

# Maximizing the Use of Psychotherapy With PMHNP: *A Call to Action for Nurse Leaders*

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Mental illness is a growing issue globally and is expected to cost \$16 trillion by 2030 and costs the US health care system over \$193 billion annually. People with mental illnesses frequently have comorbid medical diseases that have bidirectional causes often not easily solved with medications alone. Psychiatric/mental health nurse practitioners (PMHNPs) need to treat patients both with psychotropic medications and psychotherapy. PMHNPs are fully competent to perform psychotherapy. There is a decade-long trend that PMHNPs have been drifting further away from providing psychotherapy. This article debunks the argument that the services of PMHNPs providing psychotherapy are significantly less profitable from prescribing medications. Nurse leaders also are provided recommendations on how to encourage and create an environment where PMHNPs can increase the use of their psychotherapy skills.

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**M**ental health disorders affect all ethnicities, age groups, and socioeconomic backgrounds. The World Health Organization estimates that over 300 million people suffer from depression alone, making it the leading cause of disability worldwide.<sup>1</sup> It is estimated by 2030 that mental illness will have a global cost of \$16 trillion.<sup>2</sup> In the United States, 1 of every 5 people (46.6 million people in 2017) have a mental health disorder.<sup>2</sup> This has cost the US health care system over \$193 billion in lost productivity.<sup>3</sup> The direct costs of treating mental illness is significantly less than indirect costs because it is estimated that nearly 50% of adults and 80% of children do not get the care they need for their mental illness.<sup>3,4</sup> This is seen as a multifaceted problem with some of the causes being identified as a broken mental health care system, stigma, and lack of access to psychiatric/mental health providers. Mental illnesses nearly always are comorbid with physical diseases. This is reported as a bidirectional problem that robs those with severe mental illnesses (e.g., schizophrenia, bipolar disorder) of nearly 10 to 15 years of their life expectancy.<sup>4,5,6</sup>

These comorbid physical and mental health conditions can be found on inpatient and outpatient behavioral health units but will also impact medical and surgical units in a general hospital setting. These individuals with comorbid conditions require

specialized care that increases the stress on an already fragmented health care system. Although medications are an important aspect of treatment, psychotherapy is also essential in many cases. Over the past few decades, mental health professionals including psychiatric/mental health nurse practitioners (PMHNP) have moved to a higher reliance on drug prescribing and less psychotherapy. The purpose of this article is to discuss the importance of PMHNPs in providing psychotherapy and debunk the myths that it impacts reimbursement. The implications for nurse leaders (NLs) who provide strategic direction in their health systems will be presented.

## KEY POINTS

- **Psychotherapy is an essential skill that PMHNPs are able to perform and can lead to better patient outcomes than medication alone.**
- **The data demonstrate that psychotherapy is an effective intervention and billable CPT code that should be utilized by all PMHNPs.**
- **Nurse leaders are in a key position to influence psychotherapy use with PMHNPs through new knowledge and recommendations.**

## CRITICAL ROLES FOR PMHNP IN PSYCHOTHERAPY

PMHNP are certified nurse practitioners (NPs) who are able to identify and treat various physical and psychiatric diseases. PMHNPs provide specialized care to treat a wide array of mild to acute psychiatric illnesses. As the name implies, PMHNPs are able to both prescribe medications and perform psychotherapy for those with psychiatric disorders. Psychotherapy, like psychotropic agents, is not a cure for mental illness, but there are distinct practice differences between these interventions. Depending on the theoretical underpinnings, psychotherapy can be effective in brief and time-limited appointments performed either on an inpatient or outpatient basis. PMHNPs could provide integrated psychotherapy and medication management to patients through the health care system regardless of where the patients are housed. If psychotherapy would become a routine part of the way PMHNPs practice, then access to psychotherapy would be substantially increased, resulting in better outcomes.

## PMHNPS AS PSYCHOTHERAPISTS

The term *psychotherapist* does not belong to any profession exclusively. Several professionals from a variety of disciplines who have masters and doctorate degrees are able to perform and bill for performing psychotherapy.<sup>7</sup> Some have questioned the legitimacy of PMHNPs to perform psychotherapy. This is based on misinformation both from outside and within nursing. In 1954, the first advanced practice nurse role developed was the psychiatric/mental health certified nurse specialist. This program was under the guidance of Hildegard Peplau and looked to treat the people with mental health disorders from a holistic perspective where psychotherapy was the primary intervention.<sup>8</sup> Psychotherapy continues to be the heart and soul of the role of the PMHNP. Psychotherapy has even been called the “4th P” in NP education.<sup>3</sup> This is to delineate that the core courses in all NP education that includes advanced physiology, pathophysiology, and pharmacology should be held at the same level as psychotherapy education for PMHNP students.<sup>7,9</sup> The American Nurses Association (ANA) listed in their 2013 Scope and Standards for psychiatric nursing under standard 5f, “The Psychiatric-Mental Health Advanced Practice Registered Nurse conducts individual, couples, group and family psychotherapy using evidence-based psychotherapeutic frameworks and nurse-patient therapeutic relationships.”<sup>10</sup> The 2013 National Organization of Nurse Practitioner Faculty (NONPF) PMHNP competencies also review: “Conducts individual and group psychotherapy applies supportive, psychodynamic principles, cognitive-behavioral and other evidence based psychotherapy/ies to both brief and long term individual practice.”<sup>11</sup>

The American Nurse Credentialing Center (ANCC) is a subsidiary of the ANA and the only organization that credentials PMHNPs in the United States. The ANCC requires that all PMHNP students are educated and trained in at least 2 psychotherapy modalities.<sup>12</sup> There has been some discussion about whether this means 2 different types of psychotherapies (e.g., individual, group, couples, or family) or different theoretical psychotherapy approaches (e.g., cognitive behavioral, psychoanalytic, or interpersonal). In Table 1, there is renewed emphasis on psychotherapy content on the PMHNP certification exam. From a cursory review of the 2019 updated PMHNP test content, it is seen that instead of having psychotherapy content spaced across 3 broad domains of practice, there is now direct influence of having psychotherapy content on the ANCC test. This change will have a ripple effect on the educational curricula currently being taught for the foreseeable future.

## SURVEY EVALUATION OF CONTENT IN ACADEMIC PROGRAMS

In 2017, a survey of PMHNP program directors supported by NONPF was done to review the amount of psychotherapy content in each program. What was discovered was that there was a high level of variance in the amount and structure of psychotherapy being provided to PMHNP students.<sup>14</sup> Some programs did not have any psychotherapy-specific clinical hours, and 1 reported that all of their 720 clinical hours are psychotherapy focused. Looking at what interventions practicing PMHNPs are using, it's reported that nearly 65% of PMHNPs are using psychotherapy either alone or in combination with medication management with some of their clients. However, less than 5% are using group or family psychotherapy as their primary intervention.<sup>15</sup> This was consistent with a similar survey done in 2009.<sup>16</sup> These surveys also reported that an overwhelming majority of PMHNPs are using medication management as their primary intervention. This trend toward medication management and away from psychotherapy is due to a shift in the emphasis at academic programs but also due to perceived billing limit.

## BILLING AND REVENUE FOR PSYCHOTHERAPY

Since 2011, many authors have inquired about whether the move of psychiatrists and PMHNPs toward medication management and away from psychotherapy is primarily economically driven.<sup>17</sup> With the national average PMHNP annual salary over \$120,000, there are some that think the only way to justify this salary is by utilizing the evaluation and management (E/M) codes related to medication management.<sup>18</sup> There does exist a cost difference between billing for E/M codes and psychotherapy codes. When reviewing the Centers for Medicare & Medicaid

**Table 1.** 2015 Versus 2019 ANCC PMHNP Certification Exam Content<sup>12,13</sup>

	Percentage of Test Items	Date Implemented
<i>Domains of practice, 175 questions total</i>		
<i>I. Foundation of Advanced Practice</i>	29%	December 23, 2015
<i>II. Professional Role and Policy</i>	40%	
<i>III. Independent Practice Competencies</i>	31%	
<i>Content domains, 150 questions total</i>		
<i>I. Scientific Foundation</i>	20%	December 16, 2019
<i>II. Advanced Practice Skills</i>	25%	
<i>III. Diagnosis and Treatment</i>	25%	
<i>IV. Psychotherapy and Related Theories</i>	15%	
<i>V. Ethical and Legal Principles</i>	15%	

Services reimbursement rates starting on July 1, 2019 (Table 2), you can see the reimbursable billing can be very similar when practicing psychotherapy along with E/M codes. A PMHNP can bill E/M codes on varying levels of severity based on their medical decision-making. Assuming an average Current Procedural Terminology (CPT) code of 99213 is billed for \$61.93 and a PMHNP can see up to 4 patients an hour, this calculates to \$247.72 reimbursable income per hour. E/M CPT codes do not require a specific time spent with a patient, but typical psychiatric practice would use E/M codes for 15- to 30-minute appointments. Psychotherapy CPT codes do have time requirements in which 90832 or 90833 is billed when spending 16 to 37 minutes, 90834 or 90836 is billed when spending 38 to 52 minutes, and 90837 or 90838 is billed when seeing a patient over 53 minutes.<sup>19</sup> The times referenced in Table 2 are what most conceptualize as the time requirements for each code. PMHNPs can bill for psychotherapy codes because it is within their scope of practice as established by the ANA, American Psychiatric Nurses Association, and NONPF. Psychotherapy has been established as an effective evidence-based intervention since the 1970s.<sup>20,21</sup> There are specific psychotherapy CPT codes that a PMHNP could use along with E/M codes. Another misconception of psychotherapy is that it needs to be performed for an hour. This standard has never been evidence based and is primarily found to be due to insurance requirements.<sup>22</sup> Performing psychotherapy for 30 minutes can be effective. Reviewing the billables for PMHNPs using 90833 along with 99213 for an hour would reimburse at \$242.14 each hour (\$118.26 [2-90833] and \$123.86 [2-99213]). This demonstrates only a \$5 difference between seeing people for medication evaluation only versus psychotherapy and

medication evaluation. One of the best interventions in psychiatry/mental health is the use of both medications and psychotherapy.<sup>23</sup> Having PMHNPs provide these skills simultaneously is financially justifiable and can preserve the role of the PMHNP and provide clients the best care.

## CALL TO NURSE LEADERS

**1)** Ensure the PMHNP within each organization practices to the full scope of their training and license.

Nursing is an autonomous profession that is known to implement the science of caring. PMHNPs are first and foremost nurses and should not be boxed in as just prescribers. A high quality PMHNP hire will want to implement the most appropriate intervention for each person they treat, and frequently, this may not be prescribing a medication. When recruiting and orienting PMHNPs, allow them to practice as they desire, but also make it explicitly known that providing and billing for psychotherapy interventions will be supported.

**2)** Expect PMHNPs to practice and bill for psychotherapeutic interventions.

Reviewing a PMHNP's billing practice is customary and necessary. The NL should review with the PMHNP that it is appropriate to incorporate psychotherapy in practice and use psychotherapy CPT codes for billing. This interaction will create an active partnership between the PMHNP and NL to establish appropriate benchmarks of how much psychotherapy can be utilized by PMHNPs within your organization.

**Table 2.** 2019 CMS Reimbursement Rates for PMHNPs<sup>24,25</sup>

Intervention	CPT Code	Reimbursement Rate	Yearly Limits
<i>Evaluation and management</i>	99201 (new)	\$37.61	None
	99202	\$63.30	None
	99203	\$89.78	
	99204	\$137.49	
	99205	\$173.22	
	99211 (established)	\$18.66	
	99212	\$37.22	
	99213	\$61.93	
	99214	\$91.05	
	99215	\$122.16	
<i>Psychotherapy only</i>	90832 (30 min)	\$59.13	36 appointments
	90834 (45 min)	\$78.69	
	90837 (60 min)	\$118.10	
<i>Psychotherapy with evaluation and management</i>	90833 (up to 30 min)	\$77.79-\$232.35	None
	90836 (up to 45 min)	\$97.35-\$251.91	
	90838 (over 45 min)	\$136.76-\$291.32	
<i>Family therapy</i>	90846 (patient absent)	\$95.01	24 appointments
	90847 (patient present)	\$98.82	
	90849 (multi-family group)	\$35.18	
<i>Group therapy</i>	90853	\$23.61	40 appointments

The NL would then be responsible for reviewing whether those benchmarks were achieved. If the goals were not achieved, review whether there is any further training or support that is needed to acquire this increase in the use of psychotherapy skills. As is common in most organizations, the development of PMHNP psychotropic medication management skills is fostered through collegial mentoring and financial support for continuing education opportunities. These supportive interventions can be utilized for developing the psychotherapy skills of the PMHNP as well. Finding more experienced psychotherapy providers either within the profession or outside the profession would be ideal along with time off and monies for attending psychotherapy based continuing education trainings. As these progress, organizations may find it most advantageous to provide psychotherapy based continuing education in their facilities as to minimize loss of provider days through travel and lodging.

### 3) Expect resistance from some PMHNPs.

The transition away from the PMHNP practicing psychotherapy has evolved along the same path as psychiatrist.<sup>26</sup> Reimbursement streams have been

favoring the role of the prescriber over the psychotherapist for decades. This trend has led academic institutions to change curricula to allow more training in psychotropic medication management. This has led to more PMHNP graduates, and in turn, PMHNP faculty, with minimal to no training in psychotherapy. Therefore, as nursing leaders approach PMHNPs about starting to incorporate more psychotherapy in their practice, this may be seen as threatening to their livelihood. Anticipating and validating this resistance will allow for an open dialogue to facilitate change.

In conclusion, this call to NL to promote a culture that supports psychotherapy is timely. Utilizing a PMHNP's entire skill set and talent is necessary for every organization and patient outcomes. NLs can no longer believe and accept that PMHNPs are unable to provide psychotherapy or that providing psychotherapy will be financially disadvantageous. PMHNPs providing psychotherapy, along with prescribing psychotropic medications, provides the best outcomes to the widest range of those with mental illnesses. Holding PMHNPs accountable to provide the best care to every client they treat using psychotherapy will cause some disruption but will lead to improved outcomes and attract the best PMHNPs to your organization.

This is the time to expect the best from the PMHNPs you lead.

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