

## Psychiatry Coding & Reimbursement Alert

### CPT® 2017 Update: Get A First Look At Coding Changes Affecting Psychiatry in 2017

**You may no longer be able to consistently report family counseling.**

As we slowly reach the close of the year, you might have been wondering what changes you will see among psychiatry codes in CPT® 2017. While you might not see any new codes being added to your coding arsenal, there are chances that you will see some revisions to your current psychotherapy and family therapy codes that will have an impact on your present coding practices.

#### **Nix Family Member Counseling From Psychotherapy Codes**

If the proposed changes come into effect, you might have to eliminate time spent in counseling provided to family members to calculate the total time spent by your psychiatrist in performing psychotherapy.

Currently, all the individual psychotherapy codes (90832-90838) include the phrase, "and/ or family member." So, when calculating the time component of the psychotherapy service, you combine the time spent in the psychotherapy session with the patient and the time spent with family members.

However, if the proposed changes in CPT® 2017 are approved, you might see the elimination of the "family member" counseling from this code range. If these changes go into effect, you can only calculate the time spent in the individual psychotherapy session with the patient to report the appropriate code from 90832-90838. The time spent by your clinician with the patient's family members cannot be added to the time spent performing individual psychotherapy once the proposal is finalized. The counseling provided to family members will have to be reported only with family therapy codes (90846-90847) if it satisfies the requirements of reporting these codes.

**Impact:** Since psychotherapy codes are no longer likely to include time spent with "family members," you'll no longer face the confusion that many coders had regarding whether to include family member counseling with individual psychotherapy codes or report family therapy codes separately.

"Eliminating 'and/or family member' from the individual psychotherapy codes will create a brighter line distinguishing codes 90832-90838 from 90846-90847," says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "That should make it easier to choose the appropriate code(s) in a given situation. However, coders will still need to be mindful of when it is appropriate to report 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]), because the patient and family were seen together and family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions, versus reporting a combination of 90846 (Family psychotherapy [without the patient present]) and an individual psychotherapy code to reflect distinct services provided to the patient and his or her family," Moore adds.

As "family member" counseling is going to be eliminated from the psychotherapy code range 90832-90838, you might come across instances wherein you will have to now report a lesser level code than in the past, because the time spent with the patient is shorter than the combined time spent with the patient and family members. Reporting a lower level code will lead to a decrease in your reimbursement as compared to the higher level code that you might have reported otherwise.

If this change in CPT® occurs, you might not be able to even report the appropriate individual psychotherapy service altogether in some situations. For instance, if your clinician performs an extremely short session of individual psychotherapy service that does not satisfy the minimum time requirement of 16 minutes necessary to report 90832 or 90833, adding in the time spent with family members can sometimes satisfy this time requirement and allow you to report an individual psychotherapy code. However, if time spent with the family can't be added to the individual patient's time component, you might not be able to report the individual psychotherapy service in such a situation.

**Example 1:** Your psychiatrist performs individual psychotherapy for a patient for 45 minutes and spends another 10 minutes counseling family members. Currently, you can add the time spent with the patient and the family members and report 90837 as the session lasts for 55 minutes and satisfies the CPT® time rules for 90837 (Psychotherapy, 60 minutes with patient and/or family member), which you can report for a session with a duration lasting more than 53 minutes. But, if the proposed changes come into effect, you will only be able to report 90834 (...45 minutes...) taking into consideration only the time spent in individual psychotherapy.

**Example 2:** Your psychiatrist performs individual psychotherapy for 13 minutes and spends another 10 minutes with family members. With the present rules for reporting, you can report 90832 (...30 minutes...) as the session satisfies CPT® time rules for 90832 of 16-37 minutes by adding the time spent with the individual and their family. However, going by the proposed changes, you will not be able to report 90832 as the individual psychotherapy session failed to meet the minimum time requirement of 16 minutes for the code.

### **Add up Time Component to Family Therapy Codes**

In addition to the proposal of removing family counseling from individual psychotherapy codes, there is also a proposal to include a time component for the existing family therapy codes, 90846 and 90847.

Currently, there is no time descriptor for family therapy codes 90846 and 90847. Therefore, irrespective of the amount of time your clinician spends counseling the family, you will report the time spent with family members with one unit of either 90846 or 90847.

However, if the current proposal sees light, you might see the addition of a time component to both the family therapy codes. The proposed time that is likely to be included is "50 minutes." Like with all time descriptors, you might have to use the CPT® time rules while reporting family therapy codes, if the proposed changes come into effect.

So, even though the descriptor is likely to read the time component of the family therapy codes as "50 minutes," your clinician need not always perform family counseling for 50 minutes for you to report one unit of 90846 or 90847. According to the time rules, you will be able to report one unit of family therapy codes 90846 or 90847 if your clinician spent a minimum of 26 minutes performing the service.

**Impact:** Even though the time spent for the family counseling is set to be separated from individual psychotherapy codes, you will have to continue to ask your clinician to record the time spent in individual psychotherapy as well as family counseling. As family therapy codes will have a time component and calculation of time component continues to be the deciding factor for reporting individual psychotherapy codes, you will still have to continue calculating time components of both "individual" and "family therapy" services.

Since family counseling will be separated from individual psychotherapy codes, your clinician will now need to separately count time spent with the patient and with the family members.

"Remember when reporting family therapy codes and individual psychotherapy codes together that there are Correct Coding Initiative edits that come into play," Moore says. "The family therapy code is primary in each edit, and the edits permit use of a modifier when appropriate, so you'll need to append that modifier to the individual psychotherapy code, if you go that route."

If the proposed changes come into effect, you cannot always report time spent counseling family members with 90846 or 90847. Since these codes will carry a "time" descriptor, the time requirements for the code will have to be met for you to report the service. So, unless your clinician is involved in counseling the family members for a minimum period of 26 minutes, you will not be able to claim this service.

**Stay tuned:** These changes are only proposed and are not yet final. For the final changes that you are likely to see in CPT® 2017, watch further issues of the Psychiatry Coding Alert.