

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Get Proficient With Family Therapy Reporting With This Expert Advice

Hint: You cannot report interactive complexity add-on code with family codes.

When your psychiatrist counsels the family of a patient, you will need to know when you have to report basic psychotherapy codes or report family psychotherapy codes for the service. When you report family psychotherapy codes, you will need to know what other codes you can or cannot report on the same date of service.

Intent of Session Governs Your Choice of Family Therapy Codes

Whenever your psychiatrist counsels the family of a patient or interacts with them, you will need to know what codes you can report for these services. For you to report the right code for interaction with the patient's family, you will need to see the focus of the session conducted by your clinician.

If the primary focus of the session was on the patient with some peripheral interaction with the patient's family, you will have to choose an appropriate psychotherapy code from the 90832-+90838 code range. As basic psychotherapy codes do include the phrase "and/or family member" in their descriptions, the time spent for the interaction with the family should be added to the time spent in the psychotherapy session with the patient to help choose the appropriate psychotherapy code.

Instead, if your clinician's focus during the interaction was principally on family dynamics and how it is affecting the patient's condition or his treatment or on how family interaction can improve the treatment outcome, you will have to look at an appropriate family therapy code. You choose the appropriate one depending on whether or not the patient was present during the session. You will have to report 90846 (Family psychotherapy [without the patient present]) if the patient was not in the session or report 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]) when the patient was present.

Note: When providing psychotherapy to a multiple family group (i.e. multiple families in a group session), you should report 90849 (Multiple-family group psychotherapy). Code 90849 should be reported separately once for each family group participating in the session.

Reminder: Unlike basic psychotherapy codes, family therapy codes do not contain a time component. These codes are reported only once per calendar date of service irrespective of the time spent with the family.

Coding tip: If you are in doubt about whether to use a basic psychotherapy code or a family therapy code for the time spent interacting with the family of the patient, you can query your clinician to check the intent of the session so that you can choose the appropriate code for the session.

Don't Use Family Therapy Codes for Evaluations

If your clinician is spending time with the patient's family during the initial evaluation of the patient, you should not report this with either 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® is very clear on this point," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "The guidelines preceding the psychiatric diagnostic evaluation codes clearly state, 'Codes 90791, 90792 are used for the diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapeutic services. Psychotherapy services, including for crisis, may not be reported on the same day'," Moore adds.

Important: You will face bundling edits if you are trying to report family therapy codes with psychodiagnostic evaluation codes (90791/ 90792). According to Correct Coding Initiative (CCI) edits, 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 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.

Example: Your psychiatrist is performing a psychodiagnostic evaluation of a 7-year-old child with learning difficulties. During the evaluation, he conducts a separate session where he sees the parents of the child without the child being present. He conducts a separate session with the child on another day. You report the session conducted with the parents using 90791 while you report another unit of the code (or 90792 if medical services were performed) for the session with the child. You do not report family therapy codes for the session in which only the parents participated.

Don't Report Interactive Complexity Codes With Family Codes

When reporting family psychotherapy codes, 90846 or 90847, you should remember that you are not allowed to report the interactive complexity add-on code, +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) with family therapy codes. The explanation provided to this is that the interactive complexity component is inherent to these codes and hence cannot be claimed for separately.

Per CPT®, common factors associated with interactive complexity include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. CPT® also says that typical patients requiring interactive complexity are those who have third parties, such as parents, guardians, or other family members, involved in their psychiatric care. This would seem to also be typical, if not inherent, in family psychotherapy. "This helps explain why +90785, which is an add-on code, cannot be added on to the family psychotherapy codes," Moore notes.

Exercise Caution When Reporting Same Day Psychotherapy and Family Codes

If you are planning on reporting basic psychotherapy codes and family codes for the same patient on the same calendar date of service, you will face edits according to CCI. These edits are different for 90846 and 90847.

If you are reporting 90846 with a psychotherapy code, you can unbundle the edit with the use of a modifier as the modifier indicator to this edit is '1.' You will have to append either modifier 59 (Distinct procedural service) or the modifier XE (Separate encounter) to the individual psychotherapy code that you are reporting.

However, you should remember that you cannot report 90847 with any basic psychotherapy codes. The modifier indicator for these codes is '0,' indicating that this edit cannot be broken. If you try reporting, an individual psychotherapy code with 90847, only the reimbursement for 90847 will be paid out and you will not receive anything for the basic psychotherapy code that you are reporting.

Example: Your psychiatrist performs psychotherapy for a patient with depression. He conducts the session for 35 minutes. After the session, he counsels the patient's wife and their two children (aged 18 and 21 years) for about 20 minutes without the patient present. You report 90846 for the family therapy that your clinician performed and report 90832 for the individual psychotherapy session with the patient with modifier 59 or XE appended.

