

Psychiatry Coding & Reimbursement Alert

Reader Question: Append Appropriate Modifier to Differentiate Individual and Group Psychotherapy

Question: If a patient receives individual psychotherapy and then on the same day is a part of group psychotherapy (not family), can I report both the services separately? The same psychologist was involved in providing the individual and group psychotherapy sessions to the patient.

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Answer: Since individual psychotherapy codes are column 2 codes for group psychotherapy codes such as 90853 (Group psychotherapy [other than of a multiple-family group]), you cannot report the two services together unless you use a suitable modifier to differentiate the two services provided to the patient on the same day.

So if a patient receives individual psychotherapy and then on the same day is part of a group psychotherapy session, you can report the two services separately by appending a modifier to the individual psychotherapy code that you are reporting. You will need to append the modifier 59 (Distinct procedural service) to the individual psychotherapy code to differentiate the two services provided to the patient or else you will be denied reimbursement for the individual psychotherapy service.

For instance, if your psychologist provides individual psychotherapy to the patient in his office for 20 minutes face-to-face and the same patient is part of a group psychotherapy (not family) on the same day, you report 90804 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient) with modifier 59 appended to it and 90853 for the group psychotherapy session with no modifiers attached to it.