

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 18.1  
TITLE: TREATMENT OF MENTAL DISORDERS

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AUTHORITY: 38 CFR 17.270(a), 17.272(a)(24)(69), and 17.273

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

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### I. EFFECTIVE DATE

November 13, 1984

### II. PROCEDURE CODE(S)

90801-90899

### III. POLICY

Benefits are payable for services and supplies that are medically or psychologically necessary for the treatment of mental disorders when: (1) the services are rendered by persons who are furnishing services within their licensure and qualifications for their respective disciplines (whether the person is an individual professional provider or is employed by another HAC authorized provider), and (2) the mental disorder is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and is of a severity not only to cause the patient distress but also to interfere with the patient's ability to carry out his or her usual activities.

### IV. POLICY CONSIDERATIONS

A. Professional and institutional authorized providers of mental health services.

1. Only the types of providers listed below are considered qualified providers of mental health services:

- a. psychiatrists and other physicians (Doctors of Medicine (M.D)),
- b. clinical psychologists,
- c. certified psychiatric nurse specialists,
- d. certified clinical social workers,
- e. mental health counselors,

- f. marriage and family counselors, and
- g. pastoral counselors.

2. Professional staff of institutions providing mental health services.

Reviewers may assume that all professional staff of institutions providing mental health services meets the regulatory criteria of an authorized provider. Any evidence to the contrary (i.e., no license to practice) is to be brought to the attention of Health Administration Center (HAC), immediately. The HAC, Director (or designee) shall notify institutional providers that payment is authorized only for professional services provided by employees meeting the above criteria. In any situation where there is evidence that an institution is billing for professional services of unqualified staff, the case is to be referred for medical review.

**B. Covered conditions.** In order to qualify for coverage of mental health services, the patient's condition must be a mental disorder listed in DSM-IV (except specific developmental disorders and conditions not attributable to a mental disorder) and must be severe enough both to cause the person distress and to interfere with his or her ability to carry out usual activities. This does not mean that the person must be unable to function. It means, rather, that because of a mental disorder, the person experiences more than average problems in carrying out the normal activities associated with the roles and responsibilities of persons of similar age and circumstances. **Coverage may be provided for obsessive-compulsive disorders. The following is a list of obsessive-compulsive disorders and is not to be construed as being all-inclusive.**

- 1. **Compulsive gambling, compulsive gaming.**
- 2. **Addictions to food and dieting.**
- 3. **Sexual addiction and sexual codependency.**
- 4. **Compulsive overworking (very often combined to spending or gambling).**
- 5. **Compulsive spending and debiting.**
- 6. **Codependency and relationship addiction.**

**C. Review of Claims for Treatment of Mental Disorders.** All claims for treatment of mental disorders are subject to review.

1. **Psychotropic drugs.** All patients receiving psychotropic drugs must be under the care of a qualified mental health provider authorized by state licensure to prescribe drugs. That provider need not be the attending provider, but there must be evidence in the treatment plan of coordination between the various providers.

Note: Psychotropic pharmacologic management visits do not count towards the 23 self-referred psychotherapy sessions (see [Chapter 2, Section 18.3, Psychotherapy](#)).

2. Electroconvulsive therapy (CPT codes 90870-90871). Electroconvulsive therapy (ECT) is covered when medically or psychologically appropriate and when rendered by qualified providers. However, the use of electric shock as negative reinforcement (aversion therapy) is excluded.

3. Ancillary therapies. Includes art, music, dance, occupational, and other ancillary therapies, when included by the attending provider in an approved inpatient treatment plan and under the clinical supervision of a licensed doctoral level mental health professional. These ancillary therapies are not separately reimbursed professional services but are included within the institutional reimbursement.

4. Services by non-medical providers. With the exception of pastoral counselors and mental health counselors, approved categories of non-medical providers may render covered services independent of physician referral and supervision. All providers, however, are expected to consult with, or refer patients to, a physician for evaluation and treatment of physical conditions that may co-exist with or contribute to a mental disorder. Failure to do so will result in denial of the non-physician provider's services on quality-of-care grounds. Questionable cases will be referred for medical review.

D. Reimbursement for the above listed disorders is based on the mental health benefits (not substance abuse).

## V. EXCEPTIONS

An authorization issued by the HAC, Director (or designee) covers only those services that are otherwise payable. Procedure code 90885 is not reimbursed separately as payments for these services are included in the payment of other services. Staffing charges, treatment team meetings, case management charges and telephone consultations are considered as part of the provider's overhead. Separate billings for these services must be denied. Services such as chest x-rays, EKGs, and biofeedback, should be reviewed and paid only when otherwise covered.

## VI. EXCLUSIONS

A. Sexual dysfunctions, paraphilias and gender identity disorders (see [Chapter 2, Section 16.10, Sexual Dyfunctions, Paraphilias and Gender Identity Disorders](#)). [38 CFR 17.272(a)(24)]

B. Specific developmental disorders and other conditions not attributable to a mental disorder (DSM IV) are not covered within this policy.

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C. The use of electric shock as negative reinforcement (aversion therapy). [38 CFR 17.272(a)(69)]

D. Specific support groups outside of a doctor's or therapist's office or hospital that brings people with like problems together to talk.

**\*END OF POLICY\***