

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



REVISED products from the Medicare Learning Network® (MLN)

- [“Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse”](#), Booklet, ICN 907798, downloadable

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## Psychiatry and Psychotherapy Services

**Note: This article was re-issued on March 18, 2014.**

### Provider Types Affected

This MLN Matters® Special Edition (SE) article is intended for providers who submit claims to Medicare contractors (A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

### Provider Action Needed



#### **STOP – Impact to You**

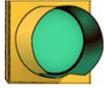
The Comprehensive Error Rate Testing (CERT) program’s reviews of claims for Part B Psychiatry and Psychotherapy Services have identified many improper payments.

This SE article provides an overview of billing for Psychiatry and Psychotherapy Services with Healthcare Common Procedure Coding System (HCPCS)/Current Procedural

#### Disclaimer

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Terminology (CPT) codes. Major changes to the American Medical Association's (AMA) CPT took effect on January 1, 2013.



### **GO – What You Need to Do**

Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

## **Background**

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The main error that CERT has identified with the revised psychiatry and psychotherapy codes is not clearly documenting the amount of time spent only on psychotherapy services. The correct E&M code selection must be based on the elements of the history and exam and medical decision making required by the complexity/intensity of the patient's condition. The psychotherapy code is chosen on the basis of the time spent providing psychotherapy.

When a beneficiary receives an Evaluation and Management Service (E&M) service **with** a psychotherapeutic service on the same day, by the same provider, both services are payable if they are significant and separately identifiable and billed using the correct codes. New add-on codes (in the bulleted list below) designate psychotherapeutic services performed with E&M codes. An add-on code (often designated with a "+" in codebooks) describes a service performed with another primary service. An add-on code is eligible for payment only if reported with an appropriate primary service performed on the same date of service. Time spent for the E&M service is separate from the time spent providing psychotherapy and time spent providing psychotherapy cannot be used to meet criteria for the E&M service. **Because time is indicated in the code descriptor for the psychotherapy CPT codes, it is important for providers to clearly document in the patient's medical record the time spent providing the psychotherapy service rather than entering one time period including the E&M service.**

### **For psychotherapy services provided with an E&M service:**

- Code + 90833: Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure)
- Code + 90836: Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure)
- Code + 90838: Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure)

### **For psychotherapy services provided without an E&M service, the correct code depends on the time spent with the beneficiary.**

- Code 90832: Psychotherapy, 30 minutes with patient and/or family member

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- Code 90834: Psychotherapy, 45 minutes with patient and/or family member
- Code 90837: Psychotherapy, 60 minutes with patient and/or family member

In general, providers should select the code that most closely matches the actual time spent performing psychotherapy. CPT® provides flexibility by identifying time ranges that may be associated with each of the three codes:

- Code 90832 (or + 90833): 16 to 37 minutes,
- Code 90834 (or + 90836): 38 to 52 minutes, or
- Code 90837 (or + 90838): 53 minutes or longer

Do not bill psychotherapy codes for sessions lasting less than 16 minutes.

Psychotherapy codes are no longer dependent on the service location (i.e., office, hospital, residential setting, or other location is not a factor). However, effective January 1, 2014, when E&M services are paid under Medicare's Partial Hospitalization Program (PHP) and not in the physician office setting, the CPT outpatient visit codes 99201-99215 have been replaced with one Level II HCPCS code - G0463. Further information about this code can be found in the CY 2014 OPPTS/ASC final rule that was published in the Federal Register on December 10, 2013.

**Example:** A geriatric psychiatrist (physician) billed for a level 3 E&M service (99213) and 45 minutes of psychotherapy (90836). The medical record contained one entry for the date of service and, at the top, a notation: "45 minutes". It did not indicate whether the 45 minutes was spent providing the psychotherapy services or both services. An overpayment for the psychotherapy service and a billing error occur when there is no separate entry for the amount of time spent performing psychotherapy services.

## Additional Information

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You can find more information on how to avoid errors on claims for psychiatric and psychotherapy services by reviewing the following resources:

- Local Coverage Determinations, which are available at <http://www.cms.gov/medicare-coverage-database/> on the CMS website;
- CPT 2014 available from the AMA; Refer to page xxiv (E/M and Psychotherapy Coding Algorithm) of the 2014 CPT Professional Edition in choosing the appropriate psychotherapy codes.
- Federal Register, December 10, 2013, Table 42, *CY 2013 Clinic and Emergency Department Visit HCPCS Codes and APC Assignments Compared to CY 2014 Clinic and Emergency Department Visit HCPCS Codes and APC Assignments*. p. 75042 - 75043. This table is available in the file at <http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf> on the Internet.

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- Federal Register, November 15, 2012, Table 42. Crosswalk of Deleted and New PHP CPT and HCPCS Billable Codes for 2013 p. 68416. This table is available within the document at <http://www.gpo.gov/fdsys/pkg/FR-2012-11-15/pdf/2012-26902.pdf> on the Internet.
- Psychotherapy notes are discussed in MLN Matters® Article MM3457, Revised February 4, 2013. This article is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm3457.pdf> on the CMS website.
- Add-on HCPCS/CPT codes without primary codes are discussed in MLN Matters® article SE1320, Revised August 16, 2013, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1320.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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