

Psychiatry Coding & Reimbursement Alert

Reader Question: Should Family Therapy Be Always Face-to-face? Take Note

Question: We recently had a very peculiar situation in our practice. We had a patient coming in for a scheduled psychotherapy session. Since the patient's wife had some pressing issues, she could not be physically present with the patient during the session. Our clinician spent some time interacting with the patient's wife over the phone. He is of the opinion that family therapy service need not be face-to-face and that we can claim 90847 for the time that our clinician spent speaking to the patient's wife over the phone. Is this possible?

California Subscriber

Answer: CPT® guidelines do not specify that the encounter necessarily needs to be face-to-face. However, an article on psychiatry coding in the March 2001 issue of CPT® Assistant suggests that the service is typically expected to be provided face-to-face with the family member(s) as well as the patient.

In that article, there is an example of 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]) involving a married couple. The example notes that "Intraservice work includes observation and interpretation of interactive patterns of communication and behavior of this couple with each other; . . ." This kind of an interaction would be hard, if not impossible, to do if the wife is on the phone rather than in the room with the patient and your psychiatrist.

So, it might be more acceptable for you to bill 90847 in a situation where most of the patient's family was physically present with the patient and one member was remotely participating via phone. In that scenario, your psychiatrist could still observe and interpret interactive communication and behavior for most of the family, which appears to be a key element of 90847, per the CPT® Assistant article.