UniCare Professional Reimbursement Policy

Subject: Documentation Guidelines for Psychotherapy Services

| Policy #: UniCare – 0047 | Adopted: 12/02/2014 | Effective: 12/06/2016 |

Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products and policy criteria listed below.

**Description**
Psychotherapy is the treatment of psychiatric and/or substance abuse disorders through planned therapeutic appointments between a therapist and the patient. Psychotherapy services are clinical services provided by a general hospital, private freestanding psychiatric hospital, psychiatric outpatient clinic, state-operated facility, or by a licensed mental health practitioner practicing independently or in a private practice group. This service involves the evaluation, diagnosis, and treatment of individuals, families or groups as well as medication management. Services are typically scheduled in advance, but may occur urgently without a scheduled appointment. Services are provided at a frequency designed to address clinical need as directed by an individual or family treatment plan. Psychotherapy services are designed to promote, restore, or maintain appropriate social/emotional functioning and are intended to be focused and time limited with services discontinued as the patient and family are able to function more effectively.

Services, as described by Current Procedural Terminology (CPT®), which may be provided for psychotherapy, include, but are not limited to:

**Psychiatric Diagnostic Assessment:** The psychiatric diagnostic assessment should include the gathering of a complete medical and psychiatric (including past, family, social) history, a mental status examination, establishment of an initial diagnosis, an evaluation of the patient’s ability and capacity to respond to treatment, and an initial plan of treatment. Information may be obtained from not only the patient, but also other physicians, healthcare providers, and/or family if the patient is unable to provide a complete history.

**Interactive Complexity:** Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include the involvement of others such as interpreters, third parties such as schools, child welfare, etc., difficult communication with acrimonious or emotional family members, patients with impaired language skills, and engagement of young and verbally undeveloped or impaired patients.

**Individual Psychotherapy:** Individual psychotherapy is the treatment of behavioral disorders in which the treating professional, through accepted psychotherapies such as cognitive-behavioral psychotherapy, dialectical behavior psychotherapy, interpersonal psychotherapy, etc., works with the patient toward the goal alleviating emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.
Family Psychotherapy: Family psychotherapy involves the treatment of the family unit when dysfunctional behaviors of family members are exacerbating the patient’s illness or interfering with the treatment, or to assist the family in addressing the maladaptive behaviors of the patient and to improve treatment compliance. Multi-family group psychotherapy sessions are intended to support multiple families when similar dynamics are occurring due to common issues confronting the family members under treatment. The term “family” may apply to traditional family members, live-in companions, or significant others involved in the care of the patient.

Group Psychotherapy: Group psychotherapy represents psychotherapy administered in a group setting, involving no more than 12 participants, facilitated by a trained therapist providing psychotherapy to multiple patients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional insight, instruction, and support.

Psychotherapy for crisis: Crisis psychotherapy is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to lessen the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to the patient.

This policy addresses UniCare’s documentation guidelines for psychotherapy services.

Policy
Psychotherapy services are used to treat psychiatric and/or substance abuse disorders through scheduled therapeutic appointments between the approved provider and the patient. Approved providers of service include psychiatrists (MDs), psychologists (PhDs), nurse practitioners/clinical nurse specialists (APRNs/NPs) with special training and/or experience in psychiatric nursing beyond the standard curriculum, physician assistants (PAs), and other providers of mental health services licensed or otherwise authorized by the state in which they practice.

The medical record should always include a mental health / substance use assessment and treatment plan. The treatment plan is one result of the assessment and drives the provision of psychotherapy services.

Taking guidance from the Centers for Medicare & Medicaid Services (CMS), UniCare requires that medical record documentation should be legible, signed (including licensure and/or certification), dated, and must contain, at a minimum, the following elements in addition to any state required components:

1. The patient’s name documented on each page of the record
2. The date of service documented on each page of the record
3. Type of service (e.g. diagnostic assessment, individual, family, group psychotherapy)
4. Start and end times
5. Problem statement (including diagnosis)
6. Support for medical necessity
7. Service rendered including therapeutic interventions (e.g., insight oriented)
8. Person-centered detail such as behavior description or quotes
9. Patient observation (e.g., mental status examination).
10. Summary of progress or lack thereof toward identified goals; lack of progress should result in change in plan or a new plan of care

Documentation for Psychiatric Diagnostic Assessments should additionally include the elements noted in the description of the service above (e.g., medical/psychiatric history, mental status examination, initial diagnosis, etc.).
There may be times when evaluation and management (E/M) services are reported in conjunction with applicable psychotherapy services based on CPT guidelines. When reporting E/M services refer to our Documentation and Reporting Guidelines for Evaluation and Management Services Reimbursement Policy for additional information on E/M services documentation.

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Use of Reimbursement Policy:
This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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