Psychiatry Coding & Reimbursement Alert

Mythbuster: Bust The Bubble on These 4 Misconceptions That Might Falter Psychotherapy Claims

Hint: Don't forget to check CCI when reporting additional services.

When your psychiatrist performs psychotherapy, you might easily get confused if you are not aware of CPT® time rules and other guidelines regarding what other services you can report on the same calendar date.

Put an end to these four common myths to arm yourselves with the right information, and ensure reporting success for every psychotherapy session.

Myth 1: You Can Use 90791 With Psychotherapy Codes When Necessary

Reality: When your clinician performs further assessments when necessitated by change in mental status, studying the effects of medications, etc., you will be able to report same session psychotherapy codes and E/M codes only.

But, if your psychologist or psychiatrist performs a psychiatric diagnostic assessment of the patient in the same session in which he performs a psychotherapy service, you cannot report 90791 for the assessment of the patient. Correct Coding Initiative (CCI) edits bundle 90791 into psychotherapy codes. This bundling carries the modifier indicator '0,' which indicates you cannot unbundle the services with the use of a modifier. So, if you report 90791 reported in addition to a psychotherapy service, only the psychotherapy service will be paid. "This is consistent with the CPT® guidelines that precede code 90791," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. According to Moore, "CPT® states, '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.'"

However, if your psychologist enjoys prescribing privileges, you can report +90863 if your clinician performs medication management in the same session as a psychotherapy service. CCI does not bundle this code with psychotherapy codes. So, you do not have to use any modifier to separate the codes.

Myth 2: You Can Never Use Base Psychotherapy Codes With E/M Codes

Reality: Typically, you cannot use the base psychotherapy codes (90832, 90834, and 90837) with E/M codes as CCI edits are in place that bundle the E/M codes into the base psychotherapy codes. Again, these codes carry the modifier indicator '0,' so you cannot unbundle the codes and report them separately. Also, you have add-on psychotherapy codes (+90833, +90836, and +90838) that are specifically to be used when your clinician performs a same session E/M service.

However, an exception exists when you are allowed to report a base psychotherapy code with an E/M service code for the same patient on the same calendar date of service. This can be done when the E/M service and the psychotherapy are provided by different clinicians. "For example, you might have a situation in which a patient sees a family physician for an E/M service and then sees a psychologist for psychotherapy," Moore points out.

When the E/M and the psychotherapy services are provided by different clinicians, you may want to submit two independent claims providing their individual national provider identifier (NPI) for the appropriate claim or otherwise make clear that the services were rendered by different providers reflected in different NPIs on a single claim. In other words, you would use the physician's NPI for the E/M service, and you would use the other clinician's NPI for the standalone psychotherapy.

Reimbursement tip: The add-on psychotherapy codes will fetch you better reimbursement than base psychotherapy codes. For example, +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]) carries a slightly higher RVU than the base psychotherapy code, 90832 (Psychotherapy, 30 minutes with patient and/or family member). According to the Medicare physician fee schedule for 2014, +90833 will fetch you approximately $66.27 (RVU 1.85 x 35.8228) in the non-facility setting while a claim for 90832 will fetch you approximately $64.84 (RVU 1.81 x 35.8228) in the same setting.

Myth 3: You Cannot Report 90832 For Sessions Less Than 30 Minutes

Reality: Although the descriptor for the CPT® codes, 90832 and +90833, mentions the time duration of 30 minutes, in actuality, these codes are used based on a range of time spent on the psychotherapy session. As per CPT® time rules, you will use 90832 or +90833 when your clinician performs the psychotherapy session for duration between 16 minutes to 37 minutes.

So, as per these rules, even though your clinician's session did not take up 30 minutes of time, you can still report 90832 for the session. However, 16 minutes is the stipulated minimum that your clinician has to spend in performing the session for the code to be reported. If your clinician's session lasted less than 16 minutes, you cannot report the session.

Reminder: According to these time rules, you report the other psychotherapy codes also on the basis of a range of time rather than fixed time as specified by the code's descriptors. So, according to this, you will report 90834 (Psychotherapy, 45 minutes...) and +90836 (Psychotherapy, 45 minutes...) for sessions that last between 38 minutes to 52 minutes and 90837 (Psychotherapy, 60 minutes...) and +90838 (Psychotherapy, 60 minutes...) for sessions that last longer than 53 minutes.

Myth 4: You Cannot Claim Time Beyond 60 minutes of Psychotherapy

Reality: Even though typical psychotherapy sessions last for duration of about 45 minutes to 60 minutes, you might be faced up with situations where your clinician extends the sessions beyond one hour. So, can this extended time be documented and separately claimed?

As noted, according to CPT® time rules, you will report 90837 for sessions lasting more than 53 minutes.While there are no separate CPT® codes specifically for psychotherapy sessions that last longer than 60 minutes, you do not need to always forego reimbursement for the extra time that your clinician spent.

You can get reimbursement in addition to your claim for 90837 when the psychotherapy session lasts for 90 minutes or more. In such a case, you will report an appropriate prolonged service code(s) (99354-99357) to cover the extra time spent on the patient. The appropriate prolonged service code(s) is determined based 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 (reported with 90837).

Reminder: Since 30 minutes is the halfway mark for reporting the base prolonged services codes (+99354 and +99356), you cannot use a prolonged service code if the psychotherapy session lasted for more than an hour but less than 89 minutes.