PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_058004

Title	**Group Visits**		
Number	**CP.PP.367.v2.5**		
Last Approval Date	08/18/26	**Original Effective Date**	08/21/08
Cross Reference	• *Medically Unlikely Edits (MUEs)/Maximum Units of Service* • *Medicare Indicator 'Status B, Status P and Status T' Services Reimbursement*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional and facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define the Plan's unit limitation for group psychotherapy professional services that are billed on a professional claim.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Definition	**Group Psychotherapy:** Treatment of a specific mental health problem in which two or more participants interact with each other on both an emotional and cognitive level in the presence of a psychotherapist who serves as a catalyst, facilitator, or interpreter **Shared Medical Appointment:** Multiple patients receiving care for a common condition in a group setting
Policy	**Group Education** Group education includes, but is not limited to, management of an existing condition, lifestyle modification, and coping skills. This service may take place in settings such as classes, workshops, education sessions, or group counseling. Group education procedure codes 99078 and 98961-98962 are considered Status B codes as identified on the CMS National Physician Fee Schedule and are not reimbursed by the Plan. **Group Preventive Counseling** As a "separate procedure," 99411-99412 should not be reported if they are included in a more comprehensive service billed on the same day. The service must be preventive in nature, and not for management of an existing medical condition or symptoms. Preventive medicine counseling and risk factor interventions may address such issues as: • family problems • diet and exercise • substance use • sexual practices • injury prevention • dental health • diagnostic laboratory results

	Group Psychotherapy Group therapy procedure code 90853 does **not** include a time statement. Per the Center for Medicare and Medicaid (CMS) medically unlikely edits (MUEs), code 90853 is limited to **one unit per date of service per member per provider** covering a session of any length. This one-unit limit also applies to the professional services billed by an alcohol treatment facility, a hospital or behavioral health residential facility on a professional claim. Educational classes or skill-building workshops without psychotherapy should not be reported as group therapy. **Shared (Group) Medical Appointments** Shared medical appointments may include components of both group education/counseling and an individual office visit. Group education is not reimbursed by the Plan. Counseling for an existing condition or symptoms may not be reported using preventive counseling procedure codes. If the provider furnishes a separate one-on-one encounter with a patient in addition to the time in group discussion, this portion of the service may be reported with an appropriate office visit code. Only the evaluation and management services provided directly to the individual patient should be considered when selecting the appropriate level of office visit code. Activities of the group, including counseling, should not impact the level of service selected.
Codes/Coding Guidelines	**Group Preventive Counseling** • 99411 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes • 99412 - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes **Group Psychotherapy** • 90853-Group psychotherapy (other than of a multiple-family group)
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties, and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined by the Plan.
Exceptions	Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.
Laws, Regulations & Standards	N/A

This policy was published on August 25, 2026

References	• American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • Center for Medicare and Medicaid Services (CMS), 2022 NCCI Manual, Chapter 11, Section V. - Medically Unlikely Edits (MUE) • Center for Medicare and Medicaid (CMS) Medically Unlikely Edits (MUE), Practitioner Services MUE Tables • American Psychological Association (APA) Dictionary of Psychology • American Academy of Family Physicians (AAFP), Medical Coding for Group Visits • Center for Medicare and Medicaid (CMS) National Physician Fee Schedule (NPFS) • CPT Knowledge Base article, section: Evaluation and Management, subsection: Preventive Medicine services published 3/31/2024

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	08/18/26; 08/04/25; 09/04/24; 12/13/23; 01/17/23; 08/18/22; 05/12/22; 05/27/21; 06/15/20; 07/30/19; 10/18/18; 11/06/17; 11/08/16; 01/08/16; 01/11/15; 01/12/14; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/25/09	
Version History	10/18/18	Annual review; no changes
	07/30/19	Annual review; no changes
	06/15/20	Clarified in the Purpose statement that this policy applies to services billed on a CMS-1500 or 837P claim form.
	05/27/21	Annual review; no changes
	05/12/22	Annual review; no changes
	08/18/22	Effective with claim process dates December 7, 2022, professional services billed by an alcohol treatment facility, a hospital or behavioral health residential facility provider type on a professional claim form will be subject to the policy criteria of one unit per date of service per member regardless of the length of the therapy session represented by code 90853.
	01/17/23	Correction: One unit will be applied effective with "dates of service" December 7, 2022, on and after rather than process dates.
	12/13/23	In the Policy section, identified the source of the one-unit limit for procedure code 90853.
	09/04/24	Annual review; no changes
	08/04/25	Annual review; no changes
	08/18/26	• Changed the name from "Group Psychotherapy Services (90853)" to "Group Visits." • Within the policy section added details for "group preventive counseling," "group education," and "shared (group) medical appointments." • Clarified details under "group psychotherapy" in the policy section • Added CPT codes with descriptors under Codes/Coding Guidelines section • Added "group psychotherapy" and "shared medical appointments" to the definitions section

This policy was published on August 25, 2026