

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Check the Possibility of Reporting Individual and Family Psychotherapy Services

Question: A patient saw our psychiatrist for 25 minutes for a session of behavioral psychotherapy. On the same day, our psychiatrist also had a conjoint psychotherapy session with the patient's parents being present to evaluate interpersonal relationships and to assess the effects of the patient's condition on his family. Can I bill for the individual psychotherapy and family psychotherapy services separately?

Minnesota Subscriber

Answer: As per Correct Coding Initiative (CCI) edits, individual psychotherapy codes are column 2 codes for family psychotherapy code 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]). This goes to say that 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.

In your case, since your psychiatrist performed an individual psychotherapy session and then performed a separate family psychotherapy session, you will have to notify the payer that these two services were distinct to enable you to receive reimbursement for both the services. In order to do this, you have to report both the services and separate the two 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.

In this case, since your psychiatrist spent 25 minutes face-to-face with the patient for the individual psychotherapy session and there is no mention of medical evaluation and management, you should 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, assuming the service was provided in an office or other outpatient setting. You should also report 90847 for the conjoint family psychotherapy session with no modifiers attached to it.

Don't forget to include appropriate documentation to support that both the services rendered by your psychiatrist were reasonable, necessary, and distinct, or else the individual psychotherapy session might get denied.