

Psychiatry Coding & Reimbursement Alert

Reader Question: Get Clarified on Reporting Individual & Family Psychotherapy Codes

Question: In a previous issue of the Psychiatry Coding & Reimbursement Alert, you have mentioned that there are no CCI edits between psychotherapy codes (90832-90838) and family psychotherapy codes (90846 & 90847). However, when I am checking the CCI edits, I see edits between these code pairs. Can you please clarify on this?

Colorado Subscriber

Answer: When checking on Correct Coding Initiative (CCI) edits, you'll also have to focus on the version of the edits. According to version 20.2 of the edits, you have no code bundling between individual psychotherapy codes (90832-90838) and the CPT® codes for family psychotherapy (90846, Family psychotherapy [without the patient present] and 90847, Family psychotherapy [conjoint psychotherapy] [with patient present]).

However, in the version 20.3 of the CCI edits, you'll find new edits that were introduced. According to the edits, you'll face bundling if you are trying to report individual psychotherapy codes and family psychotherapy codes for the same patient on the same calendar date of service.

When reporting 90846 with any individual psychotherapy code, the modifier indicator to the edits is '1,' which means you can unbundle the two codes using an appropriate modifier. Since, the individual psychotherapy codes are the column 2 codes for the edit bundles with 90846, you'll have to append the modifier to the individual psychotherapy code that you are reporting. For example, suppose, your clinician spent 45 minutes for individual psychotherapy, and then offered family psychotherapy without the patient present. In that situation, you'll report 90846 for the family psychotherapy and 90834 (Psychotherapy, 45 minutes with patient and/or family member) with the modifier 59 (Distinct procedural service) appended to it.

If you are planning on reporting individual psychotherapy codes with 90847, CCI bundling restricts you from doing so. The version 20.3 of the edits bundles individual psychotherapy codes into 90847 with the modifier indicator '0' which will not allow you to unbundle the two codes under any circumstances. So, you will only be able to report 90847 and not the individual psychotherapy code.

Since version 20.3 of the CCI edits came into effect on Oct.1, 2014, it applies primarily to services that were provided on or after the first of October, and you will use the above mentioned guidelines. For services that were provided prior to this date, you should, ideally, be able to report both the codes (individual psychotherapy and family psychotherapy codes) without using any modifier, given the CCI edit set in place at that time. However, if a payer's claims edits are keyed to the date a claim is processed rather than the date of service, you may have to follow the guidelines above even if the date of service would suggest otherwise.

Reminder: For services after Jan.1, 2015, you can consider using modifier XE (Separate encounter) instead of modifier 59 when reporting individual psychotherapy codes in addition to 90846, especially for Medicare.