

Title	Group Psychotherapy Services (90853)		
Number	CP.PP.367.v2.0		
Last Approval Date	06/15/20	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 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 Company lines of business and products with the exception of Medicare Advantage.
Policy	Code 90853-Group psychotherapy (other than of a multiple-family group) does not include a time statement similar to other psychotherapy codes in the AMA/CPT code book. Therefore, the Plan limits code 90853 to one unit per day covering a session of any length except when the professional services are billed by an alcohol treatment facility, a hospital or behavioral health residential facility.
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 in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
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) Medically Unlikely Edits (MUE)

Policy Owner Review	Provider Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Policy	
Annual Review Dates	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.