

Psychiatry Coding & Reimbursement Alert

Coding Quiz Answers: Compare Your Answers to Family Therapy Coding Quiz

Read our experts' opinions on deciphering these scenarios.

When reporting a session that is spent with the patient's family, you might have found that reporting for this service may not be as straightforward as it seems. Have a look at how to code each scenario and see if your coding for the scenarios match the answers that have been elaborated below.

Scenario 1: Individual Psychotherapy vs. Family Therapy

What to report: In this case scenario, you will have to report 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]) for the session that your psychiatrist performed counseling the family members of the patient.

When your clinician spends time interacting with the family members of the patient, you might easily get confused whether to report family therapy codes, 90846 (Family psychotherapy [without the patient present]) or 90847, or report an individual psychotherapy code (90832-+90838). As individual psychotherapy codes carry the phrase "with patient and/or family member," you can use these codes too to report for a session that includes family members.

To determine whether to opt for a family therapy code or an individual psychotherapy code when your clinician spends time with the patient's family members, you will need to check the documentation to help you decide the right code for the session with the family members.

If your clinician spent a significant portion of the session performing individual psychotherapy focused on the patient, and then spent some time interacting with the family members of the patient, you will need to choose an appropriate code from the individual psychotherapy codes depending on the time component. The time spent with the family members of the patient should be added to the time spent with the patient to derive the final time component to report the appropriate code from 90832-+90838.

However, if your clinician spent the majority of the time focusing on interacting with the family members of the patient and discussing how family interaction and involvement can help improve the patient's condition, you will need to report an appropriate family therapy code. You will report 90847 if the patient was present during the session or report 90846 if the patient was not there when your clinician counseled the family members.

As in the case scenario described, the major interaction was with the family members discussing family dynamics and how their involvement will help the patient's condition to get better; thus, you will need to choose a family therapy code for this session. Since the patient was present during the session, you will have to choose 90847.

Scenario 2: Family Session During Initial Evaluations

What to report: You will need to report 90792 (Psychiatric diagnostic evaluation with medical services) for the initial evaluation of the patient.

When your clinician is performing an initial psychiatric evaluation of the patient and in course of doing so he interacts with the family members of the patient, you should not report the time spent with the patient's family members

separately using 90846 or 90847. "CPT® guidelines preceding code 90792 are very clear on this point," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "CPT® states that psychotherapy may not be reported on the same day as a psychiatric diagnostic evaluation."

Also, you should not use an additional unit of 90792 for time spent with the family members considering it to be a totally different session. Even though you are allowed to report multiple units of 90792 when separate diagnostic evaluations are conducted with the patient and other informants (e.g., family members), you should not report more than one unit of the code for session spent with the patient and session spent with the family members on the same date. "Again, CPT® guidelines are clear; code 90792 may be reported only once per day," Moore says. You can report more than one unit of 90792 in the rare occasion in which your clinician's evaluation of the patient did extend to multiple sessions that spanned more than one calendar date of service. Again, under such circumstances, you will have to justify your claim for more than one unit of 90792 by providing adequate documentation explaining why the patient needed such an extended evaluation while providing reasons for the necessity of the multiple sessions that were conducted.

Reminder: According to Correct Coding Initiative (CCI) edits, you will face bundling if you try reporting family therapy codes with 90792. The modifier indicator for this edit bundle is '0,' which means that you cannot unbundle and report the two codes separately by appending any modifier. If you report both codes, only 90792 will be paid, if the payer is following CCI edits.

Scenario 3: Group Session with Family Members

What to report: In this case scenario, you will have to report five units of the multiple family group psychotherapy code, 90849 (Multiple-family group psychotherapy).

You cannot report the group psychotherapy code (90853, Group psychotherapy [other than of a multiple-family group]) for the group counseling performed by your psychiatrist, because this CPT® code is reported only when members of an active treatment group are part of a group psychotherapy session. Since your clinician is handling the counseling for the family members and not the patients, you should not report 90853 for this group session. Also, the descriptor to 90853 includes the phrase "other than of a multiple-family group," which clearly indicates that you cannot use this CPT® code for a group session with family members of patients.

Your reporting for the session will fall short if you report only one unit of 90849 for the group session with the family members, since there was more than one patient whose family members participated in the group counseling session.

But you cannot claim 90849 for each and every family member that participated in the group session. So, if you report 90849x13, since there were 13 family members who were involved in the group session, your calculation will go wrong and your claim may be denied.

In order to get your coding right, you should claim one unit of the code for each family of one patient that participated in the group session. Since there were family members of five patients in the group counseling session with your clinician, you have to report 90849x5.

Scenario 4: Same Day Individual and Family Therapy Session

What to report: In this case scenario, you will have to report 90846 for the time spent with the family members of the patient and 90832 (Psychotherapy, 30 minutes with patient and/or family member) with either modifier 59 (Distinct procedural service) or XE (Separate encounter) appended to the individual psychotherapy code.

As elaborated in case scenario 1, you will reserve the use of individual psychotherapy codes for time spent with the family members of the patient **if and only if** your clinician spent a significant portion of the session focused on the patient's psychotherapy and the time spent with the family members was an adjunct to that service.

Since in your case scenario, the session with the family members was separate and focused on their interaction and involvement with the patient, you should not collate the time spent with the patient and the time spent with the family and report the session with the CPT® code 90834 (Psychotherapy, 45 minutes with patient and/or family member) for the total of 50 minutes that were spent for the two sessions.

When you are reporting 90846 and an individual psychotherapy code, you will face edits according to CCI. Since the modifier indicator to the code bundling between 90846 and an individual psychotherapy code is '1,' you can unbundle the code edit using a suitable modifier. As individual psychotherapy codes are the column 2 code in the code bundling, you will have to append the modifier to this code.

Since your clinician spent 30 minutes in the individual psychotherapy session with the patient, you will have to report 90832 with the modifier 59 or XE appended to the code. For the session with the family members, you will need to report 90846.