

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Billing More Than One Unit of 90853? Check Payer Rules

Question: One of our new psychiatrists has begun to undertake group psychotherapy sessions. I want to know if there are any restrictions in billing more than one unit of 90853 for the group psychotherapy sessions.

Michigan Subscriber

Answer: You have not clarified on whether you want to bill the group psychotherapy code, 90853 (Group psychotherapy [other than of a multiple-family group]), more than once for one participant in the group or billing one unit of the code for each participant in the group.

If you are wondering whether you need to bill one unit of the code for each participant in the group or just have to bill once for the entire group, then you should know that you will have to bill one unit of the code for each person in the group psychotherapy session. Typically, a group psychotherapy session will have about eight to ten participants, but a maximum of 12 patients can participate in the group session that your clinician conducts. So, if there are ten patients in the session, you will bill 90853 for each of the patients separately (90853x10 patients).

Typically, you are allowed to bill only one unit of 90853 for one patient on a particular calendar date of service. However, if the patient is in more than one group psychotherapy session on a given date, you can look at billing more than one unit of 90853 for the patient. However, prior to doing this, you will need to be prepared to prove the medical necessity of the patient undergoing more than one group psychotherapy session on that date. You will also have to check with the payer in question if their rules will allow you to bill more than one unit of 90853 for the same patient on one calendar date of service.

Caveat: For Medicare purposes, any music therapy, art therapy, motion therapy, excursions, socialization, sensory stimulation, and cognitive stimulation are not part of medically reasonable and necessary guidelines laid down for group psychotherapy. Other payers may have similar rules. So, if the patient is part of multiple such group therapy sessions, they should not be reported with 90853, unless the payer in question covers them as psychotherapy.