

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Attaching Time Component to Family Therapy Codes? Wait a Second

Question: I am having trouble understanding the number of units for reporting family psychotherapy. I am looking everywhere, but I cannot find if they need to be billed for some specific time components like for every 30 minutes or an hour. So, please do let me know how to report the number of units when billing for family therapy.

Louisiana Subscriber

Answer: You have not mentioned whether you are looking towards billing the family psychotherapy using 90846 (Family psychotherapy [without the patient present]) or 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]) or with individual psychotherapy codes (90832-90838).

If you are looking at billing individual psychotherapy codes to include the interaction of your clinician with the patient's family, you will just have to calculate the time spent for this part of the service. You then have to add up the time spent with the patient (in performing individual psychotherapy) and the time your clinician spent with the patient's family and collate the time your clinician spent for the entire session. This total time is then used to report the appropriate individual psychotherapy code based on the time component and whether or not your clinician also performed an E/M service.

If you intend to report a family psychotherapy code (either 90846 or 90847) you will not have to worry about recording the time component of the service. Unlike individual psychotherapy codes, there is no time component to family psychotherapy codes, 90846 and 90847. You will just have to report one unit of the code for one calendar date of service irrespective of the time that your clinician spent with the patient's family on that particular date.