

Psychiatry Coding & Reimbursement Alert

CPT® 2013 Strategies: Count Minutes, Separate Services When Reporting Psychotherapy Codes

Hint: Don't overlook services provided to the patient's family.

To correctly report the CPT® 2013 codes for psychotherapy services, namely, 90832, 90834 and 90837, you'll need to focus on the time spent by your clinician in providing these services while looking at whether or not a simultaneous evaluation and management (E/M) services was provided.

Nix Location, Interactive Qualifiers

Based on time spent by your clinician in providing psychotherapy, you'll report one of the following new codes:

- 90832 ☐ Psychotherapy, 30 minutes with patient and/or family member
- 90834 ☐ Psychotherapy, 45 minutes with patient and/or family member
- 90837 ☐ Psychotherapy, 60 minutes with patient and/or family member

Reminder: Unlike old codes for psychotherapy, you do not have different codes when these services are provided in different locations (such as outpatient, office or inpatient). The new codes are the same, regardless of the location in which these services are provided.

Another difference: "Also unlike the old codes for psychotherapy, these codes are not dependent on whether the psychotherapy was 'interactive' or 'insight oriented, behavior modifying and/or supportive,'" notes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "Interactive complexity is now captured with the single add-on code, +90785 (Interactive complexity [List separately in addition to the code for primary procedure])," points out Moore.

Apply CPT® Time Rules For Accurate Reporting

Although the codes for psychotherapy services, 90832, 90834 and 90837 mention exact times for choosing the appropriate code, you'll have to rely on the CPT® time rules to choose the right code as your clinician might not perform a session corresponding exactly to any of the times mentioned.

As per CPT® time rules, you'll report 90832 for a psychotherapy session that lasts between 16 minutes to 37 minutes, 90834 for a session that lasts between 38 minutes to 52 minutes and 90837 for a session that is more than 53 minutes.

If the psychotherapy session lasts for a period longer than 90 minutes of face-to-face time with the patient, you can consider adding an appropriate prolonged service code (99354-99357) as an add-on code to 90837. The appropriate prolonged service code is determined depending on the time spent with the patient and the place of service. These add-on codes should be used in addition to reporting 90837, and time calculated for these codes should be counted beyond the first hour that is spent (which is reported with 90837).

Example: Your psychiatrist provides behavioral psychotherapy for a 35-year-old female patient who had been referred to him about a month back from the emergency department of your hospital. Your psychiatrist made a diagnosis of agoraphobia and put the patient on sertraline. The present session that your psychiatrist performed was oriented towards reducing anxiety feelings and helping to overcome fear of travel and social situations that the patient was in the habit of avoiding, because she feared panic attacks.

Your psychiatrist spent a total time of 50 minutes face-to-face with the patient in providing psychotherapy services to the

patient. There were no other evaluation and management services provided during the session. You will have to report the session conducted with 90834 as it is used to bill a session between 38-52 minutes.

Check for E/M Services and Pharmacological Management

When your psychiatrist provides psychotherapy and in the same session performs an evaluation and management (E/M) service, you will have to choose the appropriate E/M code and report the psychotherapy, based on time, using the add-on codes, +90833 (Psychotherapy, 30 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]), +90836 (Psychotherapy, 45 minutes...) and +90838 (Psychotherapy, 60 minutes...). You will also have to choose an appropriate E/M code and these above mentioned psychotherapy add-on codes if your psychiatrist performs psychotherapy and medication management.

But, if your prescribing psychologist or other non-medical practitioners who are licensed by their state to prescribe but are not qualified to bill evaluation and management services perform medication management with psychotherapy, you will have to resort to using the add-on code +90863 (Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure]) with the appropriate psychotherapy code (90832, 90834 or 90837).

Example: Your psychologist reviews a 55-year-old female patient whom he has been seeing for the past two months for complaints of depression. He has been conducting regular sessions of psychotherapy to help the patient overcome the depression. The patient is also on anti-depressant medication.

During the psychotherapy session, your psychologist reviews the effects of the patient's medication, including any adverse effects. He does not make any changes to the medication the patient is presently taking. The entire session lasts for 45 minutes, with your psychologist spending about 10 minutes on pharmacological management. Since your psychologist spent 35 minutes on psychotherapy of the patient, you'll report 90832 for the session and report the medication management with +90863.

Know When to Use Psychotherapy Codes for Family Therapy

If you look at the descriptor for the new psychotherapy codes, 90832, 90834 and 90837, you'll notice that it includes family members also. Since the old codes, 90846 (Family psychotherapy [without the patient present]) and 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]) are still in use, you'll need clarity on when to use these codes and when to use the new codes if your clinician performs psychotherapy that includes family members of the patient.

Best bet: Check where the focus of the psychotherapy session was. If the psychotherapy was principally focused on the patient with some involvement of the family members but little or no emphasis on the family environment or family interactions, 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 entirely 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.

Caveats: Family psychotherapy coding may be separately reported for each patient in the family group, but it should not be reported for each family member. Also, these codes are not time-based and should be reported per session. "The patient is not required to be present at all the family psychotherapy sessions," states Moore. "If he or she is not present, use code 90846. However, when the patient is present for family psychotherapy, use code 90847."