

Psychiatry Coding & Reimbursement Alert

Reader Question: Don't Club E/M and Psychotherapy Services Provided

Question: If one of our psychiatrists is performing the evaluation and medication management of the patient and then the patient undergoes a psychotherapy session for 30 minutes with our psychologist, should I report the psychotherapy service using 90833 as an add-on code and report the E/M service as the primary service or should I report the services separately? I am getting confused with this.

Kansas Subscriber

Answer: Since the services are being provided by two different providers, you cannot combine the services provided by them and claim for the E/M code and the add-on code such as +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]) for the psychotherapy aspect of the service.

Instead, you'll have to separate the two services completely and make two different claims, one for the evaluation and medication management component of the service and the other for the psychotherapy component. You will have to bill these services using the appropriate clinician's name for each component of the service. So, you will have to bill the E/M service under your psychiatrist's name and his PIN and the psychotherapy component using the psychologist's name and PIN.

In this case scenario, you'll have to report the appropriate E/M code for the services provided by your psychiatrist and report the psychotherapy component using 90832 (Psychotherapy, 30 minutes with patient and/or family member) as your clinician performed the service for a period of 30 minutes.