

## Psychiatry Coding & Reimbursement Alert

### CPT® Coding: Get Set to Refresh Family Therapy Reporting Beginning New Year

**Hint: Report family codes only if time component is satisfied.**

As you make way for CPT® 2017 that comes into effect on Jan.1, 2017, you will need to know some changes to reporting family therapy codes. You will need to quickly incorporate these changes to your coding arsenal lest you end up receiving denials to your family therapy claims.

#### Distinguish Family Therapy from Individual Therapy

CPT® 2017 has introduced a change where it has eliminated the term "and/ or family member" from all the individual psychotherapy codes (90832-90838). So, you will now no longer have to factor in time spent with family members when reporting individual psychotherapy services.

Since time spent with family members could potentially be reported either as part of individual psychotherapy or using family therapy codes, 90846 (Family psychotherapy [without the patient present], 50 minutes) or 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present], 50 minutes), it caused a lot of confusion among coders. You would have to look at the intent of the service to discern whether to report the family counseling as part of individual therapy codes or with separate family therapy codes.

If the focus of the session was on the patient with some peripheral interaction with the patient's family, you would have to choose an appropriate psychotherapy code from the 90832-90838 code range. On the other hand, if your clinician's focus during the interaction was principally on family dynamics and how it is affected the patient's condition or his treatment or on how family interaction could improve the treatment outcome, you would have to look at reporting an appropriate family therapy code, depending on whether or not the patient was present during the session.

Now, since CPT® 2017 has nixed the family member component out of the individual psychotherapy codes, you no longer have to worry about what the intent of the family therapy service was. You will only report any family counseling with an appropriate family therapy code as long as it satisfies the other parameters required to report the code.

#### Add Time Component to Family Therapy Services

Along with removing the "and/or family member" component from individual psychotherapy codes (90832-90838), CPT® 2017 has also introduced a time component for family therapy codes, 90846 and 90847. Both these codes now carry the term "50 minutes" in their descriptors. "Previously, these codes did not include any time component in their descriptors," says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

Even though the descriptors to 90846 and 90847 read "50 minutes," your clinician need not perform 50 minutes of family therapy for you to report either of these codes. CPT®'s time rules are applicable for these codes. "Per CPT®, a unit of time is attained when the mid-point is passed," notes Moore. So, according to the time rule, your clinician will have to spend a minimum of 26 minutes performing family therapy for you to report either 90846 or 90847 for family therapy. "Sessions will have to be at least 26 minutes for you to report family therapy codes," says **Melody Lidmila, CPC, CEC**, Coding specialist at the University of Colorado Health, in Loveland, CO. If your clinician performs family therapy that does not satisfy this time requirement, you will not be able to report the family therapy codes for the service.

#### Know if You Can Report Same Day Family and Individual Therapy

Since family therapy has now been further separated out from individual psychotherapy codes, you might face many

more situations wherein you might have to report same day individual psychotherapy codes and family therapy codes.

If you are planning on reporting same day individual psychotherapy and family therapy codes for a patient, then you will have to look at Correct Coding Initiative (CCI) edits, as you will face edit bundles if you try reporting both these codes together. "Codes 90832, 90833, 90834, 90836, 90837, and 90838 can be reported on the same-day as codes 90846 and 90847, provided that the services are separate and distinct," Lidmila says.

As the modifier indicator to this edit bundle is '1,' you can overcome the edit bundle by appending an appropriate modifier. "Be sure to include modifier 59 (Distinct procedural service) to emphasize that the services are separate and distinct," Lidmila adds. Since the individual psychotherapy codes are column 2 codes in the edit bundle with family therapy codes, you will have to append a suitable modifier (such as 59) to the individual psychotherapy code that you are reporting.

### **Continue to Avoid Reporting Family Codes with Evaluations**

When performing an initial psychiatric evaluation of a patient, your clinician might spend time interacting with family members. You should not report the time spent with the family members during evaluations using family therapy codes, 90846 or 90847. Also, you should not use the family therapy codes when your clinician performs an E/M service or is taking the family history.

You should continue to add up time spent with the patient's family as part of the evaluation of the patient and report an appropriate psychodiagnostic code (90791, Psychiatric diagnostic evaluation or 90792, ...with medical services) or an appropriate E/M service code (such as 99213, Office or other outpatient visit for the evaluation and management of an established patient...), depending on the service provided. "CPT® guidelines preceding psychiatric diagnostic evaluation codes clearly state that they may not be reported on the same day as psychotherapy or an evaluation and management service performed by the same individual for the same patient," Moore adds.

You will face bundling edits if you are trying to report family therapy codes with psychodiagnostic evaluation codes (90791/90792). According to CCI, family therapy codes are bundled into psychodiagnostic evaluation codes with the modifier indicator '0,' which means that you cannot undo the edit bundle under any circumstances.

You will also face edits, if you are trying to report family therapy codes with E/M codes. However, the modifier indicator for these edits is '1,' which means you can unbundle the codes by using a suitable modifier. Since the E/M service is the column 2 code in the edit bundle, you will use to use a modifier such as 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) appended to it.