



SECUR

SECUR Health Plan
POLICY AND PROCEDURE
MANUAL

Page
1 of 9

UM-CDG-076 Outpatient Mental Health Services

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address outpatient mental health services. Psychiatry and psychology are specialized fields for the diagnosis and treatment of various mental health disorders and/or diseases.

Please note that 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 coverage determination guideline.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Interactive Complexity: refers to communication difficulties during the psychiatric procedure. When performed with psychotherapy, this component relates only to the increased work intensity of the psychotherapy services but does not change the time for the psychotherapy service.

Psychotherapy: the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the member and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourages personality growth and development or support current evaluation of functioning.

Psychoanalysis: refers to using special techniques to gain insight into and treat a member's unconscious motivations and conflicts using the developmental and resolution of a therapeutic transference to achieve therapeutic effect.

Narcosynthesis: the administration of a sedative or tranquilizer drug or drugs, usually intravenously, to relax the member and remove inhibitions for discussion of subjects difficult for the member to discuss freely in a fully conscious state. *This is restricted to use by physicians (MD, DO) only.*

Hypnotherapy: artificially induced alteration of consciousness where the member is in a state of increased suggestibility.

POLICY

SECUR Health Plan will follow the following coverage guidance for mental health services:

While a variety of psychiatric/ psychotherapeutic techniques are recognized for coverage, the services must be performed by persons authorized by Medicare and licensed by their state to render these services.

Hospital outpatient services must be for the purpose of diagnostic study or the services must be reasonably expected to improve the member's condition, when their ancillary services and supplies provided incident to comply with state law and meet requirements below:

1. Services and supplies are integral to the member's normal treatment course and the physician or other listed non-physician practitioner (NPP) personally provided an initial service and remain actively involved in the treatment, and
2. The practitioner commonly provides services and supplies without charge, and
3. Services and supplies are an expense to the physician or other listed NPP, and
4. Services and supplies are commonly offered in the physician's or other listed NPP's office or clinic.

Services must be for the purpose of diagnostic study or reasonably be expected to improve the member's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms to prevent relapse or hospitalization and improve or maintain the patient's level of functioning.

When stability can be maintained without further treatment or with less intensive treatment, the psychological services are no longer medically necessary.

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 member's response. As long as the evidence shows that the member 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.

When a member 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.

Psychiatric Diagnostic Evaluation

A psychiatric diagnostic evaluation is an integrated assessment that includes history, mental status and recommendations. It may include communicating with the family and ordering further diagnostic studies. A psychiatric diagnostic evaluation with medical services includes a psychiatric diagnostic evaluation and a medical assessment. It may require a physical exam, communication with the family, prescription medications and ordering laboratory or other diagnostic studies. A psychiatric diagnostic evaluation with medical services also includes physical examination elements.

Patients may need an evaluation and diagnosis by a multidisciplinary team prior to implantation of peripheral and central nervous system stimulators for chronic intractable pain. SECUR Health Plan will follow [NCD 160.7](#) Electrical Nerve Stimulators in these instances.

Interactive Complexity

Interactive Complexity refers to communication difficulties during the psychiatric procedure.

When performed with psychotherapy, the interactive complexity component relates only to the increased work intensity of the psychotherapy service but does **not** change the time for the psychotherapy service.

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

Interactive complexity may be reported with psychotherapy when at least one of the following is present:

- I. Maladaptive communication (eg, high anxiety, high reactivity, repeated questions or disagreement)
- II. Emotional or behavioral conditions inhibiting implementation of treatment plan
- III. Mandated reporting/event exists (eg, abuse or neglect) or
- IV. Play equipment, devices, interpreter, or translator required due to inadequate language expression or different language spoken between patient and professional.

The medical record for interactive complexity reported with the psychiatric procedures must indicate that the person being evaluated does not have the ability to interact through normal verbal communicative channels, include adaptations utilized in the session and the rationale for employing these interactive techniques, and recommendations for future care.

Psychotherapy

Psychotherapy is defined as the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or support current evaluation of functioning. Psychotherapy services include ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family member(s) or others in the treatment process. Although maintenance per se is not covered, helping a patient maintain his/her highest level of functioning, such as a patient with borderline personality disorder, may be covered on a case-by-case basis. These case-by-case considerations must be supported by the evaluation and a plan with clearly identified goal(s).

Psychotherapy time may include face to face time with family members if the member is present for part of the service.

Insight Oriented, behavior modifying supportive, and/or interactive psychotherapy

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

Psychotherapy for Crisis

These psychotherapy services are provided to a member who presents in high distress with complex or life-threatening circumstances that require immediate attention.

Documentation for Psychotherapy Services

The medical record must indicate the time spent in the psychotherapy encounter and the therapeutic maneuvers, such as behavior modification, supportive or interpretive interactions that were applied to produce a therapeutic change.

Behavior 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 supporting documentation provided with the authorization request.

Prolonged treatment must be well supported by the content of the supporting documentation. Documentation must be present with the request supporting the medical necessity for ongoing treatment.

To establish medical necessity of the service, covered diagnosis information must be supplied with the authorization request.

Family Psychotherapy

In certain types of medical conditions, including when a member is withdrawn and uncommunicative due to a mental disorder for example, the provider may contact relatives and close associates to secure background information to assist in diagnosis and treatment planning.

Family psychotherapy services are covered only where the primary purpose of such psychotherapy is the treatment of the member's condition. Examples include:

1. When there is a need to observe and correct, through psychotherapeutic techniques, the member's interaction with family members and/or
2. 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 member.

Group Psychotherapy

Group Psychotherapy is psychotherapy administered in a group setting with a trained therapist simultaneously providing therapy to several patients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support. To establish medical necessity of the service, requests must be submitted with a covered diagnosis.

Group therapy, since it involves psychotherapy, must be led by a person who is authorized by state statute to perform this service. This will usually mean a physician, clinical psychologist, clinical social worker, physician assistant, certified nurse practitioner, clinical nurse specialist, or other person authorized by the state to perform this service.

Limitations for Psychotherapy

While a variety of psychotherapeutic techniques are recognized for coverage, the services must be performed by persons authorized by their state to render psychotherapy services.

Psychotherapy services does not include teaching grooming skills, monitoring activities of daily living (ADL), recreational therapy (dance, art, play) or social interaction. It also does not include oversight activities such as housing, or financial management.

Severe and profound mental retardation is never covered for psychotherapy services.

Psychotherapy services are not covered when documentation indicates that senile dementia has produced a severe enough cognitive defect to prevent psychotherapy from being effective.

Multiple-family group psychotherapy is for those situations where family dynamics are occurring due to a commonality of problems in the family members under treatment and would generally be non-covered by Medicare and therefore, will not be covered by SECUR Health Plan. Such group therapy is directed to the effects of the member's condition on the family, and does not meet Medicare's standards of being part of the provider personal services to the member.

Group therapy does not include socialization, music therapy, recreational activities, art classes, excursions, sensory stimulation or eating together, cognitive stimulation, or motion therapy.

Self-help groups or support groups without a qualified professional present are not covered. When covered the group size should be of a size that can be successfully led (e.g., maximum of 12 people).

Psychoanalysis

The practice of psychoanalysis is using special techniques to gain insight into and treat a member'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.

The supporting documentation must document the indications for psychoanalysis, description of the transference, and the psychoanalytic techniques used. To establish medical necessity of the service, requests must be submitted with a covered diagnosis.

The provider using this technique must be trained by an accredited program of psychoanalysis.

Narcosynthesis

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

The supporting documentation should document the medical necessity of this procedure (e.g., the member had difficulty verbalizing his/her psychiatric problems without the aid of the drug). The documentation should also document the specific pharmacological agent, dosage administered, and whether the technique was effective or non-effective.

Narcosynthesis is restricted to physicians (MD, DO) only.

Hypnotherapy

Hypnosis is an artificially induced alteration of consciousness in which the member is in a state of increased suggestibility. To establish medical necessity of the service, requests must be submitted with a covered diagnosis. Hypnosis may be used for diagnostic or therapeutic purposes.

Central Nervous System Assessment and Testing

Psychological testing includes the administration, interpretation, and scoring of the tests and other medically accepted tests for evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation, and other factors influencing treatment and prognosis. These tests 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 and will not be covered by SECUR Health Plan. 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.

Neuro-Cognitive, Mental Status, and Speech Testing

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.

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 member 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. Supporting documentation will be required.

Severe and profound intellectual disabilities are never covered for psychotherapy services or psychoanalysis.

Members with dementia represent a very vulnerable population in which co-morbid psychiatric conditions are common. However, for such a member 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 supporting documentation. Psychotherapy services are not covered when documentation indicates that dementia has produced a severe enough cognitive defect to prevent psychotherapy from being effective.

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 requests will be denied.

For all outpatient mental health services, documentation to support the request must show the member's capacity to participate in and benefit from psychotherapy, if this is the chosen treatment. This may be evidenced by providing the Brief Interview for Mental Status (BIMS), indicating a score greater than or equal to 13 and/or the Mini-Mental State Examination (MMSE), indicating a score greater than or equal to 15. The estimated duration of treatment (number of sessions) should be specified. There should be documentation provided that establishes that treatment is expected to improve the health status or function of the member.

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) are not covered by Medicare and are therefore not covered by SECUR Health Plan. Medicare does not cover biofeedback for the treatment of psychosomatic disorders.

The following services do not represent reasonable and necessary outpatient psychiatric services:

- 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:

- 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.

Each psychological test administered must be individually medically necessary. A standard battery of tests is only medically necessary if each individual test in the battery is medically necessary.

Psychological testing 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.

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).

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