

# Psychiatry Coding & Reimbursement Alert

## Coding Quiz Answers: Test Your Psychotherapy Reporting Skills With This Quick Quiz

Read our experts' opinions on coding these scenarios.

Scenario 1: Understand CPT® Time Rules For Appropriate Psychotherapy Code Selection

**What to report:** In this case scenario, you'll report 99212, +90833. To determine the appropriate code to report for a psychotherapy session, base your code choice using the CPT® time rules.

According to these rules, you will have to report 90832 (Psychotherapy, 30 minutes with patient and/or family member) or +90833 (...when performed with an evaluation and management service [List separately in addition to the code for primary procedure]) for the first 16-37 minutes of face-to-face psychotherapy service provided to the patient. Even though the descriptor for 90832 and +90833 mentions time as 30 minutes of service, you will use the same code even if your clinician provides a service that is as few as 16 minutes or up to 37 minutes.

When, as in this scenario, your clinician performs psychotherapy and in the same session he performs an E/M service such as the medication management, you will have to report the E/M service with an appropriate location and service specific E/M code such as 99212 (Office or other outpatient visit for the evaluation and management of an established patient...) and report the psychotherapy aspect of the service with an appropriate add-on code depending on the time spent for this part of the service.

So, even though the entire session lasted for 45 minutes, you will only count the time taken for the psychotherapy part of the service to choose the appropriate psychotherapy add-on code to report.

"As noted in the CPT® guidelines preceding the psychotherapy codes, time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service," points out **Kent Moore**, senior strategist for physician payment with the American Academy of Family Physicians. Since psychotherapy performed by your clinician lasted 35 minutes, you will choose +90833 to report in addition to 99212 for the E/M portion of the encounter.

### Scenario 2: Family Counseling With Psychotherapy

**What to report:** For this scenario, you would report 90834 (Psychotherapy, 45 minutes with patient and/or family member). The descriptors to psychotherapy codes include counseling provided to family members also. However, since there are family psychotherapy codes, 90846 (Family psychotherapy [without the patient present]) and 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]), it can be quite confusing when to use codes for counseling provided to family members of the patient and when to use basic psychotherapy codes.

**Tip:** One way to understand and get rid of this confusion is to check the focus of the psychotherapy. If the psychotherapy was primarily focused on the patient with some involvement of the family members, you'll have to include the time spent with the family members in determining the appropriate psychotherapy code among 90832, 90834 or 90837.

If the focus of the session was primarily on counseling the family members of the patient and providing them information about how their interaction with the patient will benefit in his/ her treatment, you'll have to use the family psychotherapy session codes, 90846 or 90847, as appropriate.

Since in the case scenario that has been described, your clinician spent most of the session providing psychotherapy to

the patient and only counseled the patient's hubby to discuss the treatment, the results of the treatment, and future goals that he has planned to achieve, you will have to stick to using the basic psychotherapy code.

"You still use the total time spent with the patient and her husband to pick the appropriate code," notes Moore. "In this case, that is 40 minutes, which falls in the range of 38-52 minutes associated with 90834," he adds.

Also, Correct Coding Initiative (CCI) edits bundle basic psychotherapy codes with the family psychotherapy code 90847 with the modifier indicator '0,' which means that you cannot report the two codes together under any circumstances. In case you report these two codes together, only your claim for 90847 will be paid, and your claim for the psychotherapy code will be rejected, as this is the column 2 code in the edit bundle.

### **Scenario 3: Psychotherapy Ending in Crisis Management**

**What to report:** You will only report 90839 (Psychotherapy for crisis; first 60 minutes) in this situation described. Even though your clinician performed 20 minutes of psychotherapy prior to crisis management, you cannot report this with 90832.

According to CPT® guidelines, "Psychotherapy provided to a patient in a crisis state is reported with codes 90839 and 90840 and cannot be reported in addition to the psychotherapy codes 90832-90838."

Also, Correct Coding Initiative (CCI) edits bundle crisis management codes into non-crisis psychotherapy codes. These edits carry the modifier indicator '0,' which indicates that you cannot break the code bundling under any circumstances. Thus, if you report 90839 with a code like 90832 or 90833, only the basic psychotherapy code (e.g. 90832) will be paid, if the payer is following the CCI edits.

### **Scenario 4: Reporting a Prolonged Psychotherapy Session**

**What to report:** In this situation, you will only report the E/M code (99213, Office or other outpatient visit for the evaluation and management of an established patient...) for the evaluation that your clinician performed at the beginning of the encounter and report +90838 (Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service [List separately in addition to the code for primary procedure]) for the psychotherapy aspect of the service.

In situations where a psychotherapy service (with no E/M service) extends to duration of 90 minutes or more, you can use prolonged services codes (99354-99357) as an add-on code to 90837 (Psychotherapy, 60 minutes with patient and/or family member). However, in situations wherein your clinician is also providing an E/M service in addition to the extended psychotherapy session, you are not allowed to report a prolonged service code in addition to +90838. "The CPT® guidelines preceding the psychotherapy codes are very explicit on this point; prolonged services may not be reported when psychotherapy with E/M is reported," says Moore.

Also, according to CCI edits, the prolonged services code is the column two code for +90838 with the modifier indicator '0,' which lets you know that you cannot use these codes together under any circumstances.