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Developed By: Medical Criteria Committee	



Approved: Robert Mills, MD

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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. For the purposes of these criteria, “long-term” is defined as an episode of treatment lasting more than 12 visits. 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 up to one year and beyond and are evaluated on a case-by-case basis.

Criteria: Individuals with certain chronic psychological conditions may require psychotherapy and mental health services beyond the typical timeframe for treating these conditions.

Conditions that may warrant these additional services include:

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

Conditions that are contraindicated:

- Adjustment Disorder

Information to be Submitted with Request for Authorization:

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

1. Multi-axial diagnosis
2. Presenting symptoms
3. Relevant psycho-social and treatment history
4. Assessment of both substance abuse and mental health concerns
5. Measurable treatment goals
6. Scope and duration of planned treatment interventions
7. The client’s prognosis based upon diagnosis, baseline functioning, and client’s capacity for change.
8. The therapist’s estimation of the client’s level of functioning without treatment
9. The plan for preventing the client’s dependency on therapy and encouraging expansion of social supports.

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Criteria for Continued Treatment:

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. **Note:** *While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management, the routine use of extended outpatient visits lacks empirical support and is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*
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. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
5. Continued progress toward 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. Possibility of underlying Axis II condition
 - c. Need for psychosocial interventions (i.e., support groups)
 - d. Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)
7. If there is a clear 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. Periodic treatment plan updates may be required to track patient's progress.

Termination Criteria:

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

1. Patient has returned to previous functioning 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)

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3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

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- 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.