

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Know When You Can Report Two Psychotherapy Codes For Same Patient

**Question:** If our psychiatrist sees a patient and performs psychotherapy for 45 minutes face-to-face with the patient and then the patient is seen by our clinical social worker for another session for 30 minutes, should I report the psychotherapy sessions combined or should I report each session separately? If I need to report the sessions separately, can I report two psychotherapy codes for the same patient on the same day?

Michigan Subscriber

**Answer:** You should not combine the services provided by two different providers to calculate the time spent on providing psychotherapy to the patient. There is no provision or instruction in CPT® to do so. Furthermore, the services of psychiatrists and clinical social workers are not considered to be the same, and the reimbursement provided to the two may be different. For instance, Medicare pays for clinical social worker services at 75% of the physician fee schedule amount. Therefore you will need to report the services provided by the two providers separately.

So, in this case scenario, you will need to claim the services provided by your psychiatrist using 90834 (Psychotherapy, 45 minutes with patient and/or family member) and the services provided by your clinical social worker using 90832 (Psychotherapy, 30 minutes with patient and/or family member).

As per Correct Coding Initiative (CCI) edits, there is no bundling that exists to prevent you from reporting two psychotherapy codes together. However, you should typically only report two psychotherapy codes for the same patient on the same day when the services are provided by two different providers.

**Best bet:** Even though there is no CCI edit that prevents you from reporting 90832 and 90834 for the same patient on the same day, it is best to check with the individual payer about their rules regarding reporting two psychotherapy codes for a patient on the same day to avoid the risk of payer denial.