

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 18.5  
**TITLE:** FAMILY THERAPY

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(3)(ix)

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### I. EFFECTIVE DATE

August 31, 1987

### II. PROCEDURE CODE(S)

90846, 90847, and 90849

### III. DESCRIPTION

Family Therapy. Family therapy is a form of psychotherapy directed toward the family as a unit, instead of toward a single individual. Family therapy is based on the assumption that the mental or emotional illness and the functional impairment of the identified-patient is related to family interactions and, therefore, the family is the unit that should be treated. Problems and dysfunction behaviors are dealt with as responsibilities of all family members and are not necessarily focused on any one individual. Family therapy may involve the complete or partially available family unit and normally would involve the same therapist or treatment team. When geographical distance necessitates therapy be given to partial family units at separate locations, collaboration between treating therapist is acceptable. For the purposes of CHAMPVA coverage, the family generally would include the husband or wife of the patient, his or her children or, in the case of child patients, the parents, stepparents and siblings. When determined appropriate, other family members residing in the same household could also be included.

### IV. POLICY

Family therapy can be cost shared when rendered in conjunction with otherwise covered treatment of a CHAMPVA beneficiary suffering a diagnosed mental disorder.

### V. POLICY CONSIDERATIONS

A. Frequency. Professional review of the medical or psychological necessity is required for therapy in excess of the parameters indicated below.

1. Outpatient Psychotherapy. Outpatient psychotherapy is generally limited to a maximum of two psychotherapy sessions per week in any combination of individual, family, collateral, or group sessions.

2. Inpatient Psychotherapy. Inpatient psychotherapy is generally limited to seven sessions per week in any combination of individual, family, collateral, or group sessions.

Note: Two consecutive family therapy sessions with the same family members present is considered to be a single session and not two distinct sessions with a different focus (i.e., a different child being the focus of each). In such cases, the reimbursement will be treated as if the therapy had occurred at a single session.

B. No Acceptable Substitute for Family Therapy. Telephone calls, therapeutic leaves and visits among family members are not a substitute for family therapy, although they can be important adjuncts to a child's treatment. Multi-family group therapy does not meet the family therapy requirement. A collateral visit (90887), a session between an authorized provider and a significant person in the identified-patient's life, is primarily for the purpose of information gathering and does not constitute a family therapy session, although such visits do count toward the psychotherapy limits, (see [Chapter 2, Section 15.2, Collateral Visits](#)).

C. Special Considerations Involving Partial Hospitalization and Residential Treatment Center (RTC) Care.

1. Family Therapy involving Partial Hospitalization and RTC Admissions. In accordance with the appropriate medical care standard, discharge planning should start with the day of admission. The goal should be to restore the patient's ability to function in one or more major life activities. In the case of a child under age 21, the environment to which the patient is to be discharged is a major consideration. To be authorized by CHAMPVA, RTC's and partial hospitalization programs are required to address the feasibility of family therapy as part of the treatment plan.

a. CHAMPVA RTC Standards. A compliance requirement of the CHAMPVA RTC standards and the partial hospitalizations standards is that the admission process must include the family's (or responsible relative's or legal guardian's) understanding of residential or partial hospitalization treatment and of their involvement in treatment, as well as the probable length of stay of the patient. If the patient is not returning to the family, appropriate documentation in the clinical record should indicate the type of preparation made with other persons who will be involved with the patient upon discharge. RTC and partial hospitalization standards require that all specific therapeutic modalities be spelled out in the treatment plan, including family therapy.

b. Joint Commission on Accreditation of Health Organization (JCAHO) Mental Health Manual. Under the Mental Health Manual, JCAHO requires a specific plan for involving the family in the treatment plan, when indicated. There is also a requirement that the patient's record shall contain documentation of family members involvement in the patient's treatment program. If appropriate, a separate record may need to be maintained on each family member involved in the patient's treatment program.

2. Detailed Description of Family Therapy in Treatment Plan. Family therapy is an integral part of the treatment of children and adolescents and should be included in all mental health treatment plans unless circumstances exist which make such treatment contraindicated. Treatment plans must include a detailed description of the plans for family therapy (name and qualifications of therapist, frequency, length of sessions) or provide rationale for why such therapy is not being provided. In all cases, this an issue subject to medical review, dependent on the needs of the individual patient.

3. Family Geographically Distant from the Child. If the family is not in the area, the patient may not be a candidate for partial care as individuals in this program return to their home setting daily, and effective family interaction is essential. If an RTC accepts a child for admission whose parents are geographically distant, the facility must document its plans for including the family in therapy, in accord with RTC standards and the appropriate medical care standard. If one or both parents reside a minimum of 250 miles from the RTC, the RTC has the flexibility of setting up therapy with the parents at the distant locality, while the child is in treatment in the RTC. The parent's therapist and child's therapist must collaborate in all cases. Collaboration between therapists is the responsibility of the RTC and must be documented in the medical records.

4. Geographical distance of the patient's family is not considered an appropriate reason to exclude the family from the treatment plan. By accepting a child for admission, the RTC or partial program is acknowledging that it can provide the specific treatment appropriate to the individual child's needs and is responsible for taking only those children whom it feels it can help through the development of an appropriate treatment program designed to maximize the patient's ability to function in one or more major life activities.

5. Authorization of Geographically Distant Family Therapy. Geographically distant family therapy must be authorized by the Director, HAC (or designee), at the time the RTC treatment plan is submitted and approved in order for cost-sharing to occur. Charges for family therapy must be billed in the RTC patient's name. Evidence of collegial communication between therapists must be provided along with updated treatment reports from the RTC. Goals of family therapy must be identified in the RTC treatment plan and aimed toward the resolution of the RTC patient's mental disorder. All therapists who will be providing family therapy must be specifically identified by the RTC, and authorized by the Director, HAC (or designee). It must be verified that one or

both of the parents are residing a minimum of 250 miles from the RTC prior to authorization of payment.

Note: The Director, HAC (or designee), will provide written authorization to the RTC for Geographically Distant Family Therapy.

6. Circumstances Where Family Therapy is Inappropriate. If family therapy is inappropriate due to the particular circumstances of the case, supporting documentation and rationale must be provided in the treatment plan. An example of such circumstances might include not returning to the family unit following treatment. Authorization shall be denied for partial hospitalization and RTC care if the patient's treatment plan does not address the provision of family therapy. A pattern of failure to provide family therapy as part of a facility's treatment plan should be reviewed by the HAC (or designee) as this constitutes a violation of the standards and may reflect domiciliary care.

**\*END OF POLICY\***