

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	GROUP THERAPY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER
Policy Number	3.01.08
Category	Behavioral Health
Effective Date	03/23/07
Revised Date	02/28/08, 02/26/09, 02/25/10, 04/28/11, 04/26/12, 04/25/13, 04/24/14, 06/25/15, 06/22/16, 06/22/17
Archived Date	12/13/18
Edited Date	
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. In order for group therapy to be considered **medically appropriate**, the patient must have a principal diagnosis of mental illness as specified in the current edition of Diagnostic and Statistical Manual or ICD-10 equivalent *other* than:
 - A. Developmental disabilities; or
 - B. Organic brain syndromes.

Medically focused groups are not covered under group therapy CPT codes as they are offered by non-Behavioral Health specialists and not evidenced based for group.
- II. Determination must be consistent with nationally recognized, evidenced-based tier (different levels of evidenced-based) Behavioral Health standards.
- III. The following groups are considered **medically appropriate**:
 - A. Groups that focus on symptom management for specific psychiatric disorders (e.g., Depression Group, Anxiety Management Group, Comprehensive Group for Disruptive Behavior Disorder, etc.) or that are targeted to treat patients with dual disorders (substance use and mental illness);
 - B. Multiple-Family Psychoeducation Groups for families of patients with schizophrenia (e.g., McFarlane Group), or Maudsley Group for adolescents with an eating disorder diagnosis; or
 - C. Dialectical Behavior Therapy (DBT) modules- for members with a full diagnosis of borderline personality disorder who are engaged in a complete DBT program. *Refer to Corporate Medical Policy # 3.01.10, Dialectical Behavioral Therapy.*
 - D. Sex Offender Groups – for adult members with a diagnosis of Paraphilic Disorder and/or Pedophilic Disorder and for adolescent members with a diagnosis of Paraphilic Disorder, Pedophilic Disorder, and/or Impulse Control Disorder. *Refer to Corporate Medical Policy # 3.01.17, Sex Offender Treatment Program.*
 - E. Substance Use Disorders Group- For a general understanding of the requirements applicable to substance use outpatient programs please refer to Part 822 of the Office of Alcoholism and Substance Abuse Services (OASAS) regulations; *General Service Standards for Chemical Dependence Outpatient (CD-OP) and Opioid Treatment Programs (OTP)*. <http://www.oasas.ny.gov/regs/documents/822.pdf>. (It should be noted; prior authorization is not needed for substance use disorders groups).
 - F. Group therapies that are part of intensive mental health treatment (e.g., inpatient mental health, IOP, PHP, and residential) are medically appropriate, however, are not individually billable given they are part of the intensive mental health treatment program.

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- G. Gambling Disorder Groups - Certain types of group therapy treatment (notably CBT, mindfulness training, and self-help support groups) for gambling disorder may be useful as adjuncts to other professional therapy services. Refer to Corporate Medical Policy # 3.01.19, *Treatment of Gambling Disorder and Other Repetitive Behaviors*.

IV. The following groups are considered **not medically necessary**:

- A. Psycho educational groups;
- B. Social skills groups;
- C. Groups without definitive treatment plans and goals;
- D. Wilderness/Adventure Camps;
- E. Therapeutic Schools/Special Schools/Educational Play and creative therapy.

For telehealth please consult with your malpractice carrier for the best understanding of HIPAA and ethics, and please refer to *Corporate Medical Policy # 1.01.49, Telemedicine and Telehealth*.

V. Program requirements:

A. Providers shall:

1. Be certified by the Office of Mental Health (OMH) or similar licensing agency if an out of state provider, to provide clinic services, including group therapy, and continue to be compliant and in good standing with OMH relative to all service and staffing requirements imposed by OMH. This does not include medical diagnosis-based specialty programs that are not certified by the OMH, or similar licensing agency if an out of state provider; OR
 2. Be a licensed behavioral health provider according to the terms of the member's contract; AND
 3. Maintain clear written descriptions of the treatment goals and objectives, as well as admission and discharge criteria, and individual progress notes for each session.
 4. For co-occurring groups, the staffing model shall provide adequate supervision for mental health and substance abuse to demonstrate expertise within that particular defined scope of practice.
 5. For Groups occurring in OASAS approved clinics, and the individual has a primary diagnosis of substance use, do not require prior approval.
- B. All group therapists must have received specialized training and must be experienced in providing group psychotherapy. Individual therapists must have some documented training and/or experience such as:
1. Certification by the National Registry of Certified Group Psychotherapists;
 2. For facility practitioners, approved by the facility to conduct group sessions in accordance with the facility's policy and procedure for staff privileging; or
 3. Documented experience in providing group psychotherapy programs.
- C. Groups must be limited to no more than ten to twelve (10-12) members and meet for duration of 60 - 90 minutes per session. Groups for Children and/or Adolescents may meet for a minimum of sixty (60) minutes. The group must be limited to no more than ten to twelve (10-12) *sessions*, except in cases where the group "treatment standard" is otherwise defined (e.g., DBT).
- D. Groups must be based on evidence-based treatment models and targeted to treat symptom clusters that significantly impair patient's functioning (e.g. affective instability and self-harming behaviors of borderline personality patients, depression, intermittent suicidality, Post Traumatic Stress Disorder (PTSD), response prevention for Obsessive Compulsive Disorder - OCD).
- E. Groups must have specific, documented admission criteria and clinical discharge criteria with documented goals, objectives and expected outcomes in each group member's individual chart, specific to each individual.
- F. Specialty groups must meet on a schedule accessible to patients and have a proven efficacy as demonstrated by evidence-based literature.
- G. Providers shall develop a plan ensuring continuity of care and engage the community based primary therapist (as applicable) and Primary Care Physician (PCP) in treatment and discharge planning as appropriate. Clinical information will be provided to both the primary therapist and the PCP.

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POLICY GUIDELINES

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

The purpose of group therapy is to provide an alternative to individual psychotherapy, except for treatments where proven clinical protocols include both individual and group psychotherapy on a time-limited basis (e.g., individual and CBT group for depression or DBT group for borderline personality disorder). As necessary, it is expected that patients will be seen for medication management and support by a psychiatrist as necessary while in group psychotherapy.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90785	Interactive complexity, add on code for 90853

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Revenue Codes

Code	Description
915	Psychiatric/psychological services - group therapy

ICD10 Codes

Code	Description
--	Multiple diagnosis codes

REFERENCES

Zhou X, et al. Different types and acceptability of psychotherapies for acute anxiety disorders in children and adolescents: a network meta-analysis. *JAMA Psychiatry* 2018 Oct 31. [Epub ahead of print]

*Key Article

KEY WORDS

Group psychotherapy

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members: [Local Coverage Determination for Psychiatry and Psychology Services \(L33632\)](#)