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-9-CM 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 Psychoeducational 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 # 3.01.1, 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.

IV. The following groups are considered not medically necessary/investigational:
   A. Psycho educational groups;
   B. Social skills groups;
   C. Groups to treat gambling;
   D. Groups without definitive treatment plans and goals;
   E. Wilderness/Adventure Camps;
   F. 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.

### POLICY GUIDELINES:

I. All psychotherapy groups for all lines of business must be submitted to the Behavioral Health Department for review and must receive formal approval as a group that meets the criteria set forth in this policy to ensure coverage for group therapy services provided. This should occur prior to members beginning the group.

II. Prior authorization is required for outpatient mental health group therapy based on contract coverage. Please contact your local Customer Service Department to determine contract.

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**Proprietary Information of Excellus Health Plan, Inc.**
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:
90853 Group psychotherapy
90785 Interactive complexity, add on code for 90853

REVENUE: 915 Psychiatric/psychological services - group therapy

ICD9: Multiple diagnosis codes
ICD10: Multiple diagnosis codes

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**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: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=19&ContrVer=1&CntctrSelected=298*1&Cntctr=298&name=National+Government+Services%2c+Inc.+%(13201%e2%80%93A+and+B+and+HHH+MAC%e2%80%93J+-+K)&s=All&DocType=Active&bc=AggAAAIAAAAAA%3d%3d&.