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Policy Effective Date	04/15/2025
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Mental Health Services

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Disclaimer

Medical policies are a set of written guidelines that support current standards of practice. They are based on current peer-reviewed scientific literature. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and acceptable standards of medical practice. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.

Carefully check state regulations and/or the member contract.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or**

contract, the benefit plan, summary plan description or contract will govern.

Coverage

This medical policy has become inactive as of the end date above. There is no current active version and this policy is not to be used for current claims adjudication or business purposes.

NOTE 1: For information regarding Applied Behavior Analysis (ABA) or Early Intensive Behavioral Intervention (EIBI) please refer to medical policy PSY301.021 Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis.

Modalities used for the treatment of mental health conditions must be appropriate to the specific mental health disorder(s) of the patient being treated. The degree of impairment should be a factor in determining frequency and duration of therapeutic services.

The following treatment modalities **may be considered medically necessary** if they are determined to be medically appropriate to the specific mental health condition:

- Individual psychotherapy,
- Group therapy,
- Family counseling,
- Pharmacotherapy.

NOTE 2:

- Benefits should be provided on a single provider basis when rendered by co-therapists.
- Services provided at behavioral modification facilities, boot camps, emotional group academies, military schools, therapeutic boarding schools, wilderness programs, halfway houses and group homes may be a contract exclusion under mental health contracts or considered not medically necessary.

Services **considered not medically necessary** include, but are not limited to the following:

- Services directed toward enhancing one's personality;
- Consciousness raising;
- Vocational or religious counseling;
- Group socialization;
- Activities primarily of an educational nature;
- Behavioral modification for lifestyle enhancement;
- Primal therapy (psychotherapy in which the patient is encouraged to relive his/her early traumatic experiences);
- Obesity control therapy;
- Rolfing (structural integration): a system of soft tissue manipulation and movement education that theorizes there is a correlation between muscular tensions and pent up emotions;
- Bioenergetic therapy;

- Sleep therapy (narcosis): a non-specific and reversible depression of function of the central nervous system marked by stupor or insensibility produced by drugs;
- Carbon dioxide therapy: (form of rarely used shock therapy employed for the treatment of withdrawn psychotic patients, in which unconsciousness is induced by the administration of carbon dioxide gas by inhalation);
- Art therapy;
- Dance therapy;
- Music therapy;
- Services for psychotherapeutic services concurrently (at the same appointment) by more than one mental health provider;
- Services credited toward earning a degree or furtherance of the education or training of the patient;
- Any other modalities not provided by a licensed behavioral health professional in accordance with nationally accepted treatment standards; and
- Sexual conversion therapy (may also be known as conversion or reparative therapy).

Policy Guidelines

None.

Description

Mental health services are treatment methods directed toward identifying specific behavior patterns, factors determining such behavior, and effective goal-oriented therapies. The American Psychiatric Association has published guidelines with recommendations addressing the assessment and treatment of psychiatric disorders to assist in clinical decision making.

Rationale

The therapies defined under this policy include:

- Individual psychotherapy: a form of therapy involving the therapist and a single patient dependent principally on verbal interchange, including crisis intervention, and insight-oriented behavior modification.
- Group therapy: a form of treatment in which carefully selected patients are placed into a distinct group (minimum of four, maximum of 12), guided by a psychotherapist for the purpose of helping one another effect personality change. By using a variety of technical maneuvers and theoretical constructs, the psychotherapist uses the members' interaction to bring about this change.
- Family counseling (conjoint): involves two or more family members and is not intended to be treatment for the relatives but to promote understanding of the patient and more acceptable ways of family functioning.

- Pharmacotherapy: involves the prescription of medications, observation or response and regulation of dosage.

Sexual Conversion Therapy

The American Academy of Child and Adolescent Psychiatry (AACAP) (2018) identifies “conversion therapies” (or “reparative therapies”) as interventions purported to alter same-sex attractions or an individual’s gender expression with the specific aim to promote heterosexuality as a preferable outcome. (8) They further note variations in sexual orientation and gender expression are not considered to be pathological; therefore, they are not included in the Diagnostic and Statistical Manual of Mental Disorders. The AACAP notes that there is evidence that “conversion therapies” increase the risk of causing or exacerbating mental health conditions in the very youth they purport to treat.

The American Medical Association (AMA) notes that evidence does not support the purported “efficacy” of sexual orientation change efforts (SOCE) in changing sexual orientation. (7) To the contrary, these practices may cause significant psychological distress. The AMA also indicates that all leading professional medical and mental health associations reject “conversion therapy” as a legitimate medical treatment. In their issue brief, the AMA identifies that other medical societies have policies or statements similarly opposing these policies, including the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American College of Physicians and American Academy of Pediatrics. Other health care associations including the American Association for Marriage and Family Therapy, American Counseling Association, American Psychoanalytic Association, American Psychological Association, National Association of Social Workers, and Pan American Health Organization: Regional Office of the World Health Organization have similar policies.

In 2019, Turban et al. reported on survey results from a cross-sectional study of community-based outreach to transgender adults residing in the United States, with representation from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. (9) There were 27,715 transgender survey respondents, 19,741 (71.3%) who had spoken to a professional about their gender identity, 3869 (19.6%; 95% CI, 18.7%-20.5%) reported exposure to gender identity conversion efforts (GICE) in their lifetime. Results included: Recalled lifetime exposure was associated with severe psychological distress during the previous month (adjusted odds ratio [aOR], 1.56; 95% CI, 1.09-2.24; $P < .001$) compared with non-GICE therapy. Associations were found between recalled lifetime exposure and higher odds of lifetime suicide attempts (aOR, 2.27; 95% CI, 1.60-3.24; $P < .001$) and recalled exposure before the age of 10 years and increased odds of lifetime suicide attempts (aOR, 4.15; 95% CI, 2.44-7.69; $P < .001$). No significant differences were found when comparing exposure to GICE by secular professionals versus religious advisors. The authors concluded that the findings suggest that lifetime and childhood exposure to GICE are associated with adverse mental health outcomes in adulthood. These results support policy statements from several professional organizations that have discouraged this practice.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90863, 90865, 90882, 90885, 90887, 90899
HCPCS Codes	G0410, G0411, S3005, S9480

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

References

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8. American Academy of Child and Adolescent Psychiatry (AACAP) Policy Statement: Conversion Therapy (2018). Available at <<https://www.aacap.org>> (accessed October 1, 2024).
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Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <<https://www.cms.hhs.gov>>.

Policy History/Revision	
Date	Description of Change
12/31/2025	Document became inactive.
04/15/2025	Document updated with literature review. The following change was made in Coverage: 1) Added “include, but are not limited to” to the existing sentence: Services considered not medically necessary include, but are not limited to the following; 2) Added “art therapy” to the list of services considered not medically necessary. Reference 6 added, others updated, and some removed.
06/01/2023	Reviewed. No changes.
10/15/2022	Document updated with literature review. Coverage unchanged. No new references added.
07/15/2021	Document updated with literature review. The following changes were made to the Coverage: Removed statements addressing E-mail, phone, or web-based chat therapy. References updated; no new references added.
06/01/2020	Document updated with literature review. The following changes were made to the Coverage: Sexual conversion therapy (may also be known as conversion or reparative therapy) was added to the list of services considered not medically necessary. References 4, 6, 26-28 added.
06/15/2018	Document updated with literature review. Coverage unchanged. References 22-24 were added.
01/01/2017	Document updated with literature review. Coverage has changed. The following service listed under the considered not medically necessary list was changed from: Phone, E-mail, web-based psychotherapy, or telemedicine (NOTE: Member’s contract benefits and/or plan legislation may apply) to: E-mail, phone, or web-based chat therapy would not be a covered benefit or may be considered not medically necessary (NOTE: Member’s contract benefits and/or plan legislation may apply).
02/15/2015	Document updated with literature review. The following was added to Coverage: Services provided at behavioral modification facilities, boot camps, emotional group academies, military schools, therapeutic boarding schools, wilderness programs, halfway houses and group homes are

	considered not medically necessary; in addition, these services may be a contract exclusion under mental health contract. In addition, the following examples were added to the list of services that are considered not medically necessary: 1) Phone, E-mail, web-based psychotherapy, or telemedicine (NOTE: Member's contract benefits and/or plan legislation may apply). 2) Any other modalities not provided by a licensed behavioral health professional in accordance with nationally accepted treatment standards. In addition, the references were complete updated and revised.
12/01/2013	Document reviewed. No changes.
05/01/2010	No coverage change. Document updated with the following change: Transcranial magnetic stimulation was removed from this policy and placed on new document PSY301.015 Transcranial Magnetic Stimulation (TMS).
06/01/2008	Policy reviewed without literature review; new review date only.
04/01/2007	Revised/Updated Entire Document
07/01/2006	CPT/HCPCS code(s) updated
04/01/2005	New CPT/HCPCS code(s) added
10/24/2003	Revised/Updated Entire Document
05/01/1996	Revised/Updated Entire Document
01/01/1993	Revised/Updated Entire Document
05/01/1990	New Medical Document