

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Hypnotherapy with Psychotherapy -- Report Only One Service

Question: Our psychiatrist has recently started performing hypnotherapy on some of his patients for management of chronic pain and to enhance psychotherapy. Can I report these services using 90880? What guidelines do I need to follow when I am reporting this service?

West Virginia Subscriber

Answer: Some payers don't provide coverage for hypnotherapy services. Others may cover it but only with documentation and only for certain diagnoses or indications when performed by an appropriately licensed practitioner, such as a psychiatrist or a clinical psychologist certified in clinical hypnotherapy. Thus, to report hypnotherapy as a separate service, you may need to provide documentation explaining the medical necessity of the service. Some of the medically necessary indications for coverage of hypnotherapy include the management of chronic pain, reduction of anxiety, or as an adjunct treatment for somatoform or adjustment disorders. The claim must be submitted with a covered diagnosis for it to be reimbursed. If all the guidelines are met then you can report hypnotherapy as a separate service. In such a case, you can report 90880 (Hypnotherapy).

If hypnotherapy was provided to enhance psychotherapy, you cannot report hypnotherapy along with the psychotherapy codes that you are billing, according to Correct Coding Initiative (CCI) edits. You can only report one of the codes for the services provided. So you can report either 90880 or the appropriate psychotherapy code. If you report both the services, your claim for the psychotherapy code will be denied, since CCI makes code 90880 the column 1 code in these edits. Also note that CCI does not permit a modifier to override these particular edits.