

**Contractor Name**

Wisconsin Physicians Service (WPS)

**Contractor Number**

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

**Contractor Type**

Carrier  
Fiscal Intermediary A  
MAC A  
MAC B

**LCD Database ID Number**

DL30489

**LCD Version Number****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**

**Carrier B:** Wisconsin, Illinois, Michigan, Minnesota

**Legacy A:** Alaska, Alabama, Arizona, Arkansas, California - Entire State, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri - Entire State, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, District of Columbia, American Samoa, Guam, Northern Mariana Islands, Virgin Islands

**MAC A:** Iowa, Missouri, Nebraska, Kansas

**MAC B:** Iowa, Missouri, Nebraska, Kansas

## **Oversight Region**

Region I

Region V

## **Original Determination Effective Date**

## **Revision Effective Date**

## **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, 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)
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.

**Coverage Topic**

Medicine

**CPT/HCPCS Codes**

90801	Psy diagnostic interview exam
90802	Intac psy diagnostic interview
90804	Psyhx, office 20 - 30 minutes face-to-face with the patient;
90805	Psyhx, off., 20 - 30 minutes w/evaluation and management services
90806	Psyhx, off., 45 - 50 minutes
90807	Psyhx, off., 45-50 minutes w/evaluation and management services
90808	Psyhx, off., 75-80 min
90809	Psyhx, off., 75-80 minutes w/evaluation and management services

90810	Interac psytx, off, 20-30
90811	Interac psytx, off, 20-30, w/e&m
90812	Interac psytx, off, 45-50
90813	Interac psytx, off, 45-50 w/e&m
90814	Interac psytx, off, 75-58
90815	Interac psytx, off, 75-80 w/e&m
90816	Psytx. hosp, 20-30 min
90817	Psytx. hosp, 20-30 min w/e&m
90818	Psytx. hosp, 45-50 min
90819	Psytx. hosp, 45-50 min w/e&m
90821	Psytx. hosp, 75-80 min
90822	Psytx. hosp, 75-80 min w/e&m
90823	Intac psytx, hosp, 20-30 min
90824	Intac psytx, hosp, 20-30 min w/e&m
90826	Intac psytx, hosp, 45-50 min
90827	Intac psytx, hosp, 45-50 min w/e&m
90828	Intac psytx, hosp, 75-80 min
90829	Intac psytx, hosp, 75-80 min w/e&m
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	Medical management
90865	Narcosynthesis
90870	Electroconvulsive therapy (includes necessary monitoring)
90880	Hypnotherapy
90885	Psychiatric evaluation of hospital records,
90887	Consultation with family
90889	Preparation of report
90899	Unlisted psychiatric service or procedure
96101	Psychological Testing DOS 01/01/2006 and after
96102	Psychological Testing; DOS on and after 01/01/2006
96103	Psychological Testing
96105	Assessment of aphasia Effective
96110	Developmental testing; limited
96111	Developmental testing; extended
96116	Neurobehavioral status exam DOS 01/01/2006 and after
96118	Neuropsychological testing; DOS 01/01/2006 and after
96119	Neuropsychological testing; DOS on and after 01/01/2006
96120	Neuropsychological testing; DOS on and after 01/01/2006
96125	Standardized cognitive performance testing, DOS on and after 01/01/08
M0064	Visit for drug monitoring

**Does the CPT 30% Rule Apply**

No

**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.

Organic psychotic conditions	290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41-290.43, 291.0, 291.1, 291.3, 291.5, 291.81-291.89, 291.9, 292.0, 292.11, 292.12, 292.2, 292.81, 292.82, 292.83, 292.84, 292.89, 292.9, 293.0, 293.81, 293.82, 293.83, 293.84, 293.89, 293.9, 294.10, 294.11, 294.8, 294.9
Schizophrenic disorders	295.00-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.84, 295.90-295.95
Affective psychoses	296.00-296.06, 296.20-296.26, 296.30-296.36, 296.40-296.46, 296.50-296.56, 296.60-296.66, 296.7, 296.80, 296.89, 296.90
<b>(NOTE: 296.01-296.06 are NOT payable when used with HCPCS 90845 and 90880)</b>	
Paranoid States	297.1, 297.3
Other non-organic psychoses	298.8, 298.9
Psychoses of childhood	299.00, 299.10, 299.80
Neurotic disorders	300.00, 300.01, 300.02, 300.3, 300.4, 300.5, 300.6, 300.7, 300.9, 300.11-300.16, 300.19, 300.21, 300.22, 300.23, 300.29
Borderline Personality Disorder	301.83, 301.9
Psychosexual dysfunction	302.0, 302.1, 302.2, 302.3, 302.4, 302.6, 302.70-302.76, 302.79
Alcohol dependence	303.00 - 303.93
Drug dependence	304.00-304.03, 304.10-304.13, 304.20-304.23, 304.40-304.43, 304.50-304.53, 304.60-304.62, 304.80-304.83, 304.90-304.92.
Non-dependent abuse of drugs	305.20-305.23, 305.30-305.33, 305.40-305.43, 305.50-305.53, 305.60-305.63, 305.70-305.73, 305.91-305.92
Physiological malfunction	306.0-306.4, 306.51, 306.6-306.9
Symptoms or syndromes, NEC	307.0, 307.1, 307.20-307.23, 307.3, 307.42, 307.44, 307.46, 307.50-307.53, 307.59, 307.6, 307.80, 307.89
Acute reaction to stress	308.3
Adjustment reaction	309.0, 309.21, 309.24, 309.28, 309.3, 309.4, 309.81, 309.9
Specific nonpsychotic mental disorders due to brain damage	310.1, 310.2, 310.8, 310.9
Depressive disorder, NOS	311
Disturbances of conduct, NEC	312.4, 312.9, 312.81, 312.82, 312.89.
Disturbance of emotions	313.0, 313.1, 313.23, 313.3,
Oppositional disorder	313.81
Identity disorder	313.82
Unspecified emotional disturbance	313.9
Attention deficit disorder	314.00-314.01, 314.1, 314.2, 314.8, 314.9
Specific delays in development	315.00, 315.1-315.2, 315.31, 315.34, 315.39, 315.4, 315.5, 315.8, 315.9

Psychic factors associated with diseases classified elsewhere	316
Mental retardation	317, 318.0, 318.0, 318.1, 318.2
Unspecified mental retardation	319
Secondary Parkinsonism	332.1,
Drug induced acute dystonia	333.72
Oralfacial dyskinesia	333.82
Other movement disorders	333.90, 333.92, 333.99
Narcolepsy, without cataplexy	347.00
Narcolepsy, with cataplexy	347.01
Narcolepsy in conditions classified elsewhere, without cataplexy	347.10
Narcolepsy in conditions classified elsewhere, with cataplexy	347.11
Deaf mutism NEC	389.20, 389.21, 389.22, 389.7, 389.8
Alteration of consciousness, other	780.09
Insomnia	780.52
Aphasia	784.3
Voice disturbance, aphonia	784.41
Dysphonia	*784.42
Dysarthria, other speech disturbance	*784.51, *784.59
Unspecified adverse effect of drug	995.20
Child maltreatment syndrome	995.50-995.55, 995.59
Adult abuse/neglect	995.80-995.85

#### **Diagnoses that Support Medical Necessity**

NA

#### **ICD-9 Codes that DO NOT Support Medical Necessity**

NA

#### **Diagnoses that DO NOT Support Medical Necessity**

NA

#### **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.

### **Utilization Guidelines**

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

### **Sources of Information and Basis for Decision**

1. Academy of Psychosomatic Medicine. Practice Guideline for Psychiatric Consultation in the General Medical Setting. Psychosomatic 1998; 39(4):S8-30.
2. Significance of Source: Provides guidance to psychiatrists who regularly evaluate and manage patients with medical illnesses. Topics include consultants, patient assessment, psychiatric interventions and medicolegal issues.
3. American Academy of Child & Adolescent Psychiatry. Practice Parameters for the Psychiatric Assessment of Children and Adolescents. J Am Acad Child Adolesc Psychiatry 1997; 36(10S):4S-20S.
4. Significance of Source: A guide for clinicians evaluating the child and adolescent psychiatric disorders. Focuses on: assessment, diagnostic, and treatment planning process. Parent/child interviews and standardized testing are addressed.
5. American Medical Association. CPT Assistant. Summer 1992, page 14.
6. Significance of Source: The definition of psychotherapy is quoted under Section III, A, in this policy.
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders – Text Revision (DSM-IV-TR). American Psychiatric Association. Washington, D.C., 2000.
8. Significance of Source: Serves as a reference for recognized nomenclature and descriptions of psychiatric diagnoses and conditions.
9. American Psychiatric Association. Practice Guideline for Major Depressive Disorder in Adults. Retrieved August 24, 1999 from the World Wide Web: [http://www.psych.org/clin\\_res/pg\\_major.html](http://www.psych.org/clin_res/pg_major.html)
10. Significance of Source: Treatment of major depressive disorder is outlined. Medications, psychotherapeutic approaches, electroconvulsive therapy and other treatment modalities may be used.
11. American Psychiatric Association. Practice Guideline for Psychiatric Evaluation of Adults. Retrieved August 24, 1999 from the World Wide Web: [http://www.psych.org/clin\\_res/pg\\_adult.html](http://www.psych.org/clin_res/pg_adult.html)
12. Significance of Source: Explains psychiatric evaluation of patients and requires the consideration of many factors. Focuses on the purpose, site, domains, and process of clinical psychiatric evaluations.
13. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Schizophrenia. Retrieved August 24, 1999 from the World Wide Web: [http://www.psych.org/clin\\_res/pg\\_schizo.html](http://www.psych.org/clin_res/pg_schizo.html)
14. Significance of Source: Outlines three categories of recommendations regarding the treatment of schizophrenia. Identifies the phases of this chronic illness: acute, stabilization and stable. Promotes full assessment of patient, choice of treatment settings, psychiatric management,

- antipsychotic medications, as well as early intervention for exacerbations of schizophrenic symptoms.
15. American Psychiatric Press. *Psychotherapy for Personality Disorders*. Edited by John G. Gunderson, MD and Glen O. Gabbard, MD. American Psychiatric Press, Inc. 1999.
  16. *Significance of Source*: Contains information on empirical studies of psychotherapy for borderline personality disorders; addresses personality disorders and offers updated review and work concerning the issues central to developing a therapeutic model for treatment as well as current research challenges; examines the efficacy of psychodynamic treatment for borderline personality disorders; analyzes the rationale.
  17. *Significance of Source*: This article reviews pharmacologic approaches to the treatment of borderline personality disorder. The symptoms of this disorder are described as multidimensional. It is identified that medication usage in acute management varies by symptoms. It is noted that psychotherapy should be viewed as an adjunct to pharmacologic treatment of BPD, and that BPD is a chronic disorder.
  18. *Psychodynamic Psychiatry in Clinical Practice*, 3rd edition, Glen O. Gabbard, M.D., American Psychiatric Press, Inc., Washington, D.C., 2000.
  20. *Significance of Source*: This source contains definitions and treatments of psychiatric and psychological disorders. It explains assorted practices of mental health practitioners: such as, rendering psychotherapeutic services, and prescribing psychotropic medications in an attempt to stabilize the patients.
  21. *Current Procedural Terminology CPT 2006*
  22. American Psychological Association Practice Organization 2006 Testing Codes Toolkit

#### **Advisory Committee Meeting Notes**

Meeting Date:

Wisconsin	9/25/2009
Illinois	9/16/2009
Michigan	9/09/2009
Minnesota	09/24/2009
Iowa	10/08/2009
Kansas	10/08/2009
Missouri	10/08/2009
Nebraska	10/08/2009

This policy does not reflect the sole opinion of the contractor or the Contractor Medical Director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee(s), which include representatives of various medical specialty societies.

#### **Start Date of Comment Period**

10/08/2009

#### **End Date of Comment Period**

11/23/2009

#### **Start Date of Notice Period**

(Published)

#### **Revision History Number/Explanation**

\*10/01/2009, update to 2010 ICD-9 codes;

#### **Notes**

**[See Coding and Billing Guidelines for PSYCH-014 Psychiatry and Psychology Services](#)**

This LCD is a merge of the following LCDs L26691 Psychiatric Pharmacotherapy (MAC B), L26581 Psychological and Neuropsychological Testing (MAC A), L20828 Psychiatry and Psychological Services (Legacy B), and L28318 Outpatient Psychiatry and Psychology Services (Legacy A) and L26571 Mini Mental Status Examination (MMSE) (Legacy A)

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

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.

**Does this LCD contain a "Least Costly Alternative" Provision?**

No

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