

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Don't Include Documentation Time to Determine Psychotherapy Code

Question: Our psychiatrist usually conducts therapy sessions for about an hour and then spends another 15-20 minutes working on the documentation for patients. He is telling me to bill 90808 to cover the entire duration of about 75-80 minutes that he has been spending on each patient. Is this correct or should I bill only the time spent with the patient during the psychotherapy session?

Michigan Subscriber

Answer: If you look at the descriptor to 90808 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient) or any other code for psychotherapy services, you will notice that the time component to the codes is specific to the time spent face-to-face with the patient. So any service provided beyond the time spent face-to-face with the patient cannot be added to calculate the time component to determine the right psychotherapy code that you will have to report for the session conducted by your psychiatrist.

So if your psychiatrist is spending about an hour with the patient and then spending time on the documentation of the patient, you cannot claim the additional time spent on the documentation for the patient. You will face denials if you claim 90808 for reporting these services by your psychiatrist to the patient. It is therefore best to use 90806 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient) to report the psychotherapy session conducted, since face-to-face time is about an hour. Although the descriptor to 90806 only covers 50 minutes of face-to-face time, this is the closest to the time actually spent with the patient.