

Commercial Reimbursement Policy

Subject: **Documentation Guidelines for Psychotherapy Services - Professional**

Policy Number: **C-14006**

Policy Section: **Administration**

Last Approval Date: **06/13/2023**

Effective Date: **06/13/2023**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem allows reimbursement for psychotherapy services when used to treat psychiatric and/or substance abuse disorders through scheduled therapeutic appointments between the approved provider and the patient unless provider, state, federal, or contracts and/or requirements indicate otherwise.

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.

Anthem 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:

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

Related Coding

Standard correct coding applies

Policy History

06/13/2023	Review approved and effective: added policy statement; updated definition section to reflect current CMS definitions
08/07/2020	Review approved: minor administrative changes; removed Medicare Advantage from disclaimer
06/01/2019	Policy template updated: added definitions section and related coding table.
07/13/2018	Review approved: updated service descriptions to match CPT language, removed examples
12/06/2016	Review approved: no substantive changes
12/01/2015	Review approved: no changes to coding; on pg. 2, changed psychotherapists to psychologists (PhD)
12/02/2014	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)
- American Medical Associations Current Procedural Terminology (CPT®) 2022

Definitions

Psychiatric Diagnostic Evaluation	A psychiatric diagnostic evaluation is an integrated biopsychosocial assessment that includes the elicitation of a complete medical history (to include past, family, and social), psychiatric history, a complete
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	mental status exam, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the proposed treatment plan. Information may be obtained from the patient, other physicians, other clinicians, or community providers, and/or family members or other sources. There may be overlapping of the medical and psychiatric history depending upon the problem(s).
Interactive Complexity	Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.
Psychotherapy	Psychotherapy is the treatment of mental illness and behavior disturbances, in which the provider establishes a professional contact with the patient and through therapeutic communication and techniques, attempts to alleviate the emotional disturbances, reverse, or change maladaptive patterns of behavior, facilitate coping mechanisms and/or encourage personality growth and development.
Psychotherapy for crisis	Psychotherapy for crisis 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 minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient with high distress.
General Reimbursement Policy Definitions	

Related Policies and Materials

Documentation and Reporting Guidelines for Evaluation and Management Services - Professional and Facility

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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