

## Long-Term Psychotherapy

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Developed By: Medical Necessity Criteria Committee

### I. Description

Long-term psychotherapy is typically referred to as psychotherapy that exceeds the normal parameters of time allotted for the treatment of most psychological disorders. There is no generally accepted standard duration of treatment defined as “long-term”, and evidence suggests that short-term psychotherapy is sufficiently effective for most individuals experiencing psychological distress. However, certain individuals with complex and/or more debilitating psychological disorders may require psychotherapy for up to one year and beyond.

The following criteria are intended as a guide for establishing medical necessity for continued outpatient psychotherapy. They are not a substitute for clinical judgment and should be applied by appropriately trained clinicians considering the unique circumstances of each patient, including co-morbidities, safety, and supportiveness of the patient’s environment, and the unique needs and vulnerabilities of children and adolescents.

Conditions that may warrant these additional services include but are not limited to:

- Eating disorders
- Borderline Personality Disorder
- Major Depressive Disorder, recurrent, severe
- Bipolar Disorder
- Dissociative Disorders
- Individuals with chronic, multiple psychological disorders
- Individuals with severe and persistent mental illness
- Post-traumatic Stress Disorder
- Reactive Attachment Disorder

#### Contraindications:

1. Adjustment Disorder
2. Transient or mild symptoms resulting in no more than slight impairment.

3. Symptoms that are not expected to show significant improvement from psychotherapy, except when continued psychotherapeutic intervention is required in order to prevent destabilization.

## II. Criteria: CWQI: BHC-0006

### A. Continued authorization:

Continued authorization is indicated by **ALL** of the following:

1. The treatment plan establishes achievable recovery goals appropriate to the patient's symptoms, resources, and functioning.
2. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions and duration of the treatment episode) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.
3. The treatment plan includes a realistic plan for termination and promotes the patient's ability to independently manage symptoms and resolve problems.

Plus **1 or more** of the following:

4. Continued measurable improvements in symptoms and/or functioning as evidenced by improvement in behavioral outcome measures.
5. Continued progress toward the development of skills to prevent relapse.
6. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
  - a. Need for medication evaluation
  - b. Need for psychosocial interventions (e.g., support groups)
  - c. Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse, personality disorder)
  - d. Referral to a different provider or different type of treatment.
7. If there is a demonstrated risk of deterioration with no further treatment, appropriate maintenance treatment is covered. If continued treatment is intended primarily to prevent deterioration and significant improvement in symptoms is not expected, treatment should be provided at the least intensive level required to prevent deterioration. This does not include treatment that is primarily for the purpose of providing social or emotional support.

### B. Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has substantially met the goals articulated in the treatment plan and has developed appropriate relapse prevention skills.
2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment).
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement or prevent deterioration that would be expected in the absence of treatment.

### III. Information Required with the Prior Authorization Request:

A request for extended authorization for long-term psychotherapy should include the following information:

1. Diagnosis and presenting symptoms
2. Relevant psycho-social and treatment history
3. Assessment of both substance abuse and mental health concerns
4. Measurable treatment goals
5. Scope and duration of planned treatment interventions
6. Response to treatment, including measurable change in symptom presentation, outcomes measures used, and results of outcomes measures
7. Medical conditions affecting treatment and coordination with medical providers

### IV. Annual Review History

Review Date	Revisions	Effective Date
05/2013	Annual Review. Added table with review date, revisions, and effective date. Minor wording changes.	05/2013
05/2014	Annual Review.	05/2014
05/2015	Annual Review.	05/2015
07/2016	Annual Review.	07/2016
07/2017	Annual Review.	09/2017
07/2018	Annual Review.	07/2018
07/2019	Annual Review. Added statement regarding application of the criteria; other minor clarifications.	09/2019
09/2020	Annual Review: no changes	10/2020
9/2021	Annual Review: Clarified "Information Required with Prior Authorization Request"	10/2021
10/2022	Annual Review: no changes	11/2022
10/2023	Annual Review: no changes	11/2023
10/2024	Annual review. No changes.	11/2024

### V. References

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3. Knekt, P., Lindfors, O., Harkanen, T., et al. (2008). Randomized trial on the effectiveness of long- and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*. 38(5): 689-703.

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5. Leichsenring, F, Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *JAMA*. 300(13): 1551-1565.
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