# **MEDICAL POLICY**



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MEDICAL POLICY DETAILS		
Medical Policy Title	Family Therapy for Individuals with a Diagnosis of Mental Illness and/or	
	Substance Use Disorder	
Policy Number	3.01.05	
Category	Contract Clarification	
Original Effective Date	07/11/99	
<b>Committee Approval Date</b>	01/18/01, 03/28/02, 03/27/03	
<b>Current Effective Date</b>	02/22/24	
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Product Disclaimer	<ul> <li>Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>If a Medicare product (including Medicare HMO-Dual Special Needs Program(DSNP) 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.</li> <li>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>	

## POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, family therapy has been medically proven to be effective and, therefore, is considered **medically appropriate** when used to treat the identified patient's mental illness, behavioral health disorder, and/or substance use disorder. This includes:

- I. Individual session(s) with one or more family members of the identified patient, to aid in the treatment of the patient.
- II. Goal-specific, time-limited family therapy, when the identified patient's mental illness, behavioral health disorder, or behavioral health condition or substance use disorder is severely disrupting interpersonal family dynamics.
- III. Multiple-family psychoeducation groups for families of patients with schizophrenia for adolescents with an eating disorder diagnosis.

#### **POLICY GUIDELINES**

- I. The identified patient must have a diagnosis of mental illness or substance use disorder as specified in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition, Text Revision (DSM-5-TR).
- II. The American Psychological Association (2018) defines the term "family" as a kinship unit consisting of a group of individuals united by blood or by marital, adoptive, or other intimate ties. Family members involved in the care of the identified patient can include biological, extended, nuclear, permeable, and/or stepfamily.
- III. The concurrent treatment of the identified patient's family member(s), by the same practitioner, will not be covered without supporting clinical documentation demonstrating that the benefits of concurrent treatment outweigh the risks generally associated with concurrent treatment.

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Exception: Multiple individuals with an Axis I DSM-5-TR diagnosis may be seen by the same psychiatrist for

psychotropic medication(s).

# **DESCRIPTION**

Family therapy is a service provided for individuals who are receiving/seeking treatment with a licensed mental health care practitioner, when this is the most effective and efficient treatment for the identified patient's mental illness, behavioral health disorder, and/or substance use disorder. Treatment is generally conducted with the patient(s) and family present during the same session, although there are occasions where it is beneficial to the patient for the family members or the significant others to meet individually with the mental health practitioner, to address specific issues. Examples of situations in which individual session(s) with a family member(s) are beneficial include:

- I. treatment planning,
- II. safety planning, in case of suicidal or self-harming behavior, and
- III. person-centered diagnostic education for family.

#### **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.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

#### **CPT Codes**

Code	Description
90785	Interactive complexity (List separately in addition to the code for primary procedure).
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and
	management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and
	management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and
	management service (List separately in addition to the code for primary procedure)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
96202	Multiple-family group behavior management/modification training for
	parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health
	diagnosis, administered by physician or other qualified health care professional
	(without the patient present), face-to-face with multiple sets of
	parent(s)/guardian(s)/caregiver(s); initial 60 minutes
96203	each additional 15 minutes (List separately in addition to code for primary
	service)

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# **HCPCS Codes**

Code	Description
No specific	
codes	

## **Revenue Codes**

Code	Description
916	Psychiatric services, family therapy
916H	Family therapy, 20-25 minutes

## **ICD10 Codes**

Code	Description
F02.80 - F02.81	Dementia in other diseases classified elsewhere (code range)
F03.90 - F03.91	Unspecified dementia (code range)
F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0 - F06.8	Other mental disorders due to known physiological condition (code range)
F07.0 - F07.9	Personality and behavioral disorders due to known physiological condition (code
	range)
F09	Unspecified mental disorder due to known physiological condition
F10.10 - F10.99	Alcohol related disorders (code range)
F11.10 - F11.99	Opioid related disorders (code range)
F12.10 - F12.99	Cannabis related disorders (code range)
F13.10 - F13.99	Sedative, hypnotic, or anxiolytic related disorders (code range)
F14.10 - F14.99	Cocaine related disorders (code range)
F15.10 - F15.99	Other stimulant related disorders (code range)
F16.10 - F16.99	Hallucinogen related disorders (code range)
F18.10 - F18.99	Inhalant related disorders (code range)
F19.10 - F19.99	Other psychoactive substance related disorders (code range)
F20.0 - F20.9	Schizophrenia (code range)
F21 - F29	Schizotypal, delusional, and other non-mood psychotic disorders (code range)
F30.10 - F30.9	Manic episode (code range)
F31.0 - F31.9	Bipolar disorders (code range)
F32.0 - F33.9	Major depressive disorders (code range)
F34.0 - F39	Persistent mood (affective) disorders (code range)
F40.00 - F48.9	Anxiety disorders (code range)
F50.00 - F50.9	Eating disorders (code range)
F51.01 - F51.9	Sleep disorders (code range)
F52.0 - F52.9	Sexual dysfunction (code range)
F53.0 - F53.1	Mental and behavioral disorders associated with the puerperium, not elsewhere
1	classified (code range)

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Code	Description
F54	Psychological and behavioral factors associated with disorders or diseases classified
	elsewhere
F59	Unspecified behavioral syndromes associated with physiological disturbances and
	physical factors
F60.0 - F69	Specific personality disorders (code range)
F70 - F79	Intellectual disabilities (code range)
F80.0 - F89	Developmental disorders (code range)
F90.0 - F98.9	Behavioral and emotional disorders (code range)
F99	Mental disorder, not otherwise specified
R37	Sexual dysfunction, unspecified
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.82	Worries
R48.0	Dyslexia and alexia
Z87.890	Personal history of sex reassignment

## **REFERENCES**

## **KEY WORDS**

Couples therapy, family therapy

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) (L33632) for psychiatry and psychology services. Please refer to the following LCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33632&ver=82&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA% 7CCAL%7CNCD%7CMEDCAC%7CTA%7CMCD&ArticleType=SAD&PolicyType=Both&s=41&KeyWord=psychology&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&=] accessed 01/24/24.

<sup>\*</sup>American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

<sup>\*</sup>American Psychiatric Association. Dictionary- family. 2018 Apr 19. [https://dictionary.apa.org/family] accessed 01/24/23.