

MEDICAL POLICY

Medical Policy Title	Family Therapy for Individuals with a Diagnosis of Mental Illness and/or Substance Use Disorder
Policy Number	3.01.05
Current Effective Date	February 20, 2025
Next Review Date	February 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

Family therapy is considered **medically appropriate** when used to treat the identified patient's mental illness, behavioral health disorder or substance use disorder. This includes:

- I. Individual session(s) with one (1) or more family members of the identified patient, to aid in the treatment of the patient.
- II. Goal-specific, time-limited family therapy, when the identified patient's mental illness, behavioral health disorder, or behavioral health condition or substance use disorder is severely disrupting interpersonal family dynamics.
- III. Multiple-family psychoeducation groups for families of patients with schizophrenia for adolescents with an eating disorder diagnosis.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

- I. The identified patient must have a diagnosis of mental illness or substance use disorder as specified in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR).
- II. The American Psychological Association (2018) defines the term 'family' as a kinship unit consisting of a group of individuals united by blood or by marital, adoptive, or other intimate ties. Family members involved in the care of the identified patient can include biological, extended, nuclear, permeable, and/or stepfamily.
- III. The concurrent treatment of the identified patient's family member(s), by the same practitioner, will not be covered without supporting clinical documentation demonstrating that the benefits of concurrent treatment outweigh the risks generally associated with concurrent treatment.

Exception: Multiple individuals with an Axis I DSM-5-TR diagnosis may be seen by the same psychiatrist for psychotropic medication(s).

DESCRIPTION

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Family therapy, and family counseling, are family-based interventions provided by licensed mental health practitioners. According to the American Psychological Association (APA) (2018) family therapy is a form of psychotherapy that focuses on the improvement of interfamilial relationships and behavioral patterns of the family unit as a whole, as well as among individual members and groupings, or subsystems, within the family. Most therapy approaches emphasize contexts in which clinical problems arise. The APA (2018) defines family counseling of parents or other family members, who receive information, emotional support, and practical guidance on problems faced in the family context, such as raising a child who is disabled, family planning, or substance abuse.

Treatment interventions are generally conducted with the patient and family present during the same session, although there are occasions where it is beneficial to the patient for the family members or the significant others to meet individually with the mental health practitioner, to address specific issues. Examples of situations in which individual session(s) with a family member(s) are beneficial include treatment planning, safety planning, in case of suicidal or self-harming behavior, and person-centered diagnostic education for family.

The APA (2018) defines family as a kinship unit consisting of a group of individuals united by blood or by marital, adoptive, or other intimate ties. Family members involved in the care of the identified patient can include biological, extended, nuclear, permeable, and/or stepfamily.

Integrating family counseling into substance use disorder (SUD) treatment leverages the important role families can play in helping their family member (SAMSHA 2020). Integrated SUD treatment and family counseling acknowledges that SUDs affect others beyond those with the disorder.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued an evidence-based treatment improvement protocol (TIP) for substance abuse treatment and family therapy. This TIP provides information and guidance on the latest science-informed, family-based interventions and family counseling approaches for substance use disorders (SUDs). SAMHSA supports that families affect and are affected by SUDs, and family-based SUD interventions are supported by empirical evidence and have been shown to be effective in promoting long-term behavior change, including recovery.

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than

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policy updates).

- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
90785	Interactive complexity (List separately in addition to the code for primary procedure).
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
96203	each additional 15 minutes (List separately in addition to code for primary service)

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HCPCS Codes

Code	Description
No specific codes	

Revenue Codes

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Code	Description
916	Psychiatric services, family therapy
916H	Family therapy, 20-25 minutes

ICD10 Codes

Code	Description
F02.80 - F02.81	Dementia in other diseases classified elsewhere (code range)
F03.90 - F03.91	Unspecified dementia (code range)
F04	Amnesic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0 - F06.8	Other mental disorders due to known physiological condition (code range)
F07.0 - F07.9	Personality and behavioral disorders due to known physiological condition (code range)
F09	Unspecified mental disorder due to known physiological condition
F10.10 - F10.99	Alcohol related disorders (code range)
F11.10 - F11.99	Opioid related disorders (code range)
F12.10 - F12.99	Cannabis related disorders (code range)
F13.10 - F13.99	Sedative, hypnotic, or anxiolytic related disorders (code range)
F14.10 - F14.99	Cocaine related disorders (code range)
F15.10 - F15.99	Other stimulant related disorders (code range)
F16.10 - F16.99	Hallucinogen related disorders (code range)
F18.10 - F18.99	Inhalant related disorders (code range)
F19.10 - F19.99	Other psychoactive substance related disorders (code range)
F20.0 - F20.9	Schizophrenia (code range)
F21 - F29	Schizotypal, delusional, and other non-mood psychotic disorders (code range)
F30.10 - F30.9	Manic episode (code range)
F31.0 - F31.9	Bipolar disorders (code range)
F32.0 - F33.9	Major depressive disorders (code range)
F34.0 - F39	Persistent mood (affective) disorders (code range)
F40.00 - F48.9	Anxiety disorders (code range)
F50.00 - F50.9	Eating disorders (code range)
F51.01 - F51.9	Sleep disorders (code range)
F52.0 - F52.9	Sexual dysfunction (code range)
F53.0 - F53.1	Mental and behavioral disorders associated with the puerperium, not elsewhere classified (code range)
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F60.0 - F69	Specific personality disorders (code range)

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Code	Description
F70 - F79	Intellectual disabilities (code range)
F80.0 - F89	Developmental disorders (code range)
F90.0 - F98.9	Behavioral and emotional disorders (code range)
F99	Mental disorder, not otherwise specified
R37	Sexual dysfunction, unspecified
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.82	Worries
R48.0	Dyslexia and alexia
Z87.890	Personal history of sex reassignment

REFERENCES

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

American Psychological Association [Internet]. APA Dictionary of Psychology: family. 2018 Apr 19 [accessed 2025 Jan 27]. Available from: <https://dictionary.apa.org/family>

American Psychological Association [Internet]. APA Dictionary of Psychology: family counseling. 2018 Apr 19 [accessed 2025 Jan 27]. Available from: <https://dictionary.apa.org/family-counseling>

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Substance Abuse and Mental Health Services Administration (SAMHSA) [Internet]. Treatment improvement protocol TIP 39: Substance abuse treatment and family therapy. Updated 2020 Oct [accessed 2025 Jan 27] Available from: <https://www.samhsa.gov/resource-search/ebp>

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Psychiatry and Psychology Services \(LCD L33632\)](#) [accessed 2025 Jan 27]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a

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specific service, medical policy criteria apply to the benefit.

- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

10/18/01, 03/28/02, 03/27/03, 02/26/04, 11/10/05, 12/07/06, 12/20/07, 12/11/08, 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 02/25/16, 02/23/17, 02/22/18, 02/28/19, 02/27/20, 02/25/21, 02/17/22, 02/16/23, 02/22/24, 02/20/25

Date	Summary of Changes
02/20/25	<ul style="list-style-type: none">• Annual review, policy intent unchanged.
01/01/25	<ul style="list-style-type: none">• Summary of changes tracking implemented.
10/18/01	<ul style="list-style-type: none">• Original effective date