includes the Following Diagnostic ICD-9 CM codes:

296.20-296.25 Major depressive disorders, single episode
296.30-296.35 Major depressive disorders, recurrent episode
300.00 Anxiety states
300.01 Panic disorder
300.02 Generalized anxiety disorder
300.11-300.13 Hysteria
300.21 Agoraphobia with panic disorder
300.22 Agoraphobia without mention of panic attacks
300.23 Social phobia
300.29 Other isolated or specified phobias
300.3 Obsessive compulsive disorder
300.4 Neurotic Depression
309.21 Separation anxiety disorder
316 Psychological factors associated with diseases classified elsewhere

CPT codes 90846, 90847, 90849 - Family Psychotherapy

Description:

In certain types of medical conditions, including when a patient is withdrawn and uncommunicative due to a mental disorder or is comatose, the provider may contact relatives and close associates to secure background information to assist in diagnosis and treatment planning.

CPT codes 90846, 90847, 90849 are used to describe medically necessary treatment of the family unit when maladaptive behaviors of family members are exacerbating the beneficiary's mental illness in the treatment process of the patient.

CPT code 90846 is used when the patient is not present. CPT code 90847 is used when the patient is present. CPT code 90849 is intended for group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members under treatment.

Documentation:

The medical record must document the conditions described under "description" relative to CPT codes 90846, 90847 and 90849.

Comments:

See companion article Coding and Billing Guidelines for PSYCH-014 Psychiatry and Psychology Services

CPT codes 90853 and 90857

Description:

CPT codes 90853 and 90857 represent psychotherapy administered in a group setting with a trained therapist simultaneously providing therapy to several patients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support.

Documentation:

To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

Comments:

Group therapy, since it involves psychotherapy, must be led by a person who is authorized by state statute to perform this service. This will usually mean a physician, clinical psychologist, clinical social worker, physician assistant, certified nurse practitioners, clinical nurse specialist, or other person authorized by the state to perform this service. Registered nurses with special training as described near the beginning of the “Indications and Limitations of Coverage and/or Medical Necessity” section may also be considered eligible for coverage.

For Medicare coverage, group therapy does not include: socialization, music therapy, recreational activities, art classes, excursions, sensory stimulation or eating together, cognitive stimulation, or motion therapy, etc. Self-help groups or support groups without a qualified professional present are not billable to Medicare. When covered by Medicare the group size should be of a size that can be successfully led (i.e., maximum of 12 people).

Please see below for additional information on CPT code 90857.

CPT codes 90810-90815, 90823-90829 and 90857

Description:

CPT codes 90810-90815, 90823-90829 and 90857 are used when the patient, or patients in the group setting, does not have the ability to interact by ordinary verbal communication and therefore non-verbal communication skills are employed, or an interpreter may be necessary. The guidelines under CPT code 90802 apply to CPT codes 90810-90815, 90823-90829 and 90857.

Documentation:

Documentation in the medical record must include the need for interactive therapy. The guidelines in the “Documentation” section under CPT code 90802 apply to CPT codes 90810-90815, 90823-90829 and 90857. To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

CPT code 90865

CPT code 90865 represents narcosynthesis for psychiatric diagnostic and/or therapeutic purposes.

Description:

CPT code 90865 is used for the administration of sedative or tranquilizer drugs, usually intravenously, to relax the patient and remove inhibitions for discussion of subjects difficult for the patient to discuss freely in the fully conscious state.

Documentation:

The medical record should document the medical necessity of this procedure (e.g., the patient had difficulty verbalizing his/her psychiatric problems without the aid of the drug). The record should also document the specific pharmacological agent, dosage administered, and whether the technique was effective or non-effective.

Comments:

Use of CPT code 90865 is restricted to physicians (M.D., D.O.) only.

Section: IV: Pharmacologic/Medication Management and/or Electroconvulsive therapy.

CPT code 90862

Description:

CPT code 90862 is intended for use by health care providers, authorized to prescribe medication in their state, who are prescribing pharmacological therapy for a patient with any psychiatric disorder.

Relevant history is obtained, a mental status examination is performed, and medical decision-making (i.e., assessment of treatment response and ongoing treatment formulation) occurs during such a visit providing all of the elements are documented.

Psychopharmacologic agents may be initiated or adjusted during such a visit. It may be used for the patient whose psychotherapy is being rendered by another health professional and the billing qualified provider is treating with psychotropic medication.

The services include 1) prescribing medication, 2) monitoring the effect of medication and its side effects, 3) adjusting the dosage (the medical record must include this information in addition to the diagnosis/diagnoses treated), and 4) no more than minimal psychotherapy. Any psychotherapy provided is minimal and is usually supportive in nature.

Comments:

See companion article Coding and Billing Guidelines for PSYCH-014 Psychiatry and Psychology Services

CPT code 90870

Description:

CPT code 90870 is described as the application of electric current to the brain, through scalp electrodes to produce a single seizure.

Comments:

When the psychiatrist administers the anesthesia for the seizure therapy, no separate payment may be made for that service.

CPT code M0064

HCPCS code M0064 is defined as a brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental, psychoneurotic and personality disorders. M0064 should be used for a lesser level of drug monitoring such as simple dosage adjustment. Based on the assignment of RVUs, the work involved in M0064 is similar to CPT code 99212. Time spent is generally less than ten minutes.

Section V: Other Psychiatric Services or Procedures

CPT code 90880

Description:

CPT code 90880 is described as hypnotherapy. Hypnosis is an artificially induced alteration of consciousness in which the patient is in a state of increased suggestibility.

Documentation:

To establish medical necessity of the service, claims must be submitted with a covered diagnosis.

Comments:

Hypnosis may be used for diagnostic or therapeutic purposes. When used therapeutically to enhance psychotherapy or provided in conjunction with psychotherapy in the same session, only CPT code 90880 or the psychotherapy CPT code should be reported. Medicare will cover hypnotherapy for the following diagnoses:

300.00 Anxiety states

300.11 Neurotic disorders; hysteria; conversion disorder

300.12 Dissociative amnesia

300.13 Dissociative fugue

300.14 Dissociative identity disorder

300.15 Dissociative disorder or reaction, unspecified

300.21 Agoraphobia with panic disorder

300.22 Agoraphobia without mention of panic attacks

300.23 Social phobia

300.29 Other isolated or specific phobias

307.80 Pain disorders related to psychological factors, psychogenic pain, site unspecified

307.89 Pain disorders related to psychological factors, psychogenic pain, site unspecified, other

308.3 Acute reaction to stress; other acute reaction to stress

- 308.4 Mixed disorders as reaction to stress
- 308.9 Unspecified acute reaction to stress
- 309.0 Adjustment disorder with depressed mood
- 309.1 Adjustment reaction, prolonged depressive reaction
- 309.21 Adjustment reaction, with predominant disturbance of other emotions; separation anxiety disorder
- 309.24 Adjustment reaction, adjustment disorder with anxiety
- 309.28 Adjustment reaction, adjustment disorder with mixed anxiety and depressed mood
- 309.3 Adjustment reaction, adjustment disorder with disturbance of conduct
- 309.4 Adjustment reaction, adjustment disorder with mixed disturbance of emotions and conduct
- 309.81 Posttraumatic stress disorder
- 309.9 Unspecified adjustment reaction

Section VI: Psychological and Neuropsychological Tests CPT codes 96101 - 96125

Description:

- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
 - 96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
 - 96110 Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.
 - 96111 Extended (including assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
 - 96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg acquired knowledge, attention, language, memory, planning and problem solving, visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
 - 96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
 - 96125 Standardized cognitive performance testing (eg, Ross information processing added assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- CPT codes 96100, 96115 and 96117 have been deleted. To report 96100, see 96101; to report CPT code 96115 see 96116, and to report 96117 see 96118.

Physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) are authorized to bill CPT codes 96105, 96110 and 96111 “sometimes therapy” codes.

However, when PTs, OTs and SLPs administer these tests, they must be under the general supervision of a physician or clinical psychologists

CPT code 96125 has been established to report tests performed by speech-language pathologists and occupational therapists. When these tests are performed by other Medicare providers, the appropriate CPT code 96101-96103 or 96118-96120 should be used.

The following CPT codes describe tests administered by a technician/computer and provider time for the interpretation report.

- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg MMPI and WAIS), administered with qualified health care professional, interpretation and report, administered by technician, per hour of technician time, face-to-face.
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathologic, eg, MMPI) administered by a computer, with qualified health care professional, interpretation and report.

96119 Neuropsychological testing (ie, Halsted-Reitan neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified Health care professional interpretation and report, administered by technician, per hour of technician time, face-to face.

96120 Neuropsychological testing (eg, Wisconsin Card Sorting test), administered by a computer, with qualified health care professional interpretation and report.

The CPT codes are used to report the services provided during testing of the cognitive function of the central nervous system. The testing of cognitive processes, visual motor responses, and abstractive abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.

Examples of problems that might lead to neuropsychological testing include:

1. Detection of neurologic diseases based on quantitative assessment of neurocognitive abilities (e.g., mild head injury, anoxic injuries, AIDS dementia);
2. Differential diagnosis between psychogenic and neurogenic syndromes;
3. Delineation of the neurocognitive effects of CNS disorders;
4. Neurocognitive monitoring of recovery or progression of CNS disorders; and/or
5. Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders.
6. Where it will impact the management of the patient by confirmation or delineation of diagnosis

Comments:

These CPT codes do not represent psychotherapeutic modalities, but are diagnostic aids. Each test performed must be medically necessary and therefore, standardized batteries of tests are not acceptable, unless each test in the battery is medically necessary.

Self-administration or self-scored inventories such as the Holmes and Rahe Social Readjustment Rating Scale or screening tests of cognitive function such as the Folstein Mini-Mental Exam (or similar test) is not separately reimbursable by Medicare and is included in the clinical interview or E/M service.

Psychological or psychiatric evaluations that can be accomplished through the clinical interview alone (e.g., response to medication) would not require psychological testing, and such testing might be considered as medically unnecessary.

Adjustment reactions or dysphoria associated with moving to a nursing facility do not constitute medical necessity for psychological testing.

Typically, including administration, scoring and interpretation, the total time to perform the battery of tests will be from 5-7 hours. If the testing is done over several days, the testing time should be combined and reported all on the last date of service. If the total time for the tests exceeds eight hours, a report may be requested asking for the medical necessity of the extended testing.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;
90809	

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90810

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;

90811

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90812

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;

90813

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90814

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;

90815

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90816

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;

90817

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90818

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;

90819

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90821

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;

90822

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90823

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;

90824

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90826

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;

90827

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90828

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;

90829

INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES

90845

PSYCHOANALYSIS

90846

FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)

90847

FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)

90849

MULTIPLE-FAMILY GROUP PSYCHOTHERAPY

90853

GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)

90857 INTERACTIVE GROUP PSYCHOTHERAPY

90862 PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY

90865 NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW)

90870 ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)

90880 HYPNOTHERAPY

90885 PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR PROJECTIVE TESTS, AND OTHER ACCUMULATED DATA FOR MEDICAL DIAGNOSTIC PURPOSES

90887 INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND PROCEDURES, OR OTHER ACCUMULATED DATA TO FAMILY OR OTHER RESPONSIBLE PERSONS, OR ADVISING THEM HOW TO ASSIST PATIENT

90889 PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PROGRESS (OTHER THAN FOR LEGAL OR CONSULTATIVE PURPOSES) FOR OTHER PHYSICIANS, AGENCIES, OR INSURANCE CARRIERS

90899 UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE

96101 PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT

96102 PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE

96103

PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT

96105

ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR

96110

DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT

96111

DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT

96116

NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT

96118

NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT

96119

NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE

96120

NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT

96125 STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT

M0064 BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPTIONS USED IN THE TREATMENT OF MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Refer to individual CPT code(s), for covered ICD-9 codes, found in the Coverage and Limitations section of this policy.

If there is no ICD-9/DSM IV included, an appropriate primary diagnosis codes must be linked to the procedure before consideration for Medicare payment may be made.

(NOTE: 296.01-296.06 are NOT payable when used with HCPCS 90845 and 90880)

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
290.20	SENILE DEMENTIA WITH DELUSIONAL FEATURES
290.21	SENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.3	SENILE DEMENTIA WITH DELIRIUM
290.40	VASCULAR DEMENTIA, UNCOMPLICATED
290.41 - 290.43	VASCULAR DEMENTIA, WITH DELIRIUM - VASCULAR DEMENTIA, WITH DEPRESSED MOOD
291.0	ALCOHOL WITHDRAWAL DELIRIUM
291.1	ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
291.3	ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
291.5	ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
291.81 - 291.89	

ALCOHOL WITHDRAWAL - OTHER SPECIFIED
ALCOHOL-INDUCED MENTAL DISORDERS

- 291.9 UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS
- 292.0 DRUG WITHDRAWAL
- 292.11 DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
- 292.12 DRUG-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
- 292.2 PATHOLOGICAL DRUG INTOXICATION
- 292.81 DRUG-INDUCED DELIRIUM
- 292.82 DRUG-INDUCED PERSISTING DEMENTIA
- 292.83 DRUG-INDUCED PERSISTING AMNESTIC DISORDER
- 292.84 DRUG-INDUCED MOOD DISORDER
- 292.89 OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS
- 292.9 UNSPECIFIED DRUG-INDUCED MENTAL DISORDER
- 293.0 DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE
- 293.81 PSYCHOTIC DISORDER WITH DELUSIONS IN CONDITIONS CLASSIFIED ELSEWHERE
- 293.82 PSYCHOTIC DISORDER WITH HALLUCINATIONS IN CONDITIONS CLASSIFIED ELSEWHERE
- 293.83 MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
- 293.84 ANXIETY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
- 293.89 OTHER SPECIFIED TRANSIENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE, OTHER
- 293.9 UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
- 294.10 DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE
- 294.11 DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
- 294.8 OTHER PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
- 294.9 UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE
- 295.00 - 295.05 SIMPLE TYPE SCHIZOPHRENIA UNSPECIFIED STATE - SIMPLE TYPE SCHIZOPHRENIA IN REMISSION

295.10 - 295.15	DISORGANIZED TYPE SCHIZOPHRENIA UNSPECIFIED STATE - DISORGANIZED TYPE SCHIZOPHRENIA IN REMISSION
295.20 - 295.25	CATATONIC TYPE SCHIZOPHRENIA UNSPECIFIED STATE - CATATONIC TYPE SCHIZOPHRENIA IN REMISSION
295.30 - 295.35	PARANOID TYPE SCHIZOPHRENIA UNSPECIFIED STATE - PARANOID TYPE SCHIZOPHRENIA IN REMISSION
295.40 - 295.45	SCHIZOPHRENIFORM DISORDER, UNSPECIFIED - SCHIZOPHRENIFORM DISORDER, IN REMISSION
295.50 - 295.55	LATENT SCHIZOPHRENIA UNSPECIFIED STATE - LATENT SCHIZOPHRENIA IN REMISSION
295.60 - 295.65	SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, UNSPECIFIED - SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, IN REMISSION
295.70 - 295.75	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED - SCHIZOAFFECTIVE DISORDER, IN REMISSION
295.80 - 295.84	OTHER SPECIFIED TYPES OF SCHIZOPHRENIA UNSPECIFIED STATE - OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION
295.90 - 295.95	UNSPECIFIED TYPE SCHIZOPHRENIA UNSPECIFIED STATE - UNSPECIFIED TYPE SCHIZOPHRENIA IN REMISSION
296.00 - 296.06	BIPOLAR I DISORDER, SINGLE MANIC EPISODE, UNSPECIFIED - BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN FULL REMISSION
296.20 - 296.26	MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE UNSPECIFIED DEGREE - MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN FULL REMISSION
296.30 - 296.36	MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE - MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN FULL REMISSION
296.40 - 296.46	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN FULL REMISSION
296.50 - 296.56	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN FULL REMISSION
296.60 - 296.66	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, UNSPECIFIED - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN FULL REMISSION

296.7	BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) UNSPECIFIED
296.80	BIPOLAR DISORDER, UNSPECIFIED
296.89	OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER
296.90	UNSPECIFIED EPISODIC MOOD DISORDER
297.1	DELUSIONAL DISORDER
297.3	SHARED PSYCHOTIC DISORDER
298.8	OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS
298.9	UNSPECIFIED PSYCHOSIS
299.00	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
299.10	CHILDHOOD DISINTEGRATIVE DISORDER, CURRENT OR ACTIVE STATE
299.80	OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, CURRENT OR ACTIVE STATE
300.00	ANXIETY STATE UNSPECIFIED
300.01	PANIC DISORDER WITHOUT AGORAPHOBIA
300.02	GENERALIZED ANXIETY DISORDER
300.11 - 300.16	CONVERSION DISORDER - FACTITIOUS DISORDER WITH PREDOMINANTLY PSYCHOLOGICAL SIGNS AND SYMPTOMS
300.19	OTHER AND UNSPECIFIED FACTITIOUS ILLNESS
300.21	AGORAPHOBIA WITH PANIC DISORDER
300.22	AGORAPHOBIA WITHOUT PANIC ATTACKS
300.23	SOCIAL PHOBIA
300.29	OTHER ISOLATED OR SPECIFIC PHOBIAS
300.3	OBSESSIVE-COMPULSIVE DISORDERS
300.4	DYSTHYMIC DISORDER
300.5	NEURASTHENIA
300.6	DEPERSONALIZATION DISORDER
300.7	HYPOCHONDRIASIS
300.9	UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER
301.83	BORDERLINE PERSONALITY DISORDER
301.9	UNSPECIFIED PERSONALITY DISORDER
302.0	EGO-DYSTONIC SEXUAL ORIENTATION
302.1	ZOOPHILIA
302.2	PEDOPHILIA
302.3	TRANSVESTIC FETISHISM
302.4	EXHIBITIONISM

302.6	GENDER IDENTITY DISORDER IN CHILDREN
302.70 - 302.76	PSYCHOSEXUAL DYSFUNCTION UNSPECIFIED - DYSpareunia, PSYCHOGENIC
302.79	PSYCHOSEXUAL DYSFUNCTION WITH OTHER SPECIFIED PSYCHOSEXUAL DYSFUNCTIONS
303.00 - 303.93	ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM UNSPECIFIED DRINKING BEHAVIOR - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION
304.00 - 304.03	OPIOID TYPE DEPENDENCE UNSPECIFIED USE - OPIOID TYPE DEPENDENCE IN REMISSION
304.10 - 304.13	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNSPECIFIED - SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
304.20 - 304.23	COCAINE DEPENDENCE UNSPECIFIED USE - COCAINE DEPENDENCE IN REMISSION
304.40 - 304.43	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE UNSPECIFIED USE - AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE IN REMISSION
304.50 - 304.53	HALLUCINOGEN DEPENDENCE UNSPECIFIED USE - HALLUCINOGEN DEPENDENCE IN REMISSION
304.60 - 304.62	OTHER SPECIFIED DRUG DEPENDENCE UNSPECIFIED USE - OTHER SPECIFIED DRUG DEPENDENCE EPISODIC USE
304.80 - 304.83	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG UNSPECIFIED USE - COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG IN REMISSION
304.90 - 304.92	UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED USE - UNSPECIFIED DRUG DEPENDENCE EPISODIC USE
305.20 - 305.23	NONDEPENDENT CANNABIS ABUSE UNSPECIFIED USE - NONDEPENDENT CANNABIS ABUSE IN REMISSION
305.30 - 305.33	NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED USE - NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION
305.40 - 305.43	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED - SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION
305.50 - 305.53	NONDEPENDENT OPIOID ABUSE UNSPECIFIED USE - NONDEPENDENT OPIOID ABUSE IN REMISSION
305.60 - 305.63	NONDEPENDENT COCAINE ABUSE UNSPECIFIED USE - NONDEPENDENT COCAINE ABUSE IN REMISSION

305.70 - 305.73	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE UNSPECIFIED USE - NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE IN REMISSION
305.91 - 305.92	NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE CONTINUOUS USE - NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE EPISODIC USE
306.0 - 306.4	MUSCULOSKELETAL MALFUNCTION ARISING FROM MENTAL FACTORS - GASTROINTESTINAL MALFUNCTION ARISING FROM MENTAL FACTORS
306.51	PSYCHOGENIC VAGINISMUS
306.6 - 306.9	ENDOCRINE DISORDER ARISING FROM MENTAL FACTORS - UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION
307.0	STUTTERING
307.1	ANOREXIA NERVOSA
307.20 - 307.23	TIC DISORDER UNSPECIFIED - TOURETTE'S DISORDER
307.3	STEREOTYPIC MOVEMENT DISORDER
307.42	PERSISTENT DISORDER OF INITIATING OR MAINTAINING SLEEP
307.44	PERSISTENT DISORDER OF INITIATING OR MAINTAINING WAKEFULNESS
307.46	SLEEP AROUSAL DISORDER
307.50 - 307.53	EATING DISORDER UNSPECIFIED - RUMINATION DISORDER
307.59	OTHER DISORDERS OF EATING
307.6	ENURESIS
307.80	PSYCHOGENIC PAIN SITE UNSPECIFIED
307.89	OTHER, PAIN DISORDER RELATED TO PSYCHOLOGICAL FACTORS
308.3	OTHER ACUTE REACTIONS TO STRESS
309.0	ADJUSTMENT DISORDER WITH DEPRESSED MOOD
309.21	SEPARATION ANXIETY DISORDER
309.24	ADJUSTMENT DISORDER WITH ANXIETY
309.28	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD
309.3	ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT
309.4	ADJUSTMENT DISORDER WITH MIXED DISBURBANCE OF EMOTIONS AND CONDUCT

309.81	POSTTRAUMATIC STRESS DISORDER
309.9	UNSPECIFIED ADJUSTMENT REACTION
310.1	PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE
310.2	POSTCONCUSSION 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
312.4	MIXED DISTURBANCE OF CONDUCT AND EMOTIONS
312.81	CONDUCT DISORDER CHILDHOOD ONSET TYPE
312.82	CONDUCT DISORDER ADOLESCENT ONSET TYPE
312.89	OTHER SPECIFIED CONDUCT DISORDER NOT ELSEWHERE CLASSIFIED
312.9	UNSPECIFIED DISTURBANCE OF CONDUCT
313.0	OVERANXIOUS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.1	MISERY AND UNHAPPINESS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.23	SELECTIVE MUTISM
313.3	RELATIONSHIP PROBLEMS SPECIFIC TO CHILDHOOD AND ADOLESCENCE
313.81	OPPOSITIONAL DEFIANT DISORDER
313.82	IDENTITY DISORDER OF CHILDHOOD OR ADOLESCENCE
313.9	UNSPECIFIED EMOTIONAL DISTURBANCE OF CHILDHOOD OR ADOLESCENCE
314.00 - 314.01	ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY - ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY
314.1	HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY
314.2	HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD
314.8	OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD
314.9	UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD
315.00	DEVELOPMENTAL READING DISORDER UNSPECIFIED

315.1 - 315.2	MATHEMATICS DISORDER - OTHER SPECIFIC DEVELOPMENTAL LEARNING DIFFICULTIES
315.31	EXPRESSIVE LANGUAGE DISORDER
315.34	SPEECH AND LANGUAGE DEVELOPMENTAL DELAY DUE TO HEARING LOSS
315.39	OTHER DEVELOPMENTAL SPEECH DISORDER
315.4	DEVELOPMENTAL 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
317	MILD MENTAL RETARDATION
318.0	MODERATE MENTAL RETARDATION
318.1	SEVERE MENTAL RETARDATION
318.2	PROFOUND MENTAL RETARDATION
319	UNSPECIFIED MENTAL RETARDATION
332.1	SECONDARY PARKINSONISM
333.72	ACUTE DYSTONIA DUE TO DRUGS
333.82	OROFACIAL DYSKINESIA
333.90	UNSPECIFIED EXTRAPYRAMIDAL DISEASE AND ABNORMAL MOVEMENT DISORDER
333.92	NEUROLEPTIC MALIGNANT SYNDROME
333.99	OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS
347.00	NARCOLEPSY, WITHOUT CATAPLEXY
347.01	NARCOLEPSY, WITH CATAPLEXY
347.10	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE, WITHOUT CATAPLEXY
347.11	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE, WITH CATAPLEXY
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL
389.7	DEAF, NONSPEAKING, NOT ELSEWHERE CLASSIFIABLE
389.8	OTHER SPECIFIED FORMS OF HEARING LOSS
780.09	ALTERATION OF CONSCIOUSNESS OTHER
780.52	INSOMNIA, UNSPECIFIED

784.3	APHASIA
784.41	APHONIA
784.42	DYSPHONIA
784.51	DYSARTHRIA
784.59	OTHER SPEECH DISTURBANCE
995.20	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.50 - 995.55	UNSPECIFIED CHILD ABUSE - SHAKEN BABY SYNDROME
995.59	OTHER CHILD ABUSE AND NEGLECT
995.80 - 995.85	UNSPECIFIED ADULT MALTREATMENT - OTHER ADULT ABUSE AND NEGLECT

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

1. The medical record should document the target symptoms; goals of therapy and methods of monitoring outcomes; and why the chosen therapy is the appropriate treatment modality (either in lieu of, or in addition to, another form of psychiatric treatment).
2. The patient's medical record should contain documentation that fully supports the medical necessity for psychiatry and psychology services as Medicare covers it. This documentation includes, but is not limited to, relevant medical history, physical examination, results of pertinent diagnostic tests or procedures.
3. Individual psychotherapy CPT codes should be used only when the focus of treatment involves individual psychotherapy.
4. Medical records must document the patient's capacity to participate in, and benefit from, psychotherapy, if psychotherapy is the chosen treatment. The estimated duration of treatment (number of sessions) should be specified. There should be documentation in the medical record that the treatment is expected to improve the health status or function of the patient. These CPT codes would not be used as generic psychiatric service CPT codes when other CPT codes such as an Evaluation and Management service or pharmacological CPT codes would be more appropriate.

5. The medical record should document the target symptoms, goals of therapy and methods of monitoring outcome. It should also document why the chosen therapy is the appropriate treatment modality either in lieu of, or in addition to, another form of psychiatric treatment.

Please see "Indications and Limitations and/or Medical Necessity" section of the policy for documentation related to specific services.

Appendices

Utilization Guidelines

Please see "Indications and Limitations and/or Medical Necessity" section of the policy for documentation related to specific services.

Note:

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 Board Certified Psychiatry Consultant Specialists and Consultants in the field of Psychology.

* - An asterisk indicates a revision to that section of the policy.

Sources of Information and Basis for Decision

Academy of Psychosomatic Medicine. Practice Guideline for Psychiatric Consultation in the General Medical Setting. *Psychosomat* 1998; 39(4):S8-30.

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Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/25/2009

Illinois: 09/16/2009

Michigan: 09/09/2009

Minnesota: 09/24/2009

Iowa, Kansas, Missouri, Nebraska 10/08/2009

Jurisdictional Open Meeting 08/19/2009

Note:

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 Board Certified Psychiatry Consultant Specialists and Consultants in the field of Psychology.

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

03/01/2010

Revision History Number

1

Revision History Explanation

03/01/2010, one added ICD-9 code 312.34 Intermittent Explosive Disorder

Reason for Change

Last Reviewed On Date

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines - \(PDF - 85,568 bytes\)](#)

All Versions

Updated on 02/05/2010 with effective dates 03/18/2010 - N/A

Updated on 01/21/2010 with effective dates 03/18/2010 - N/A