

Psychiatry Coding & Reimbursement Alert

Reader Question: Base Psychotherapy Session Reporting on Time, Not Location

Question: If our psychiatrist performs a psychotherapy session in the patient's home, can we claim for these sessions? If so, what codes do we use for the therapy session?

Vermont Subscriber

Answer: The CPT® codes for psychotherapy that were introduced in 2013 removed location specificity for the codes. So, irrespective of the location in which a psychotherapy session was performed by your clinician, you can still report the same set of codes from the code range, 90832-90838.

In order for you to be able to report the session, you will have to report it based on the time your clinician spent in performing the session and whether any other E/M services or pharmacological management was performed in the same session.

If your clinician performed only performed psychotherapy and no other E/M service, you will have to report from one of the following codes depending on the time spent:

- 90832 (Psychotherapy, 30 minutes with patient and/or family member)
- 90834 (...45 minutes...)
- 90837 (...60 minutes...).

If your clinician performed psychotherapy in addition to any pharmacological management or any other E/M service, you will have to report one of the following CPT® codes for the psychotherapy part of the service. Report the E/M service with an appropriate code. Since the service occurred in the patient's home, this would most likely be a home services E/M code, 99341-99350.

- +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])
- +90836 (...45 minutes...)
- +90838 (...60 minutes...).

Coding tip: Ensure that all other documentation and time requirements for reporting the services are met so that you will not face the chances of denial for the service.