

Outpatient Psychotherapy Services: A Focus on Coverage and Documentation Requirements

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Objective

Provide an overview of OP psychotherapy services including coverage, medical necessity, and documentation

Review top claim denial reason codes associated with psychotherapy services and ways they can be avoided

Today's Presenters

- Provider Outreach and Education Consultants
 - Jeanine Gombos, LPN
 - Jean Roberts, RN, BSN, CPC





Agenda

General Coverage Requirements & Medical Necessity

Psychiatry & Psychology Services

Outpatient Psychotherapy Limitations

Targeted Probe & Educate

Resources & References

Questions

General Coverage Requirements & Medical Necessity

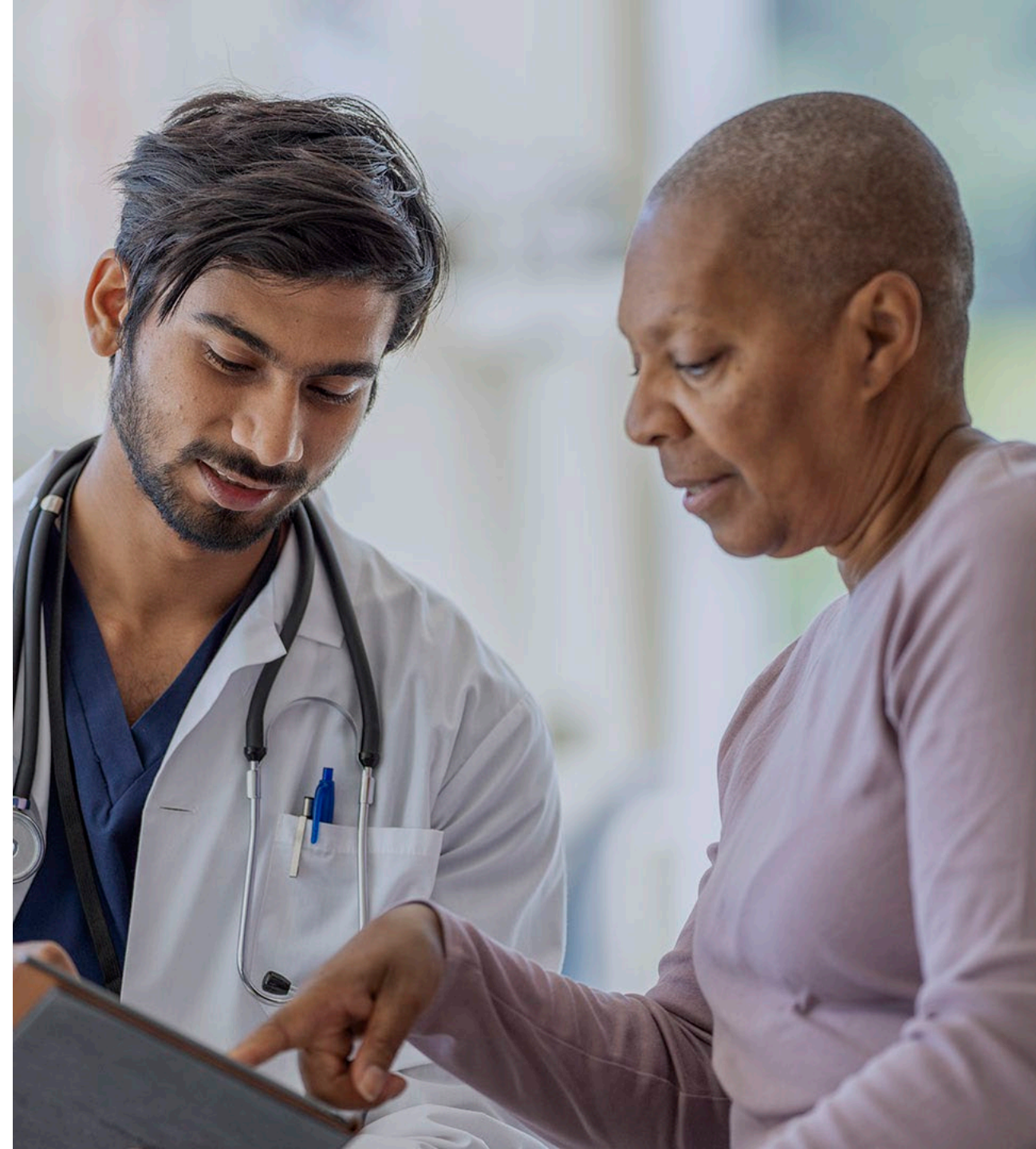
Coverage

- OP hospital psychiatric services must be
 - Provided by a physician or incident-to physicians' service
 - Reasonable and necessary for patient's condition

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Who Can Perform?

- Physicians
- Clinical psychologists
- Clinical social workers
- Nurse practitioners
- Clinical nurse specialists
- Physician assistants
- Other mental health providers



Coverage Criteria

- OP psychiatry and/or psychology services must meet the following criteria
 - Individualized treatment plan
 - Physician supervision and evaluation
 - Reasonable expectation of improvement



Individualized Treatment Plan

- Diagnosis or symptoms being treated
- Services/type of therapy to address symptoms
- Amount/frequency
- Anticipated duration of services
- Time specific, measurable goals

A treatment plan is not required if only a few brief sessions will be furnished.

Frequency & Duration of Services

- No specific limits on length of time that services may be covered
- Many factors can affect the outcome of treatment
 - Nature of illness
 - Prior history
 - Goals of treatment
 - Patient's response

When patient reaches a point in his/her treatment where further improvement does not appear to be indicated and there is no reasonable expectation of improvement, the outpatient psychiatric services are no longer considered reasonable or medically necessary.

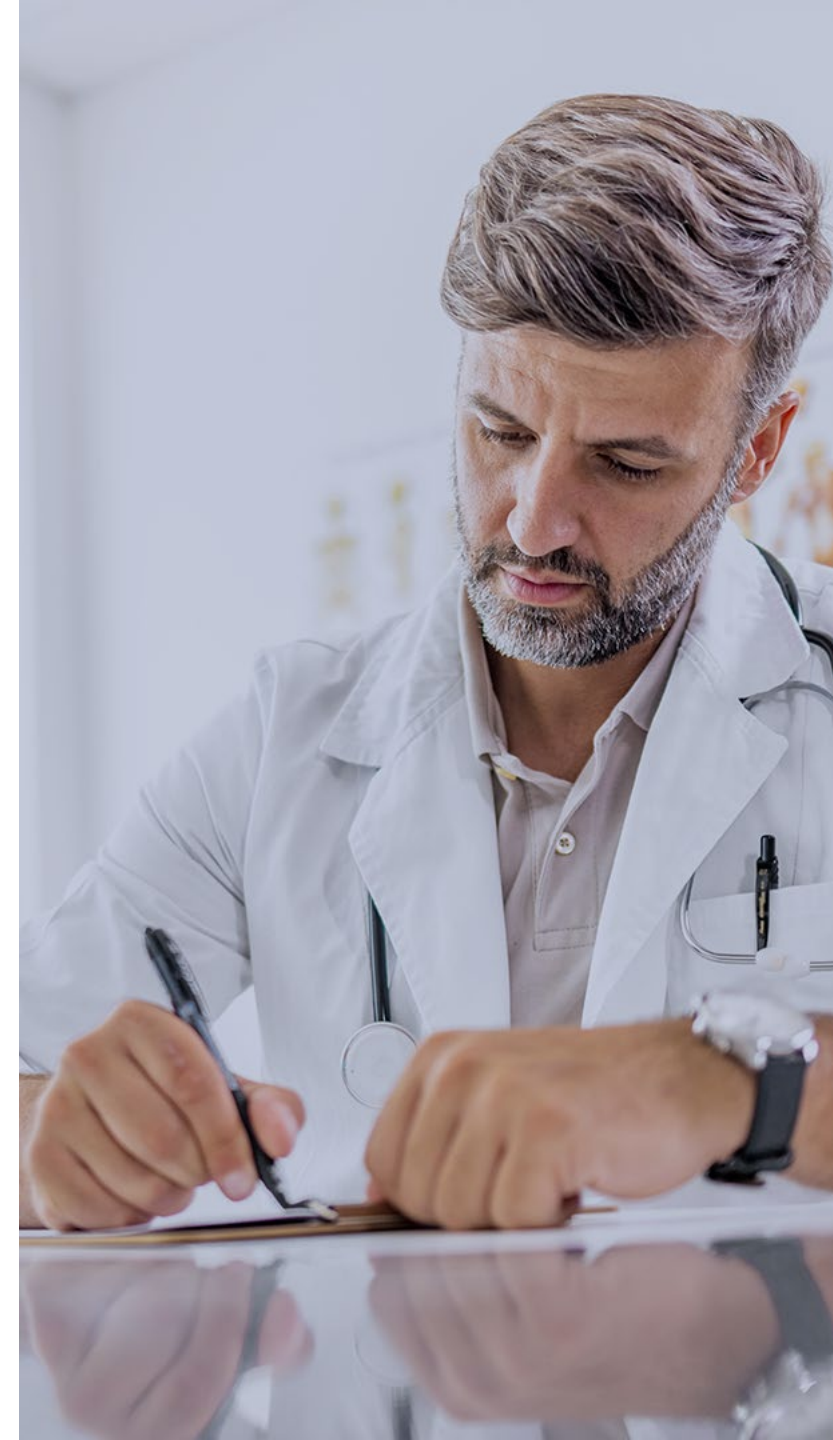
Goals

- Measurable, individualized and functional
- Means for determining medical necessity of treatment
- Basis for evaluating response to treatment



Supervision & Evaluation

- Services must be supervised and evaluated by a physician periodically to determine course of treatment and include any potential changes to treatment plan



Evaluation

- Medical record must have evidence of physician involvement and evaluation
 - Orders
 - Progress notes
 - Evaluation of progress towards goals
 - Conferences with staff
 - Patient interviews
 - Evaluations of treatment plan
 - Signature on treatment plan
 - Entries in progress notes
 - Signature on conference and interview notes

Expectation of Improvement

- Service must be for purpose of diagnostic study or reasonably be expected to improve patient's condition
- Treatment must at a minimum be designed to reduce or control patient's psychiatric symptoms to prevent relapse or hospitalization, and improve or maintain patient's level of function

Psychiatry & Psychology Services

General Coding Guidelines

- Individual psychotherapy codes should be used only when focus of treatment involves individual psychotherapy
 - Do not use as generic psychiatric service codes when other codes such as an evaluation and management service or pharmacological codes are more appropriate

Psychiatric Diagnostic Procedures

- CPT codes 90791 and 90792
- Requires the following elements
 - Complete medical and psychiatric history
 - Mental status examination
 - Establishment of an initial diagnosis
 - Evaluation of patient's ability and capacity to respond to treatment
 - Initial plan of treatment

Medical record must reflect elements outlined above and must be rendered by qualified provider

Psychiatric Diagnostic Procedures ₂

- Reported once per day and not on same day as evaluation and management service by same physician
- Covered at outset of illness
- May be utilized for same patient for new episode of illness

Interactive Complexity

- CPT code 90785
- Refers to specific communication factors that complicate delivery of a psychiatric procedure
- Used in conjunction with codes for diagnostic psychiatric evaluations and psychotherapy

Interactive Complexity ₂

- May be reported with psychotherapy when one of the following is present
 - Maladaptive communication
 - Emotional or behavioral conditions
 - Mandated reporting
 - Use of interpreter/translator

Medical record must show adaptations utilized in session and rationale for employing these interactive techniques

Psychotherapy & Psychiatric Therapeutic Procedures

- Divided into three sections
 - 90832–90838: Insight oriented, behavior modifying, supportive and/or interactive psychotherapy
 - 90845–90853: Psychoanalysis, group psychotherapy, family psychotherapy and/or interactive group psychotherapy
 - 90865: Narcosynthesis for psychiatric diagnostic and/or therapeutic purposes

Psychotherapy

- CPT codes 90832-90838
- Treatment for mental illness and behavioral disturbances
- Physician attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development

Behavior modification is not a separate service, but is an adjunctive measure in psychotherapy

Coding Tip

- Report code closest to actual time spent with beneficiary providing psychotherapy
 - 16–37 minutes for 90832 and 90833
 - 38–52 minutes for 90834 and 90836
 - 53 or more minutes for 90837 and 90838

Prolonged Services

- HCPCS codes 99354–99357
- Psychotherapy lasting 90 minutes or more
- May be subject to medical necessity review

Group Psychotherapy

- CPT code 90853
- Involves no more than 12 participants
- Typically 45 to 60 minutes per daily session
- Facilitated by trained therapist
- Personal and group dynamics are discussed and explored in a therapeutic setting

Psychotherapy in Crisis

- CPT codes 90839–90840
- Urgent assessment and history of a crisis state, mental status exam, and disposition
- Treatment includes psychotherapy, mobilization of resources and implementation of psychotherapeutic interventions

Outpatient Psychotherapy Limitations

Limitations for Outpatient Psychiatric Services

- Severe and profound intellectual disabilities
- Patients with dementia
 - Covered if dementia is mild and patient has capacity to recall therapeutic encounters

Capacity to meaningfully benefit from psychotherapy must be documented in medical record

Limitations for Outpatient Psychiatric₂

- Day programs
- Services to SNF residents expected to be provided by nursing facility staff
- Vocational training
- Biofeedback
- Recovery meetings
- Telephone calls to patients
- Physician evaluation of records
- Explanations of results
- Screening procedures

Group Psychotherapy Limitations

- For Medicare coverage, group therapy does not include:
 - Socialization
 - Music therapy
 - Recreational activities
 - Art classes
 - Excursions
 - Sensory stimulation
 - Eating together
 - Cognitive stimulation
 - Motion therapy

*This is not an all-inclusive list



Documentation

- Medical record must contain documentation that fully supports medical necessity for services provided
 - Relevant medical history/physical exam
 - Therapeutic maneuvers, periodic summary and progress toward goals
 - Results of diagnostic test/procedures
 - Time spent in psychotherapy encounter
 - Updates to treatment plan
 - Identity and professional credentials of who is performing service

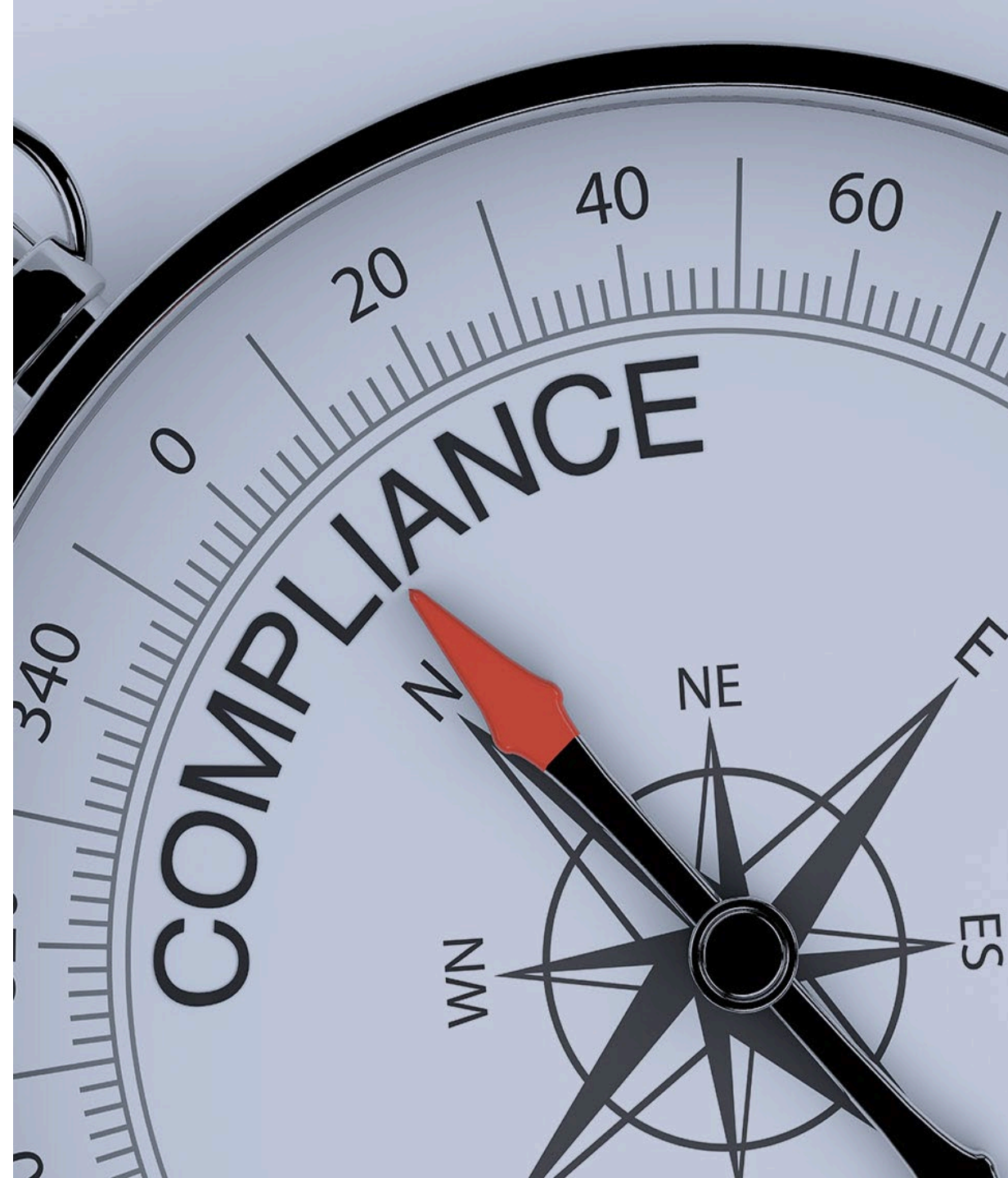
Privacy

- HIPAA imposes specific restrictions on access to psychotherapy notes
 - Outlined on *Code of Federal Regulations, 45 CFR*, parts 160 and 164 (Privacy Rule)
- Providers exempt from submitting psychotherapy notes without patient authorization

Providers responsible for extracting information required to perform medical necessity reviews

Minimum Documentation Available Upon Request

- The following must be provided:
 - Name
 - DOS
 - Time
 - Modalities
 - Notes for each encounter
 - Credentials



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Targeted Probe & Educate

Individual Psychotherapy Claim Denials

- CPT codes 90832–90834

Reason Code	Detail
55B31	Incomplete/insufficient documentation denials: <ul style="list-style-type: none">• Lacks individualized treatment plan• Lacks required elements of individualized treatment plan

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Group Psychotherapy Claim Denials

- CPT 90853

Reason Code	Detail
55B31	Incomplete/insufficient documentation denials: <ul style="list-style-type: none">• Lacks individualized treatment plan• Lacks required elements of individualized treatment plan• Lacks group notes to support services billed

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Additional Common Medical Review Denials

- Number of participants missing on group therapy note
- Missing documentation for services billed
- Treatment plan/progress note missing signature/co-signature of approved provider of service
- Missing credentials of person signing progress note/treatment plan
- Treatment plan details not complete
- Treatment plan doesn't cover DOS billed
- Treatment plan signed after DOS
- Time spent in therapy not documented in progress note

Responding to ADRs: What to Include

- Physician orders and progress notes for all DOS billed/requested
- Clinic notes for DOS billed/requested
- Signed current plan of care/treatment plan
- Medical and psychiatric history
- All certification/recertification statements
- Total time spent in psychotherapy

Responding to ADRs: What to Include ₂

- Case management services
- Medication management
- Documentation to justify medical necessity
- Documentation of physician supervision
- ABN as necessary

Note: This is not an all-inclusive list

A list of requested documentation is included in your ADR letter!

Responding to ADRs Using NGSConnex

- Registered NGSConnex account holders can respond to Medical Review ADRs and submit supporting documentation electronically
 - [NGSConnex User Guide](#)
 - Includes step-by-step instructions
- If you are not registered for NGSConnex
 - Visit [What Is NGSConnex](#) for more information!
 - NGSConnex YouTube videos
 - [NGS YouTube channel](#)

Resources & References

Resources

- CMS Internet-Only Manual Publication
 - [100-02, Medicare Benefit Policy Manual](#)
 - Chapter 6, Section 70, Outpatient Hospital Psychiatric Services
 - Chapter 12, Section 40.7 – Social and/or Psychological Services
 - [100-03, Medicare National coverage Determinations Manual,](#)
 - Chapter 1
 - [100-04, Medicare Claims Processing Manual,](#)
 - Chapter 1
 - Chapter 12

Resources ₂

- LCD L33632: [Psychiatry and Psychology Services](#)
- Billing and Coding Article A56937: [Psychiatry and Psychology Services](#)
- Medical Policy Article A52825: [Psychological Services Coverage under the Incident to Provision for Physicians and Non-physicians](#)
- MLN® Booklet: [Medicare & Mental Health](#)

NGS Resources

- Assistance with general questions
 - [Interactive Voice Response System](#)
- Complex inquiries and assistance
 - [Provider Contact Center](#)
- [NGSConnex User Guide](#)
- [Medical Review Portal in NGSConnex](#)
- [MR FAQs](#)

TPE Resources

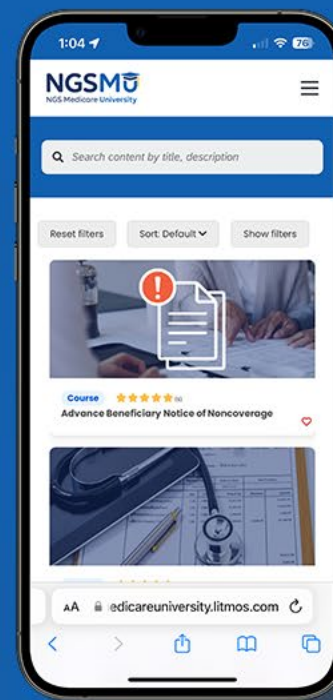
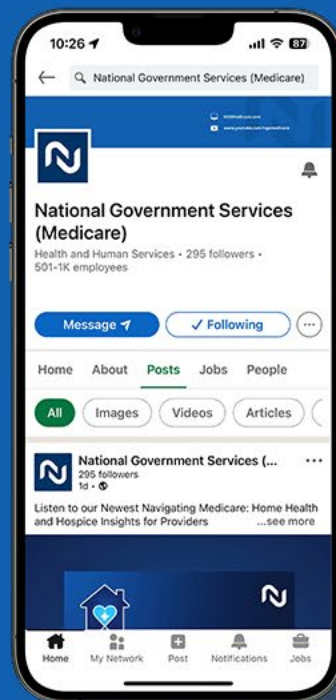
- [NGS website](#)
 - Resources > Medicare Compliance> Targeted Probe and Educate
 - [TPE Manual](#)
 - [How to Find and Respond to TPE ADR](#)
 - [Medical Review: Targeted Probe and Educate Review Topics](#)
 - Education > News
 - [Targeted Probe and Educate Letters – An Informational Overview](#)

CMS Resources

- [CMS website](#) – Medical Review & Education
 - [Targeted Probe and Educate](#)
 - [Targeted Probe & Educate Flow Chart](#)
 - CR 10249: [Targeted Probe and Educate](#)

YouTube Video Resources

- CMS YouTube Videos
 - [Targeted Probe and Educate – 2019 CMS National Provider Compliance Conference](#)
 - [Targeted Probe and Educate](#)
 - [Provider Minute: The Importance of Proper Documentation](#)
- NGS YouTube Video
 - [NGS YouTube Video: Psychotherapy and Group Therapy \(2/7/2019\)](#)



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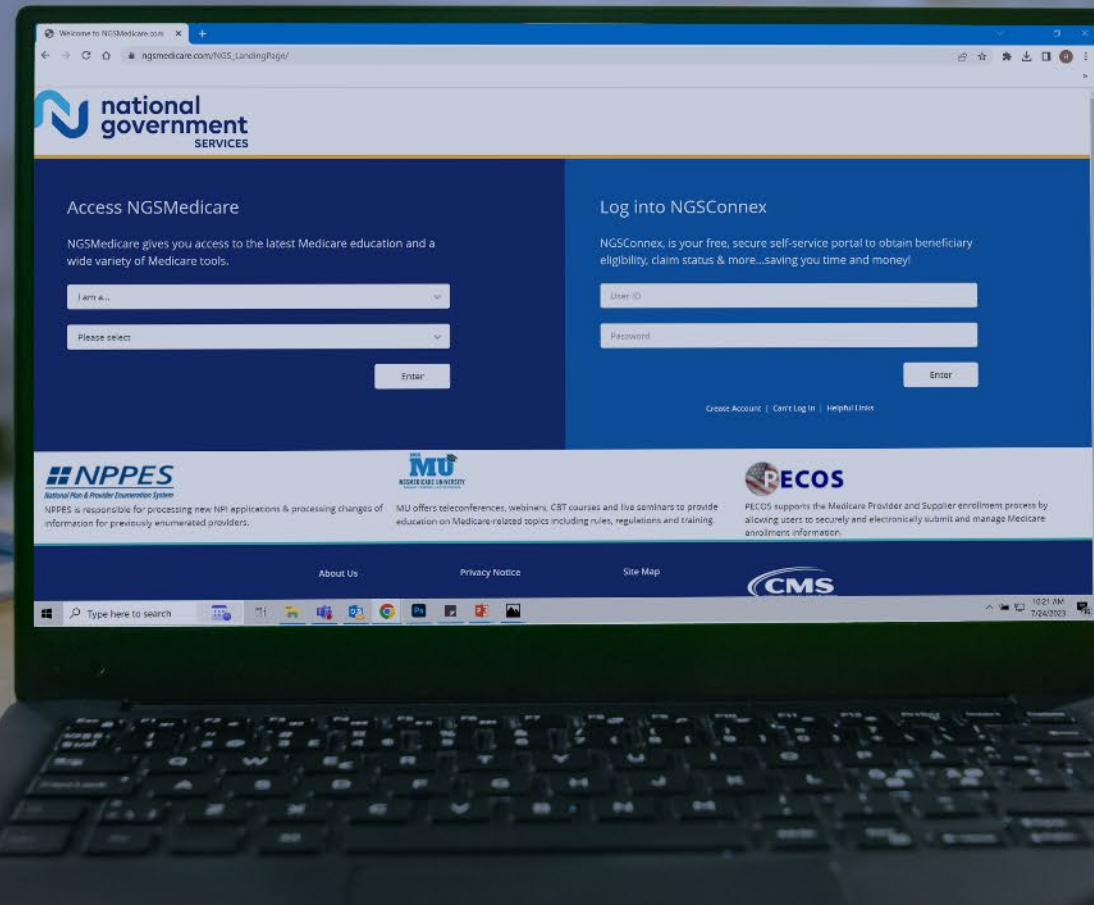


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Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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Questions?

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