

Payment Policy

cmi_058004

Title	Group Psychotherapy Services (90853)		
Number	CP.PP.367.v2.4		
Last Approval Date	09/04/24	Original Effective Date	08/21/08
Replaces	N/A		
Cross Reference	N/A		

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 submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
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.
Policy	<p>Procedure code 90853-<i>Group psychotherapy (other than of a multiple-family group)</i> does not include a time statement similar to other psychotherapy codes in the AMA/CPT code book.</p> <p>Because the code description does not specify a time statement, per the 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.</p> <p>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.</p>
Violations of Policy	<p>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 in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	None
Laws, Regulations & Standards	
References	<ul style="list-style-type: none"> 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

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	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