

Coverage Summary

Mental Health Services and Procedures

Policy Number: M-004	Products: UnitedHealthcare Medicare Advantage Plans	Original Approval Date: 11/06/2007
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee		Last Review Date: 07/23/2019
Related Medicare Advantage Policy Guideline: Hemodialysis for Treatment of Schizophrenia (NCD 130.8)		

*This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. **Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this dpolicy and the member's EOC/SB, the member's EOC/SB provision will govern.** The information contained in this document is believed to be current as of the date noted.*

The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

INDEX TO COVERAGE SUMMARY

I.	COVERAGE
1.	Inpatient
2.	Outpatient
3.	Partial hospitalization
4.	Vagus Nerve Stimulation (VNS) for Intractable Depression
5.	Non-Covered Outpatient Mental Health Services
6.	Services and Procedures that are Not Covered for a Mental Health Diagnosis
II.	DEFINITIONS
III.	REFERENCES
IV.	REVISION HISTORY
V.	ATTACHMENTS

I. COVERAGE

Coverage Statement: Mental health services and procedures are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Inpatient
 - a. Inpatient mental health services are covered in an inpatient psychiatric facility (IPF) [certified under Medicare as inpatient psychiatric facility hospitals and distinct psychiatric units of acute care hospitals and critical access hospitals (CAHs)].

- b. Services must be for "active treatment", which is defined by the following criteria:
 - 1) Services are provided under an individualized treatment. Each patient must have an individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities. The written plan must include:
 - (1) A substantiated diagnosis;
 - (2) Short-term and long-range goals;
 - (3) The specific treatment modalities utilized;
 - (4) The responsibilities of each member of the treatment team; and
 - (5) Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.
 - 2) Services are reasonably expected to improve the member's condition or for the purpose of diagnosis
 - 3) Services must be supervised and evaluated by a physician.

- c. Services are limited to a total of 190 days of psychiatric hospital services during the member's lifetime.

***Note:** This limitation applies only to care and services furnished in a psychiatric hospital. Psychiatric care provided in an acute care hospital does not count toward the 190-day lifetime limit unless the psychiatric care is provided in a psychiatric facility/hospital operating as a separate functioning entity (e.g., it is located in a separate building, wing, or part of a building and has its own administration and maintains separate fiscal records).*

- d. Examples of inpatient coverage mental health services that are covered include, but are not limited to:
 - 1) Psychotherapy, drug therapy, electroconvulsive therapy (ECT) and other therapies such as occupational, recreational, or milieu therapy, provided the therapeutic activities are expected to result in improvement in the patient's condition
 - 2) Administration of antidepressants or tranquilizers expected to provide significant relief of the member's psychotic or neurotic symptoms (this alone may not constitute active treatment)
- e. Mental health inpatient services are not covered for:
 - 1) Recreational or diversional activities. If the only activities prescribed for the patient are primarily diversional in nature, (i.e., to provide some social or recreational outlet for the patient), it would not be regarded as treatment to improve the patient's condition.
 - 2) Inpatient psychiatric services where the member receives medical or surgical care but does not meet the criteria described above

For more detailed inpatient psychiatric admission requirements, see the [Medicare Benefits Policy Manual, Chapter 2 - Inpatient Psychiatric Hospital Service](#). (Accessed July 8, 2019)

2. Outpatient

- a. Outpatient mental health services are covered when following criteria are met:
 - 1) Services for outpatient mental health must be incidental to a physician's service. The services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.
 - 2) Services must be for the purpose of diagnostic study or reasonably be expected to

improve the patient's condition. At a minimum, the treatment must 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.

- 3) Services must be prescribed by a physician and provided under an individualized written plan of treatment established by a physician.
- 4) Services must be supervised and evaluated by a physician to determine the extent to which treatment goals are being realized.

See the [Medicare Benefits Policy Manual, Chapter 6, §70 – Outpatient Hospital Psychiatric Services](#). (Accessed July 8, 2019)

b. Examples of outpatient mental health services that are covered include but are not limited to:

- 1) Individual and group therapy with physicians, psychologists or other mental health professionals authorized by the State; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 2) Services of social workers, trained psychiatric nurses and other trained staff to work with psychiatric patients; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)

Note: Home health psychiatric nurse visits are only be covered if part of a treatment plan established by and reviewed by a physician; see the [Medicare Benefit Policy Manual, Chapter 7, §40.1.2.15 - Psychiatric Evaluation, Therapy, and Teaching](#). (Accessed July 8, 2019)

- 3) Drugs and biologicals furnished for therapeutic purposes and only if they are of a type that cannot be self-administered; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 4) Activity therapies but only those that are individualized and essential for the treatment of the patient's condition. The treatment plan must clearly justify the need for each particular therapy utilized and explain how it fits into the patient's treatment; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 5) Counseling services with members of the family only when the primary purpose is the treatment of the member's psychiatric condition; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 6) Occupational therapy, if required, must be related to the member's psychiatric condition and a component of the physician's treatment plan; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 7) Patient education programs where the educational activities are closely related to the member's care and treatment of his/her diagnosed psychiatric condition; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#). (Accessed July 8, 2019)
- 8) Diagnostic services for the purpose of diagnosing those individuals for whom an extended or direct observation is necessary to determine functioning and interactions, to identify problem areas, and to formulate a treatment plan; see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C – Application of Criteria](#).

(Accessed July 8, 2019)

9) Hypnotherapy (CPT Code 90880)

- Medicare does not have a National Coverage Determination (NCD) for hypnotherapy.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these LCDs is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid \(Attachment A\)](#).
- For states with no LCDs/LCAs, see the Wisconsin [LCD for Psychiatry and Psychology Services \(L34616\)](#) for coverage guidelines. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the [Medicare Coverage Database](#), if no state LCD or LCA is found, then use the above referenced policy.)
- **Committee approval date: July 23, 2019**
- Accessed July 8, 2019

3. Partial hospitalization:

a. Partial hospitalization is covered for members meeting one of the following criteria:

- 1) The member discharged from an inpatient hospital treatment program, and the partial hospitalization program is in lieu of continued inpatient treatment.
- 2) The member who, in the absence of partial hospitalization, would be at reasonable risk of requiring inpatient hospitalization

When partial hospitalization is used to shorten an inpatient stay and transition the member to a less intense level of care, there must be evidence of the need for the acute, intense, structured combination of services provided by a partial hospitalization program.

b. Partial hospitalization visits do not count against inpatient days. A partial hospitalization visit is considered as an outpatient visit when provided by a hospital outpatient department or a Medicare-certified Community Health Care Centers (CMHC).

See the [Medicare Benefits Policy Manual, Chapter 6, §70.3 – Partial Hospitalization Services](#). (Accessed July 8, 2019)

Medicare certification and compliance information regarding CMHC can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CommunityHealthCenters.html>. (Accessed July 8, 2019)

4. Vagus nerve stimulation (VNS) for Intractable Depression

Effective February 15, 2019, The Centers for Medicare & Medicaid Services (CMS) issued a decision memo stating it will finalize its proposal to cover FDA approved vagus nerve stimulation (VNS) devices for treatment resistant depression (TRD) through Coverage with Evidence Development (CED).

Refer to the [Decision Memo for Vagus Nerve Stimulation \(VNS\) for Treatment Resistant Depression \(TRD\) \(CAG-00313R2\)](#) issued on February 15, 2019. (Accessed July 8, 2019)

Approved CED studies are posted on the CMS Coverage with Evidence Development webpage at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/index.html>. (Accessed July 8, 2019)

Also see the [Coverage Summary for Experimental Procedures and Items, Investigational](#)

[Devices and Clinical Trials.](#)

5. The following outpatient mental health services are not covered:
- Meals and transportation; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C.2 – Noncovered Services](#). (Accessed July 8, 2019)*
 - Vocational training services solely related to specific employment opportunities, work skills or work settings; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C.2 – Noncovered Services](#). (Accessed July 8, 2019)*
 - Psychosocial programs (e.g., community support groups in nonmedical settings for chronically mentally ill persons for the purpose of social interaction); *see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C.2 – Noncovered Services](#). (Accessed July 8, 2019)*
 - Activity therapies, group activities or other services/programs which are solely recreational or diversional activities; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C.2 – Noncovered Services](#). (Accessed July 8, 2019)*
 - Geriatric day care; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.1.C.2 – Noncovered Services](#). (Accessed July 8, 2019)*
 - Individual's outpatient hospital program consists entirely of psychosocial activities; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.3 – Partial Hospitalization Service](#). (Accessed July 8, 2019)*
 - Partial hospitalization for the member who are otherwise psychiatrically stable or require medication management only; *see the [Medicare Benefits Policy Manual, Chapter 6, §70.3 – Partial Hospitalization Service](#). (Accessed July 8, 2019)*
 - Lightbox for the treatment of seasonal affective disorder (SAD) (HCPCS Code E0203 – listed as noncovered by Medicare). Other devices and equipment used for environmental control or to enhance the environmental setting in which the beneficiary is placed are not considered covered DME.

See the [Medicare Benefit Policy Manual, Chapter 15, §110.1 \(B\)\(2\) - Equipment Presumptively Nonmedical](#). (Accessed July 8, 2019)

6. Examples of services and procedures that are not covered for a mental health diagnosis include, but are not limited to:
- Hemodialysis for schizophrenia; *see the [NCD for Hemodialysis for Treatment of Schizophrenia \(130.8\)](#). (Accessed July 8, 2019)*
 - Multiple seizure electroconvulsive therapy; *see the [NCD for Multiple Electroconvulsive Therapy \(160.25\)](#). (Accessed July 8, 2019)*
 - Intensive Behavioral Therapy for the Treatment of Autism (CPT codes 97154 - 97156)
 - Medicare does not have a National Coverage Determination (NCD) for intensive behavioral therapy for the treatment of autism.*
 - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid \(Attachment B\)](#).*
 - For coverage guidelines, see the [First Coast LCD for Noncovered Services \(L33777\)](#). **(IMPORTANT NOTE: After checking the LCD Availability Grid and searching the [Medicare Coverage Database](#), if no state LCD or LCA is found, then use the above referenced policy***
 - Committee approval date: July 23, 2019***

- Accessed July 8, 2019

Note: For the following preventive services, refer to the [Coverage Summary for Preventive Health Services and Procedures](#).

- *Intensive Behavioral Therapy for Obesity*
- *Alcohol Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse*
- *Intensive Behavioral Therapy for Cardiovascular Disease*
- *Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs*
- *Screening for Depression in Adults*

II. DEFINITIONS

Inpatient Psychiatric Facility Services: Inpatient hospital services furnished to a patient of an inpatient psychiatric facility. [Medicare Benefits Policy Manual, Chapter 2 - Inpatient Psychiatric Hospital Service](#). (Accessed July 8, 2019)

Outpatient Hospital Psychiatric Services: Refers to a wide range of services and programs that a hospital may provide to its outpatients who need psychiatric care, ranging from a few individual services to comprehensive, full-day programs; from intensive treatment programs to those that provide primarily supportive. [Medicare Benefits Policy Manual, Chapter 6, §70 - Outpatient Hospital Psychiatric Services, 70.1. -Coverage Criteria](#). (Accessed July 8, 2019)

Partial Hospitalization: Partial hospitalization is active treatment pursuant to an individualized treatment plan, prescribed and signed by a physician, which identifies treatment goals, describes a coordination of services, is structured to meet the particular needs of the patient, and includes a multidisciplinary team approach to patient care under the direction of a physician. [Medicare Benefits Policy Manual, Chapter 6, §70.3 \(A\) – Partial Hospitalization Services - Program Criteria](#). (Accessed July 8, 2019)

III. REFERENCES

See above

IV. REVISION HISTORY

07/23/2019

Related Medicare Advantage Policy Guidelines

- Removed reference link to the policy titled *Hypnotherapy* (retired)

Guideline 1.a (Inpatient)

- Updated language to clarify inpatient mental health services are covered in an inpatient psychiatric facility (IPF) [*certified under Medicare as inpatient psychiatric facility hospitals and distinct psychiatric units of acute care hospitals and critical access hospitals (CAHs)*]

Guideline 1.d (Examples of Covered Inpatient Mental Health Services)

- Updated language to clarify psychotherapy, drug therapy, *electroconvulsive therapy (ECT)* and other therapies such as occupational, recreational, or milieu therapy, provided the therapeutic activities are expected to result in improvement in the patient's condition [are covered]

Guideline 5.f (Examples of Non-Covered Mental Health Services)

- Updated list of examples of non-covered mental health services; replaced “outpatient psychosocial activities” with “individual outpatient hospital program consists entirely of psychosocial activities”

Guideline 6.c [Intensive Behavioral Therapy for the Treatment of Autism (CPT codes 97154 – 97156)]

- Updated list of applicable CPT codes:
 - Added 97154, 97155 and 97156
 - Removed 0364T, 0365T, 0366T, 0367T, 0368T, 0369T and 0370T
- Updated default guidelines for states with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs):
 - Added reference link to the First Coast LCD for *Noncovered Services (L33777)*
 - Removed reference link to the Novitas LCD for *Services That Are Not Reasonable and Necessary (L35094)*

Definitions

- Updated definition of “Inpatient Psychiatric Facility Services”

Attachments

- Updated LCD Availability Grids to reflect the most current reference links

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

[Hypnotherapy](#)

(CPT code 90880)

CMS website accessed July 8, 2019

LCD ID	LCD Title	Contractor Type	Contractor	States
L33632	<u>Psychiatry and Psychology Services</u>	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT

Attachment A - LCD Availability Grid**Hypnotherapy****(CPT code 90880)**

CMS website accessed July 8, 2019

LCD ID	LCD Title	Contractor Type	Contractor	States
L34616	Psychiatry and Psychology Services	MAC - Part A	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
L34616	Psychiatry and Psychology Services	MAC - Part A and B	Wisconsin Physicians Service Insurance Corporation	IN, IA, KS, MI, MO, NE
L34353	Outpatient Psychiatry and Psychology Services	A and B MAC	CGS Administrators, LLC	KY, OH
L34539	Psychological Services Coverage under the Incident to Provision for Physicians and Non-physicians	A and B MAC	CGS Administrators, LLC	KY, OH
L35101	Psychiatric Codes	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
End of Attachment A				

Attachment B - LCD Availability Grid**Intensive Behavioral Therapy for the Treatment of Autism****(CPT codes 97154 - 97158)**

CMS website accessed July 8, 2019

LCD ID	LCD Title	Contractor Type	Contractor	States
L33777	Noncovered Services	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
End of Attachment B				