

MEDICAL POLICY CENTER



LCD FOR PSYCHIATRY AND PSYCHOLOGY SERVICES (L33632)

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information
MEDICAL POLICY CENTER

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Psychiatry and Psychology Services

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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) of Title XVIII of the Social Security Act excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862(a)(7) of Title XVIII of the Social Security Act excludes routine physical examination.

Section 1833(e) of Title XVIII of the Social Security Act prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR, Section 410.27(f) indicates that “nonphysician practitioner” means a clinical psychologist, licensed clinical social worker, physician assistant, nurse practitioner, clinical nurse specialist or certified nurse-midwife.

42 CFR, Section 410.42, describes limitations on coverage of certain services furnished to hospital outpatients.

42 CFR, Section 410.71, describes coverage of clinical psychologist services and supplies incident to a clinical psychologist

42 CFR, Section 410.73 – 410.76, describes coverage of services provided by clinical social workers, physician assistants, nurse practitioners, or clinical nurse specialists.

42 CFR, Section 410.100 – 410.105, describes coverage, exclusions, and requirements for coverage of services furnished to an outpatient at a Comprehensive Outpatient Rehabilitation Facility (CORF).

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 6:

20.4.5 Coverage of Outpatient Diagnostic Services Furnished on or after January 1, 2011

20.4.6 Outpatient Diagnostic Services Under Arrangement

20.5.3 Coverage of Outpatient Therapeutic Services Incident to a Physicians Service
Furnished on or after January 1, 2011

70.1 Outpatient Hospital Psychiatric Services (General)

70.2 Coverage Criteria for Outpatient Hospital Psychiatric Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 12:

40.7 Social and/or Psychological Services

CMS Publication 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1:

MEDICAL POLICY CENTER

- 130.2 Outpatient Hospital Services for Treatment of Alcoholism
- 130.3 Chemical Aversion Therapy for Treatment of Alcoholism
- 130.4 Electrical Aversion Therapy for Treatment of Alcoholism
- 130.5 Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic
- 130.6 Treatment of Drug Abuse (Chemical Dependency)
- 130.7 Withdrawal Treatments for Narcotic Addictions?
- 160.25 Multiple Electroconvulsive Therapy (MECT)

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 1:

- 50.2.2 Frequency of Billing for Outpatient and Services to FIs

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12:

- 150 Clinical Social Worker (CSW) Services
- 160-160.1 Independent Psychologist Services
- 170-170.1 Clinical Psychologist Services

Coverage Guidance **Coverage Indications, Limitations, and/or Medical Necessity**

Abstract:

This LCD outlines the medical necessity requirements for Part A and Part B services in the fields of psychiatry, psychology, clinical social work, and psychiatric nursing for the diagnosis and treatment of various mental disorders and/or diseases.

Indications:

A. Approved Providers of Service

- a. Physicians (MD/DO)
- b. Clinical psychologists
- c. Clinical Social Workers
- d. Nurse practitioners
- e. Clinical Nurse Specialists
- f. Physician Assistants
- g. Other providers of mental health services licensed or otherwise authorized by the state in which they practice (e.g., licensed clinical professional counselors, licensed marriage and family therapists). These other providers may not bill Medicare directly for their services, but may provide mental health treatment services to Medicare beneficiaries under the "incident to" provision. For more information see the NGS Medical Policy article on Psychological Services Provided "Incident to"

B. General Coverage Requirements:

This section applies to psychiatric services rendered in a hospital outpatient facility, but the medical necessity parameters contained herein may also be applicable to services billed to Part B by individual providers.

Hospital outpatient psychiatric services must be: [1] *incident to a physician's service*, and [2] *reasonable and necessary for the diagnosis or treatment of the patient's condition* (CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 6, Section 70.1). This means the services must be for the purpose of diagnostic study or the services must reasonably be

expected to improve the patient's condition. "Incident to" provisions do not apply to

MEDICAL POLICY CENTER

Psychiatrists (Ps), Psychologists (NPs), Clinical Nurse Specialists (CNSs), Clinical Psychologists (Cps), Clinical Social Workers (CSWs) or Clinical Licensed Master's Social Worker (LMSW). Physician assistants (PAs) are required to perform services under the general supervision of a physician. (See 42 CFR 410.71-76.) Psychiatric services provided incident to a physician's service must be rendered by individuals licensed or otherwise authorized by the State and qualified by their training to perform these services.

Coverage Criteria. The services must meet the following criteria:

Individualized Treatment Plan. The plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. (A plan is not required if only a few brief services will be furnished.)

Reasonable Expectation of Improvement. Services must be for the purpose of diagnostic study or reasonably be expected to improve the patient's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization, and improve or maintain the patient's level of functioning (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1).

It is not necessary that a course of therapy have as its goal restoration of the patient to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some patients. For many other psychiatric patients, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement. "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion would be met (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1).

Some patients may undergo a course of treatment which increases their level of functioning, but then reach a point where further significant increase is not expected (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1). When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary.

Frequency and Duration of Services. There are no specific limits on the length of time that services may be covered. There are many factors that affect the outcome of treatment; among them are the nature of the illness, prior history, the goals of treatment, and the patient's response. As long as the evidence shows that the patient continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice, coverage may be continued (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 70.1).

When a 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.

Mental Health Services provided in a CORF include:

Social and psychological services include the assessment and treatment of a CORF patient's mental health and emotional functioning and the response to, and rate of progress of the patient's rehabilitation plan of treatment including physical therapy services, occupational therapy services, speech-language pathology services and respiratory therapy services.

CORF social and/or psychological covered services are the same, regardless of whether they are provided by a qualified social worker, as defined at 42CFR485.70(l), or a psychologist, as defined at 42CFR485.70(g). Therefore, a CORF may elect to provide these services when they

MEDICAL POLICY CENTER

Note: Partial Hospitalization is a distinct and organized intensive treatment program for patients who would otherwise require inpatient psychiatric care. Partial Hospitalization services are not addressed in this policy.

C. Specific Coverage Requirements:

Information in this part of the policy has been divided into seven (7) sections. These sections address the following CPT/HCPCS procedure codes:

- I. Psychiatric Diagnostic Procedures (90791, 90792)
- II. Interactive Complexity (90785)
- III. Psychotherapy (90832-90838, 90845-90853, 90865)
- IV. Psychotherapy in Crisis (90839-90840)
- V. Psychiatric Somatotherapy (90870)
- VI. Other Psychiatric Services or Procedures (90875, 90876, 90880, 90882, 90885, 90887, 90889)
- VII. Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing) (96105, 96112, 96113, 96116, 96130, 96131, 96136, 96137, 96138, 96139, 96146, and G0451)

Unless otherwise indicated the above codes may be used by psychiatrists or other physicians trained in the treatment of mental illness (MDs/DOs), clinical psychologists, clinical social workers, clinical nurse specialists and other nurses with special training and/or experience in psychiatric nursing beyond the standard curriculum required for a registered nurse (e.g., Masters of Science in psychiatric nursing, or its equivalent [Advanced Registered Nurse Practitioner with a Master's degree in Mental Health, or equivalent to a Master's prepared, certified Clinical Nurse Specialist]).

Section I. Psychiatric Diagnostic Procedures (90791-90792):

Description: The psychiatric diagnostic procedure codes require the elicitation of a complete medical (including past, family, social) and psychiatric history, a mental status examination, establishment of an initial diagnosis, an evaluation of the patient's ability and capacity to respond to treatment, and an initial plan of treatment. Information may be obtained from not only the patient, but also other physicians, healthcare providers, and/or family if the patient is unable to provide a complete history.

Note: Codes 90791 and 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient.

Documentation: The medical record must reflect the elements outlined in the above description and must be rendered by a qualified provider (see "Limitations" subsection below).

Comments: This service may be covered once, at the outset of an illness or suspected illness. It may be utilized again for the same patient if a new episode of illness occurs after a hiatus or on admission or readmission to an inpatient status due to complications of the underlying condition. Certain patients, especially children, may require more than one visit for the completion of the initial diagnostic evaluation. The medical record must support the reason for more than one diagnostic interview.

Section II. Interactive Complexity (90785):



Description: "Interactive complexity refers to specific communication factors that complicate the communication process. Factors include more difficult communication modalities, such as hearing impairment, limited attention span, and engagement of young and verbally undeveloped or impaired patients." (CPT 2013, Professional Edition, p.483)

MEDICAL POLICY CENTER

The interactive complexity component code 90785 may be used in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792) and psychotherapy (90832, 90834, 90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838), and group psychotherapy (90853).

The code is used principally to evaluate children and also adults who do not have the ability to interact through ordinary verbal communication. The healthcare provider uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communication to overcome barriers to therapeutic interaction, or an interpreter for a person who is deaf or one who does not speak the same language as the healthcare provider.

Interactive complexity may also be used in the evaluation of adult patients with organic mental deficits, or for those who are catatonic or mute.

- I. Interactive complexity may be reported with psychotherapy when at least one of the following is present:
- II. Maladaptive communication (eg, high anxiety, high reactivity, repeated questions or disagreement)
- III. Emotional or behavioral conditions inhibiting implementation of treatment plan
- IV. Mandated reporting/event exists (eg, abuse or neglect) or
- V. Play equipment, devices, interpreter, or translator required due to inadequate language expression or different language spoken between patient and professional.

Documentation: The medical record must reflect the elements outlined in the above description and must be rendered by a qualified provider (see "Limitations" subsection below). Additionally, the medical record must include adaptations utilized in the session and the rationale for employing these interactive techniques. The medical record must include treatment recommendations.

Section III. Psychotherapy Psychiatric Therapeutic Procedures (90832-90838, 90845-90853, 90865:

Information in this part of the policy has been subdivided into three (3) sections. These sections address the following CPT/HCPCS procedure codes:

- A. Codes 90832-90838 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy
- B. Codes 90845-90853 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy
- C. Code 90865 represents narcosynthesis for psychiatric diagnostic and/or therapeutic purposes

A. Codes 90832-90838 represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy

Description: Procedures 90832-90838 (psychotherapy) are defined as "the treatment for mental illness and behavioral disturbances in which the physician or other qualified health care professional through definitive therapeutic communication attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development." (CPT 2013, *Professional Edition*, p.485)



Documentation: The medical record must indicate the time spent in the psychotherapy session. The medical record must also indicate the behavior modification, supportive or remedial interventions that were applied to produce a therapeutic change. Behavior

MEDICAL POLICY CENTER

modification is not a separate service, but is an adjunctive measure in psychotherapy. Additionally, a periodic summary of goals, progress toward goals, and an updated treatment plan must be included in the medical record. Prolonged periods of psychotherapy must be well-supported in the medical record describing the necessity for ongoing treatment.

Procedure codes 90832-90838 (psychotherapy for 30 to 60 minutes) – report the code closest to the actual time (i.e., 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838. Procedure codes 90833, 90836 and 90838 are add on codes that should be used in conjunction with evaluation and management (E/M) codes 99201-99239, 99304-99337, 99341-99350.

For psychotherapy sessions lasting 90 minutes or longer, the appropriate prolonged service code should be used (99354-99357). The duration of a course of psychotherapy must be individualized for each patient. Prolonged treatment may be subject to medical necessity review. The provider must document the medical necessity for prolonged treatment.

Comments: While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by persons authorized by their state to render psychotherapy services. Healthcare providers would include: physicians, clinical psychologists, registered nurses with special training (as described in the "Indications" section), and clinical social workers. Medicare coverage of procedure codes 90832-90838 does not include teaching grooming skills, monitoring activities of daily living (ADL), recreational therapy (dance, art, play) or social interaction. Therefore, procedure codes 90832-90838 should not be used to bill for ADL training and/or teaching social interaction skills.

Psychotherapy codes that include an evaluation and management component are payable only to physicians, NPs and CNSs. The evaluation and management component of the services must be documented in the record. A psychotherapy code should not be billed when the service is not primarily a psychotherapy service, that is, when the service could be more accurately described by an evaluation and management or other code.

The duration of a course of psychotherapy must be individualized for each patient. Prolonged treatment may be subject to medical necessity review. The provider must document the medical necessity for prolonged treatment.

B. Codes 90845-90853 represent psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy

Code 90845:

Description: Procedure code 90845 involves the practice of psychoanalysis using special techniques to gain insight into and treat a patient's unconscious motivations and conflicts using the development and resolution of a therapeutic transference to achieve therapeutic effect. It is a different therapeutic modality than psychotherapy.

Documentation: The medical record must document the indications for psychoanalysis, description of the transference, and the psychoanalytic techniques used.

Comments: The physician or other healthcare professional using this technique must be trained by an accredited program of psychoanalysis. 90845 is not time defined, but the service is usually 45 to 50 minutes and is billed once for each daily session.

Codes 90846, 90847, 90849:

Description: Procedure codes 90846, 90847, 90849 describe the treatment of the family unit when maladaptive behaviors of family members are exacerbating the beneficiary's mental illness or interfering with the treatment, or to assist the family in addressing the maladaptive

behaviors of the patient and to improve treatment compliance. Code 90846 is used when the patient is present. Code 90849 is intended for group therapy sessions to support multiple families when similar dynamics are occurring

MEDICAL POLICY CENTER

due to common issues confronted in the family members under treatment.

Documentation: The medical record must document the conditions described under the "Description" and "Comments" sections relative to codes 90846, 90847, and 90849.

Comments: The *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Section 70.1, states that family psychotherapy services are covered only where the primary purpose of such psychotherapy is the treatment of the patient's condition. Examples include:

- When there is a need to observe and correct, through psychotherapeutic techniques, the patient's interaction with family members (90847).
- Where there is a need to assess the conflicts or impediments within the family, and assist, through psychotherapy, the family members in the management of the patient (90846 or 90847).

The term "family" may apply to traditional family members, live-in companions, or significant others involved in the care of the patient. Codes 90846 and 90847 may not be reported for services less than 26 minutes.

Codes 90846 and 90847 do not pertain to consultation and interaction with paid staff members at an institution. Facility staff members are not considered "significant others" for the purposes of this LCD.

Code 90849 represents multiple-family group psychotherapy and is generally non-covered by Medicare. Such group therapy is usually directed to the effects of the patient's condition on the family and its purpose is to support the affected family members. Therefore, code 90849 does not meet Medicare's standards of being a therapy primarily directed toward treating the beneficiary's condition. Claims for 90849 may be approved on an individual consideration basis.

Code 90853:

Description: Code 90853 represents psychotherapy administered in a group setting, involving no more than 12 participants, facilitated by a trained therapist simultaneously providing therapy to these multiple patients. The group therapy session typically lasts 45 to 60 minutes. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support.

Documentation: The record must indicate that the guidelines under the "Description" and "Comments" sections were followed.

Comments: Group therapy, since it involves psychotherapy, must be led by a person who is licensed or otherwise authorized by the state in which he or she practices to perform this service. This will usually mean a psychiatrist, psychologist, clinical social worker, clinical nurse specialist, or other person authorized by the state to perform this service. Registered nurses with special training, as described in the "Indications and Limitations of Coverage and/or Medical Necessity" section, may also be considered eligible for coverage. For Medicare coverage, group therapy does not include: socialization, music therapy, recreational activities, art classes, excursions, sensory stimulation or eating together, cognitive stimulation, or motion therapy, etc.

As a reminder, code 90785 is used when the patient or patients in the group setting do not have the ability to interact by ordinary verbal communication and therefore, non-verbal communication skills are employed or an interpreter may be necessary.



MEDICAL POLICY CENTER

Description: Procedure code 90865 is used for the administration of sedative or tranquilizer drugs, usually intravenously, to relax the patient and remove inhibitions for discussion of subjects difficult for the patient to discuss freely in the fully conscious state.

Documentation: The medical record should document the medical necessity of this procedure (e.g., the patient had difficulty verbalizing their psychiatric problems without the aid of the drug). The record should also document the specific pharmacological agent, dosage administered, and whether the technique was effective or non-effective.

Comments: Use of CPT code 90865 is restricted to physicians (MD/DO) only.

Section IV. Psychotherapy in Crisis 90839-90840

Description: "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." (CPT 2013, Professional Edition, p.486)

Documentation: The record must indicate that the guidelines under the "Description" and "Comments" sections were followed.

Comments: "Codes 90839, 90840 are used to report the total duration of time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide service to any other patient during the same time period. The patient must be present for all or some of the service." (CPT 2013, Professional Edition, p.486)

Section V: Psychiatric Somatotherapy (90870)

Code 90870:

Description: Code 90870, electroconvulsive therapy (ECT), is described as the application of electric current to the brain, through scalp electrodes to produce a seizure. It is used primarily to treat major depressive disorder when antidepressant medication is contraindicated and for certain other clinical conditions.

Comments: When a psychiatrist performs both the ECT and the associated anesthesia, no separate payment is made for the anesthesia. Code 90870 is limited to use by physicians (MD/DO) only.

Section VI: Other Psychiatric Services (90875, 90876, 90880, 90882, 90885, 90887, 90889 and 90899) [CPT codes 90875, 90876 and 90882 are not covered by Medicare:

A. Description: Codes 90875 and 90876 are described as individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with patient), with psychotherapy (e.g., insight-oriented, behavior-modifying or supportive psychotherapy).

Comments: The *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Section 30.1, restricts the use of biofeedback. Medicare does not cover biofeedback for the treatment of psychosomatic disorders.

B. Description: Code 90880 is described as hypnotherapy. Hypnosis is an artificially induced alteration of consciousness in which the patient is in a state of increased suggestibility.

Documentation: Claims must be submitted with a covered diagnosis.

C. Description: Code 90885 is used when a physician or advanced mental health practitioner is asked to do a review of records for psychiatric evaluation without direct patient contact. This may be accomplished at the request of an agency or peer review organization. It may also be employed as part of an overall evaluation of a patient's psychiatric illness or suspected psychiatric illness, to aid in the diagnosis and/or treatment plan.

D. Description: Code 90887 is used when the treatment of the patient may require explanations to the family, employers, or other involved persons for their support in the therapy process. This may include reporting of examinations, procedures, and other accumulated data.

E. Description: Code 90889 involves preparation of reports for insurance companies, agencies, courts, etc.

Comments: Codes 90885, 90887, and 90889 represent administrative services that do not involve face to face contact with the patient and are considered bundled services and are not separately payable by Medicare.

F. Description: Code 90899 is defined as "unlisted psychiatric service or procedure" and should not be used if the service is described by one of the above specified codes. Psychiatric procedures billed using code 90899 may be covered on an individual consideration basis.

Section VII: Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing) (96105, 96112, 96113, 96116, 96121, 96130, 96131, 96136, 96137, 96138, 96139, 96146, and G0451) requires the submission of any ICD-10CM Code that is consistent with the indications of coverage.

A. Description: Codes 96130, 96131, 96136, 96137, 96138, and 96139 (psychological testing) include the administration, interpretation, and scoring of the tests mentioned in the CPT descriptions and other medically accepted tests for evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation, and other factors influencing treatment and prognosis.

Documentation: The medical record must indicate the presence of mental illness or signs of mental illness for which psychological testing is indicated as an aid in the diagnosis and therapeutic planning. The record must show the tests performed, scoring and interpretation, as well as the time involved.

Comments: These codes do not represent psychotherapeutic modalities, but are diagnostic aids. Use of such tests when mental illness is not suspected would be a screening procedure not covered by Medicare. Each test performed must be medically necessary. Therefore, standardized batteries of tests are not acceptable unless each test in the battery is medically necessary.

Changes in mental illness may require psychological testing to determine new diagnoses or the need for changes in therapeutic measures. Repeat testing not required for diagnosis or continued treatment would be considered medically unnecessary. Nonspecific behaviors that do not indicate the presence of, or change in, a mental illness would not be an acceptable indication for testing. Psychological or psychiatric evaluations that can be accomplished through the clinical interview alone (e.g., response to medication) would not require psychological testing, and such testing might be considered as medically unnecessary. Adjustment reactions or dysphoria associated with moving to a nursing facility do not constitute medical necessity for psychological testing.

B. Description: Codes 96105, 96116, 96132, 96133, 96136, 96137, 96138, 96139, and G0451 are defined by their CPT narratives. Code 96105 represents the formal evaluation of aphasia using



a psychometric instrument such as the Boston Diagnostic Aphasia Examination. This testing is intended to be used only when there is a medical necessity for such testing should be documented in the medical record. Re-evaluation should be performed if there is a significant change in the patient's aphasic condition.

Codes 96132, 96133, 96136, 96137, 96138, 96139, and 96146 describe testing which is intended to diagnose and characterize the neurocognitive effects of medical disorders that impinge directly or indirectly on the brain. Examples of problems that might lead to neuropsychological testing are:

1. Detection of neurologic diseases based on quantitative assessment of neurocognitive abilities (e.g., mild head injury, anoxic injuries, AIDS dementia)
2. Differential diagnosis between psychogenic and neurogenic syndromes
3. Delineation of the neurocognitive effects of central nervous system disorders
4. Neurocognitive monitoring of recovery or progression of central nervous system disorders; or
5. Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders.

Documentation: The medical record must document that the guidelines outlined in the "Description" and "Comments" sections were followed.

Comments: The content of neuropsychological testing procedures differs from that of psychological testing in that neuropsychological testing consists primarily of individually administered ability tests that comprehensively sample cognitive and performance domains that are known to be sensitive to the functional integrity of the brain (e.g., abstraction, memory and learning, attention, language, problem solving, sensorimotor functions, constructional praxis, etc.). These procedures are objective and quantitative in nature and require the patient to directly demonstrate his/her level of competence in a particular cognitive domain. Neuropsychological testing does not rely on self-report questionnaires such as the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), rating scales such as the Hamilton Depression Rating Scale, or projective techniques such as the Rorschach or Thematic Apperception Test (TAT) when questions of how brain damage or degenerative disease processes (e.g. right hemisphere CVA) may be affecting emotional expression or how significant emotional distress or mood impairment might be affecting cognitive function (e.g. question of presence of "pseudodementia") arise.

Typically, psychological testing will require from four (4) to six (6) hours to perform, including administration, scoring and interpretation. Supporting documentation in the medical record must be present to justify greater than 8 hours per patient per evaluation. If the testing is done over several days, the testing time should be combined and reported all on the last date of service. If the testing time exceeds eight (8) hours, medical necessity for extended time should be documented. Medical records may be requested.

Limitations:

Severe and profound intellectual disabilities (ICD-10-CM codes F72, F73, and F79) are never covered for psychotherapy services or psychoanalysis (CPT codes 90832-90840, 90845-90849 and 90853). In such cases, rehabilitative, evaluation and management (E/M) codes should be reported.

Patients with dementia represent a very vulnerable population in which co-morbid psychiatric conditions are common. However, for such a patient to benefit from psychotherapy services requires that their dementia be mild (e.g., Mini Mental Status Examination score above 15) and that they retain their capacity to recall the therapeutic encounter from one session, individual or group, to another. This capacity to meaningfully benefit from psychotherapy must be documented in the medical record. Psychotherapy services are not covered when

documentation indicates that dementia has produced a severe enough cognitive defect to

MEDICAL POLICY CENTER

Any diagnostic or psychotherapeutic procedure rendered by a practitioner not practicing within the scope of his/her licensure or other State authorization will be denied.

Psychiatric services billed under the hospital outpatient benefit must be provided in distinct outpatient settings. Outpatient hospital services provided in conjunction with inpatient services, or under the auspices of an excluded inpatient unit, residential treatment center, residential facility, or skilled nursing facility, are not in compliance with Medicare regulations and payment will be denied. Payment may be made for psychiatric services in these settings by individual providers billing Part B.

The following services do not represent reasonable and necessary outpatient psychiatric services and/or coverage is excluded under section 1862(a)(1)(A) of the Social Security Act:

- day care programs, which provide primarily social, recreational, or diversional activities, custodial or respite care;
- programs attempting to enhance emotional wellness, e.g., day care programs;
- services to a skilled nursing facility resident that should be expected to be provided by the nursing facility staff;
- vocational training when services are related solely to specific employment opportunities, work skills, or work settings;
- biofeedback training for psychosomatic conditions;
- recovery meetings such as Alcoholics Anonymous, 12 Step, Al Anon, Narcotics Anonymous, due to their free availability in the community;
- telephone calls to patients, collateral resources and agencies;
- evaluation of records, reports, tests, and other data;
- explanation of results to family, employers, or others;
- preparation of reports for agencies, courts, schools, or insurance companies, etc. for medicolegal or informational purposes;
- screening procedures provided routinely to patients without regard to the signs and symptoms of the patient's mental illness.

The following services are excluded from the scope of outpatient hospital psychiatric services defined in Section 1927(k) of the Social Security Act:

- services to hospital inpatients;
- meals, transportation;
- supervision or administration of self-administered medications and supplying medications for home use.

Evaluations of the mental status that can be performed within the clinical interview, such as a list of questions concerning symptoms of depression or organic brain syndrome, corresponding to brief questionnaires such as the Folstein Mini Mental Status Examination or the Beck Depression Scale, should not be billed as psychological testing, but are considered included in the clinical interview.

Adjustment reactions or dysphoria associated with moving to a nursing facility do not constitute medical necessity for psychological testing. However, if a more serious mood disorder (e.g., major depression) is suspected upon admission to a nursing facility, psychological or neuropsychological testing may be indicated for differential diagnostic purposes and to develop appropriate treatment planning.



Routine testing of nursing home patients is considered screening and is not covered.

MEDICAL POLICY CENTER

Medical services are covered when medically necessary. A standard battery of tests is only medically necessary if each individual test in the battery is medically necessary.

The psychological testing codes should not be reported by the treating physician for only reading the testing report generated by another clinician or explaining the results of a neuropsychological assessment generated by another clinician to the patient or family. Payment for these services is included in the payment for other services rendered to the patient, including both services provided by neuropsychologists and psychologists and evaluation and management services billed provided by physicians, e.g., neurologists, rehabilitation medicine physicians, and psychiatrists.

Payment for psychological testing is limited to physicians, clinical psychologists, and on a limited basis, to qualified non-physician practitioners (e.g., speech language pathologists for aphasia evaluation).

General Comments Regarding Coverage of Outpatient Hospital Diagnostic and Therapeutic Services:

Therapeutic services defined as hospital services and provided by a hospital on an outpatient basis are incident to the services of physicians in the treatment of patients.

To be covered as incident to physicians' services, the services and supplies must be furnished by the hospital or CAH or under arrangement made by the hospital or CAH (see section 20.1.1 of this chapter). The services and supplies must be furnished as an integral, although incidental, part of the physician or nonphysician practitioner's professional service in the course of treatment of an illness or injury. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 20.5.2).

The services and supplies must be furnished under the order of a physician or other practitioner practicing within the extent of the Act, the Code of Federal Regulations, and State law, and furnished by hospital personnel under the supervision of a physician or nonphysician practitioner as defined at 42 CFR 410.27(f) and 482.12. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 20.5.2).

When the hospital makes arrangements with others for diagnostic services, such services are covered under Part B as diagnostic tests whether furnished in the hospital or in other facilities. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 20.4.6).

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Bill Type Code	Description
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Bill Type Code	Description
MEDICAL POLICY CENTER	
013x	Hospital Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

Providers submitting claims with bill type 12X are to report revenue code 0918 (psychiatric / psychological testing).

Revenue Code	Description
0900	Behavioral Health Treatment/Services - General Classification
0901	Behavioral Health Treatment/Services - Electroshock Treatment
0914	Behavioral Health Treatment/Services - Individual Therapy
0915	Behavioral Health Treatment/Services - Group Therapy
0916	Behavioral Health Treatment/Services - Family Therapy
0918	Behavioral Health Treatment/Services - Testing

CPT/HCPCS Codes

Group 1 Paragraph:

CPT code 90863 is invalid for Medicare

Group 1 Codes:

CPT/HCPCS Code	Description
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx w pt 30 minutes
90833	Psytx w pt w e/m 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w e/m 45 min
90837	Psytx w pt 60 minutes
90838	Psytx w pt w e/m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min



CPT/HCPCS Code	Description
90846	Family psytx w/o pt 50 min
90847	Family psytx w/pt 50 min
90849	Multiple family group psytx
90853	Group psychotherapy
90863	Pharmacologic mgmt w/psytx
90865	Narcosynthesis
90870	Electroconvulsive therapy
90880	Hypnotherapy
90885	Psy evaluation of records
90887	Consultation with family
90889	Preparation of report
90899	Psychiatric service/therapy
96105	Assessment of aphasia
96112	Devel tst phys/qhp 1st hr
96113	Devel tst phys/qhp ea addl
96116	Nubhvl xm phys/qhp 1st hr
96121	Nubhvl xm phy/qhp ea addl hr
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Nrpsyc tst eval phys/qhp 1st
96133	Nrpsyc tst eval phys/qhp ea
96136	Psycl/nrpsyc tst phy/qhp 1st
96137	Psycl/nrpsyc tst phy/qhp ea
96138	Psycl/nrpsyc tech 1st
96139	Psycl/nrpsyc tst tech ea
96146	Psycl/nrpsyc tst auto result
G0451	Devlopment test interpt&rep

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Psychiatric Diagnoses:

Group 1 Codes:

ICD-10 Code	Description
B20	Human immunodeficiency virus [HIV] disease
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance

MEDICAL POLICY CENTER

ICD-10 Code	Description
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnesic disorder
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder



MEDICAL POLICY CENTER

ICD-10 Code	Description
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.11	Opioid abuse, in remission
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.14	Opioid abuse with opioid-induced mood disorder
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder



MEDICAL POLICY CENTER

ICD-10 Code	Description
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.988	Opioid use, unspecified with other opioid-induced disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium
F13.14	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions



MEDICAL POLICY CENTER

ICD-10 Code	Description
	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.921	Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F13.94	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F13.950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified



MEDICAL POLICY CENTER

ICD-10 Code	Description
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F13.99	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F14.10	Cocaine abuse, uncomplicated
F14.11	Cocaine abuse, in remission
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.14	Cocaine abuse with cocaine-induced mood disorder
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations



ICD-10 Code	Description
MEDICAL POLICY CENTER	
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.11	Other stimulant abuse, in remission
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.121	Other stimulant abuse with intoxication delirium
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction



MEDICAL POLICY CENTER

ICD-10 Code	Description
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.11	Hallucinogen abuse, in remission
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.921	Hallucinogen use, unspecified with intoxication with delirium
F16.94	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F17.203	Nicotine dependence unspecified, with withdrawal
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders



MEDICAL POLICY CENTER

ICD-10 Code	Description
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.17	Inhalant abuse with inhalant-induced dementia
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.27	Inhalant dependence with inhalant-induced dementia
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.94	Inhalant use, unspecified with inhalant-induced mood disorder
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
F19.11	Other psychoactive substance abuse, in remission
F19.121	Other psychoactive substance abuse with intoxication delirium
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances



MEDICAL POLICY CENTER

ICD-10 Code	Description
	Other psychoactive substance-induced mood disorder
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnesic disorder
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnesic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions



ICD-10 Code	Description
MEDICAL POLICY CENTER	
	with psychotic disorder with hallucinations

F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnesic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild



MEDICAL POLICY CENTER

ICD-10 Code	Description
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F39	Unspecified mood [affective] disorder
F40.00	Agoraphobia, unspecified



MEDICAL POLICY CENTER

ICD-10 Code	Description
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor



MEDICAL POLICY CENTER

ICD-10 Code	Description
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.82	Avoidant/restrictive food intake disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F51.01	Primary insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysiologic insomnia
F51.05	Insomnia due to other mental disorder
F51.09	Other insomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.8	Other sleep disorders not due to a substance or known physiological condition
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.21	Male erectile disorder
F52.22	Female sexual arousal disorder
F52.31	Female orgasmic disorder
F52.32	Male orgasmic disorder
F52.4	Premature ejaculation



MEDICAL POLICY CENTER

ICD-10 Code	Description
F52.6	Dyspareunia not due to a substance or known physiological condition
F52.8	Other sexual dysfunction not due to a substance or known physiological condition
F52.9	Unspecified sexual dysfunction not due to a substance or known physiological condition
F53.0	Postpartum depression
F53.1	Puerperal psychosis
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.81	Intermittent explosive disorder
F63.9	Impulse disorder, unspecified
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
F65.1	Transvestic fetishism
F65.2	Exhibitionism
F65.4	Pedophilia
F68.11	Factitious disorder imposed on self, with predominantly psychological signs and symptoms
F68.13	Factitious disorder imposed on self, with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder



MEDICAL POLICY CENTER

ICD-10 Code	Description
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F89	Unspecified disorder of psychological development
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F93.0	Separation anxiety disorder of childhood
F93.8	Other childhood emotional disorders
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F95.0	Transient tic disorder
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F95.8	Other tic disorders
F95.9	Tic disorder, unspecified
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
F98.4	Stereotyped movement disorders
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
G21.0	Malignant neuroleptic syndrome



MEDICAL POLICY CENTER

ICD-10 Code	Description
G21.19	Other drug induced secondary parkinsonism
G21.2	Secondary parkinsonism due to other external agents
G21.3	Postencephalitic parkinsonism
G21.8	Other secondary parkinsonism
G21.9	Secondary parkinsonism, unspecified
G24.02	Drug induced acute dystonia
G24.4	Idiopathic orofacial dystonia
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G47.00	Insomnia, unspecified
G47.411	Narcolepsy with cataplexy
G47.419	Narcolepsy without cataplexy
G47.421	Narcolepsy in conditions classified elsewhere with cataplexy
G47.429	Narcolepsy in conditions classified elsewhere without cataplexy
G47.51	Confusional arousals
G93.1	Anoxic brain damage, not elsewhere classified
H93.25	Central auditory processing disorder
R37	Sexual dysfunction, unspecified
R40.0	Somnolence
R40.1	Stupor
R41.0	Disorientation, unspecified
R45.7	State of emotional shock and stress, unspecified
R45.850	Homicidal ideations
R45.851	Suicidal ideations
S06.9X9A - S06.9X9S	Concussion without loss of consciousness, initial encounter - Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
T14.91XA	Suicide attempt, initial encounter
T14.91XD	Suicide attempt, subsequent encounter
T14.91XS	Suicide attempt, sequela
T74.02XA	Child neglect or abandonment, confirmed, initial encounter
T74.02XD	Child neglect or abandonment, confirmed, subsequent encounter
T74.02XS	Child neglect or abandonment, confirmed, sequela
T74.11XA	Adult physical abuse, confirmed, initial encounter
T74.11XD	Adult physical abuse, confirmed, subsequent encounter
T74.11XS	Adult physical abuse, confirmed, sequela
T74.12XA	Child physical abuse, confirmed, initial encounter
T74.12XD	Child physical abuse, confirmed, subsequent encounter
T74.12XS	Child physical abuse, confirmed, sequela
T74.21XA	Adult sexual abuse, confirmed, initial encounter



ICD-10 Code	Description
MEDICAL POLICY CENTER	
T74.21XS	Adult sexual abuse, confirmed, sequela
T74.22XA	Child sexual abuse, confirmed, initial encounter
T74.22XD	Child sexual abuse, confirmed, subsequent encounter
T74.22XS	Child sexual abuse, confirmed, sequela
T76.02XA	Child neglect or abandonment, suspected, initial encounter
T76.02XD	Child neglect or abandonment, suspected, subsequent encounter
T76.02XS	Child neglect or abandonment, suspected, sequela
T76.11XA	Adult physical abuse, suspected, initial encounter
T76.11XD	Adult physical abuse, suspected, subsequent encounter
T76.11XS	Adult physical abuse, suspected, sequela
T76.12XA	Child physical abuse, suspected, initial encounter
T76.12XD	Child physical abuse, suspected, subsequent encounter
T76.12XS	Child physical abuse, suspected, sequela
T76.21XA	Adult sexual abuse, suspected, initial encounter
T76.21XD	Adult sexual abuse, suspected, subsequent encounter
T76.21XS	Adult sexual abuse, suspected, sequela
T76.22XA	Child sexual abuse, suspected, initial encounter
T76.22XD	Child sexual abuse, suspected, subsequent encounter
T76.22XS	Child sexual abuse, suspected, sequela

Group 2 Paragraph:
Other Medical Diagnoses Not Included in DSM-IV™:

Group 2 Codes:

ICD-10 Code	Description
A50.40	Late congenital neurosyphilis, unspecified
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
B20	Human immunodeficiency virus [HIV] disease
F03.90	Unspecified dementia without behavioral disturbance
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F07.9	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F48.2	Pseudobulbar affect
F81.0	Specific reading disorder
F81.81	Disorder of written expression
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified



MEDICAL POLICY CENTER

ICD-10 Code	Description
G31.09	Other frontotemporal dementia
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated
G31.85	Corticobasal degeneration
G31.9	Degenerative disease of nervous system, unspecified
G93.1	Anoxic brain damage, not elsewhere classified
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.310	Attention and concentration deficit following cerebral infarction
I69.311	Memory deficit following cerebral infarction
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction
I69.313	Psychomotor deficit following cerebral infarction
I69.314	Frontal lobe and executive function deficit following cerebral infarction
I69.315	Cognitive social or emotional deficit following cerebral infarction
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69.810	Attention and concentration deficit following other cerebrovascular disease
I69.811	Memory deficit following other cerebrovascular disease



ICD-10 Code	Description
MEDICAL POLICY CENTER	
I69.813	Psychomotor deficit following other cerebrovascular disease
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease
I69.911	Memory deficit following unspecified cerebrovascular disease
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
I69.913	Psychomotor deficit following unspecified cerebrovascular disease
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
R41.0	Disorientation, unspecified
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R47.01	Aphasia
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.82	Fluency disorder in conditions classified elsewhere
R47.89	Other speech disturbances
R47.9	Unspecified speech disturbances
R48.0	Dyslexia and alexia
R49.1	Aphonia
S06.9X9S - S06.9X9A	Concussion without loss of consciousness, initial encounter - Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela

Group 3 Paragraph:

Medicare coverage for CPT code 90845 Psychoanalysis includes the following diagnosis codes:

Group 3 Codes:

ICD-10 Code	Description
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features



ICD-10 Code	Description
	Major depressive disorder, recurrent, in remission, unspecified
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F34.1	Dysthymic disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F42.9	Mixed obsessional thoughts and acts - Obsessive-compulsive disorder, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F93.0	Separation anxiety disorder of childhood
R45.850	Homicidal ideations
R45.851	Suicidal ideations

Group 4 Paragraph:



MEDICAL POLICY CENTER

Group 4 Codes:

ICD-10 Code	Description
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.9	Dissociative and conversion disorder, unspecified
F45.41	Pain disorder exclusively related to psychological factors



ICD-10 Code	Description
R45.7	State of emotional shock and stress, unspecified

MEDICAL POLICY CENTER

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

Severe and profound intellectual disabilities (ICD-10-CM codes F72, F73, and F79) are never covered for psychotherapy services or psychoanalysis (CPT codes 90832-90840, 90845-90849 and 90853). In such cases, rehabilitative, evaluation and management (E/M) codes should be reported.

Group 1 Codes:

ICD-10 Code	Description
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F79	Unspecified intellectual disabilities

Additional ICD-10 Information

N/A

General Information

Associated Information

N/A

Sources of Information

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
07/01/2019	R17	<p>The LCD was revised to clarify that severe and profound intellectual disabilities are never covered for psychotherapy services or psychoanalysis. The following ICD-10-CM codes were removed from Psychiatric Diagnoses Group 1 and added to ICD-10 Codes that DO NOT Support Medical Necessity Group 1: F72, F73, and F79.</p> <p>A typographical error was corrected in Coverage Indications, Limitations and/or Medical Necessity.</p> <p>07/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Provider Education/Guidance Typographical Error
01/01/2019	R16	<p>Based on a Practitioner request the following ICD-10-CM codes have been added to ICD-10 Codes that Support Medical Necessity Group 1 and Group 2: B20, G93.1, and S06.0X0A – S06.9X9S.</p> <p>01/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B)
01/01/2019	R15	<p>LCD revised for annual CPT/HCPCS updates, the following CPT/HCPCS codes were deleted from Group 1: 96101, 96102, 96103, 96111,</p>	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes Typographical Error



MEDICAL POLICY CENTER

		<p>96118, 96119, and 96120. The following CPT/HCPCS codes were added to Group 1: 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96146. Based on the CPT/HCPCS annual update, in Group 1 CPT/HCPCS section the description for the following code has been changed: 96116. Reference to CMS Publication 100-02, section 20.5.3 was corrected to section 20.5.2</p> <p>01/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
10/01/2018	R14	<p>Due to the annual ICD-10-CM update, ICD-10 code F53 was deleted from the "ICD-10 Codes that Support Medical Necessity" section Group 1 and replaced by codes F53.0, and F53.1</p> <p><i>10/01/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2017	R13	<p>Due to the annual ICD-10-CM update, the following ICD-10 codes were added to the ICD-10 Codes that Support Medical Necessity section-Group1: F10.11, F11.11, F12.11, F13.11, F14.11, F15.11, F16.11, F18.11, F19.11, F50.82, T14.91XA, T14.91XD, and T14.91XS.</p> <p><i>DATE (10/01/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
08/01/2017	R12	<p>Attached existing Medical Policy Article (A52825)- Psychological Services Coverage under the Incident</p>	<ul style="list-style-type: none"> Provider Education/Guidance



MEDICAL POLICY CENTER

to Provision for Physicians
non-physicians.

DATE (08/01/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.

01/01/2017

R11

Added Clinical Licensed Master's Social Workers (LMSWs) to the following section: Hospital outpatient psychiatric services must be: [1] *incident to a physician's service, and* [2] *reasonable and necessary for the diagnosis or treatment of the patient's condition* (CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 6, Section 70.1). This means the services must be for the purpose of diagnostic study or the services must reasonably be expected to improve the patient's condition. "Incident to" provisions do not apply to professional services performed by Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Clinical Psychologists (CPs), Clinical Social Workers (CSWs) or Clinical Licensed Master's Social Workers (LMSWs). Physician assistants (PAs) are required to perform services under the general supervision of a physician. (See 42 CFR 410.71-76.) Psychiatric services provided incident to a physician's service must be rendered by individuals licensed or otherwise authorized by the State and qualified by their training to perform these services.

- Provider Education/Guidance

01/01/2017

R10

Revised the following language under Codes 90846, 90847, 90849 section from "The term "family" may apply to traditional family members, live-in companions, or significant others involved in the care of the patient are not timed but are typically 45 to 60 minutes in duration." to "The term "family" may apply to traditional family members, live-in companions, or significant others involved in the care of the patient may

- Revisions Due To CPT/HCPCS Code Changes



MEDICAL POLICY CENTER

		not be reported for services less than 26 minutes. Due to the CPT/HCPCS annual update, the descriptions in Group 1 CPT/HCPCS section for the following codes have been changed: 90832, 90833, 90834, 90836, 90837, 90838, 90846, and 90847.	
10/01/2016	R9	Added ICD-10-CM diagnosis code range F42.2-F42.9 to the ICD-10 Codes that Support Medical Necessity section, Group 3 due to the annual ICD-10-CM update.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2016	R8	Added multiple ICD-10-CM codes to the ICD-10 Codes that Support Medical Necessity section, Groups 1 and 2, due to the annual ICD-10-CM update.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R7	Clarified the ICD-10 Codes that Support Medical Necessity section by adding CPT code 90845 Psychoanalysis to the paragraph in Group 3 and by adding CPT code 90880 Hypnotherapy to the paragraph in Group 4. Added ICD-10-CM diagnosis code F64.1 to the "ICD-10 Codes that Support Medical Necessity" section, Group 1, effective for services rendered on or after 10/01/2015.	<ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B)
10/01/2015	R6	Added ICD-10-CM codes F41.8 and F43.20 to Group 1, "ICD-10 Codes that Support Medical Necessity" section, effective for services rendered on or after 10/01/2015	<ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B)
10/01/2015	R5	Added the ICD-10-CM unspecified codes that were equivalent to the ICD-9-CM unspecified codes present in the retired ICD-9-CM policy. Added asterisks to ICD-10-CM codes F72*, F73*, and F79* with the following explanatory note: " Please see Limitations section above regarding ICD-10-CM codes F72, F73, and F79".	<ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B)
10/01/2015	R4	ICD-10 codes were revised to add T74.22XD, and T74.22XS where the 7th digit, A=initial encounter, was already included.	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R3	ICD-10 codes were revised to add the 7th digit for D=subsequent encounter and S=sequela, where the 7th digit, A=initial encounter, was already included.	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R2	The ICD-10-CM version of the	<ul style="list-style-type: none"> Provider



MEDICAL POLICY CENTER

10/01/2015	R1	LCD has been updated to incorporate changes in the ICD-10-CM version.	Education/Guidance
		The following ICD-10-CM diagnosis codes were added to the "Other Medical Diagnoses Not Included in DSM-IV™ section": I69.01, I69.11, I69.21, I69.31, I69.81, I69.91, G31.84, G31.9, effective for services rendered on or after 10/01/2015.	<ul style="list-style-type: none">• Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

[A52825 - Psychological Services Coverage under the Incident to Provision for Physicians and Non-physicians – Medical Policy Article](#)

Related National Coverage Documents

N/A

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Keywords

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