

Psychiatry Coding & Reimbursement Alert

Reader Question: Understand Whose Insurance to Bill For Multiple Group Psychotherapy

Question: We have recently started providing group therapy sessions to patients and family members of patients who are undergoing bariatric surgery. The sessions are being conducted by a clinical social worker who belongs to our multi-specialty practice. How do I report these sessions? Also, should I bill these services to the patient's insurance or to the insurance of the family members of the patients who participate in the sessions?

Indiana Subscriber

Answer: You have not mentioned whether it is the patient and the family members of the patient who are attending the session or if respective family members of multiple patients are participating in the sessions.

If only one patient and his/ her family members are part of the session, then you will have to report these services using the family psychotherapy codes depending on whether the patient was present for the session or not. So, depending on whether the patient was present in the session or not, you will use one of the following codes:

- 90846 (Family psychotherapy [without the patient present])
- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present])

Family psychotherapy coding may be separately reported for each patient in the family group; however, it should not be reported for each family member. So, for example, if a patient and his parents are present for a family psychotherapy session, you would report 90847 one time to the patient's health insurance plan.

If the sessions were conducted by your CSW for a group of patients, then you will report the services using 90853 (Group psychotherapy [other than of a multiple-family group]). Here, you will report one unit of the code for each of the patients who attended the sessions. So, if seven patients were part of the group, you will report 90853x7.

For group sessions involving family members of multiple patients, you will have to report it with 90849 (Multiple-family group psychotherapy). Here, you will report one unit of the code for each family that attends. So, irrespective of the number of family members from one family that attends the session, you will report one unit of 90849 for that family.

Example: Your clinical social worker (CSW) is conducting a multiple family group psychotherapy session that has four families attending. If two people each from two families and three people each from the other two families are attending the session, you will still only report 90849x4. The reason is you will only focus on the number of families present rather than the individual number of people in each family.

You will have to bill 90849 to the patient's insurance only and not to the insurance of the family members that are attending the session. You may have to use another diagnosis code apart from the patient's primary diagnosis to support the necessity of providing the family therapy. Some of the diagnoses from which you can choose include:

- V61.20-V61.29 (Counseling for parent-child problem)
- V61.41-V61.49 (Other health problems within family), which include alcoholism (V61.41) and substance abuse (V61.42) in the family as well as care of a sick or handicapped person in the family or household (V61.49)
- V65.19 (Other person consulting on behalf of another person), which includes advice or treatment for non-attending third party
- V65.40 (Counseling NOS)
- V65.49 (Other specified counseling).

