

Psychiatry Coding & Reimbursement Alert

Reader Question: Get Clarity on Billing Add-on Codes for Psychiatry

Question: I have been coding for our psychiatry practice for some years now and do not have any experience in coding for any other specialties. As new add-on codes have been added to psychiatry sections, I would like to know how to bill these out on the 1500 form so that I don't make any mistakes.

Michigan Subscriber

Answer: When billing any add-on codes, you'll need to first bill out the primary service in the line one of the 1500 form. The add-on code will need to be filled in the line two listing it as the second service. All the lines should be filled in with all the details that are asked for including the fee. The fee for the primary service and the add-on codes should be listed separately in their respective line fields.

Although add-on codes are listed with the '+' sign in the CPT® manual, you'll only use the five digits of the CPT® add-on code when entering the 1500 form. You should not use the '+' sign when filling out the form.

For example, if you are reporting an E/M service such as 99213 with the add-on code for psychotherapy, +90836, you'll enter 99213 with all details including the fee in line one and then enter 90836 with its details and fee in line two.

Remember: Add-on codes should always be reported with a primary service. You cannot report add-on codes without reporting a primary service.