

Targeted Probe and Educate Psychotherapy Services

Current Procedural Terminology (CPT)
Codes: 90832, 90834, & 90837

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Objectives



At the conclusion of this presentation:

- Define Psychotherapy Codes
- Explain the reporting of psychotherapy services
- Describe coding guidelines and requirements for payment
- Review Local Coverage Determination (LCD) L35101- Psychiatric Codes
- Demonstrate an understanding of documentation requirements

Psychotherapy Definition



Psychotherapy: the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development

Psychotherapy Services



- Psychotherapy is the treatment for mental illness and behavior disturbances
- Clinician establishes a professional contract with the patient
- Using definitive therapeutic communication, clinician attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourages personality growth and development

Psychotherapy



- **Psychotherapy -- also called "talk therapy", counseling, psychosocial therapy or just plain therapy -- is a process whereby psychological problems are treated through communication and relationship factors between an individual and a trained mental health professional.**
- While most psychotherapy hinges on communication between the therapist and the individual, it is much more than talking about your problems. While family or friends can help you feel better or even provide good advice for change, this is not psychotherapy. Psychotherapy is a professional relationship between a therapist and a client that is based on therapeutic principles, structure and technique.

Therapeutic Maneuvers



Therapeutic maneuvers are applied by the therapist to produce therapeutic change or stabilization.

The following are examples of Therapeutic Maneuvers:

- Behavior modification
- Supportive interactions
- Interpretation of unconscious motivation

CPT Codes 90832, 90834, & 90837



- 90832 – Psychotherapy 30 minutes with patient and/or family member (16-37 minutes)
- 90834 – Psychotherapy 45 minutes with patient and/or family member (38-52 minutes)
- 90837 – Psychotherapy 60 minutes with patient and/or family member (53-67 minutes)
- Psychotherapy codes should NOT be reported for sessions less than 16 minutes duration
- Time is the face-to-face time with the patient

Current Procedural Codes (CPT) 90832, 90834, & 90837



- Ongoing assessment and adjustment of psychotherapeutic interventions
- May include involvement of informants in the treatment process
- Describe psychotherapy for the individual patient, although times are for face-to-face services with patient and may include informant(s)
- The session may include involvement of informants, however, the patient must be present for all or a majority of the service

Time



Since psychotherapy codes are no longer for a range of time, the CPT “TIME RULE” applies. A unit of time is attained when the mid-point is passed. If the time is more than half the time of the code, then, the code is used. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes).

Time



The following timed psychotherapy codes apply in all settings (e.g. office, outpatient, inpatient, etc.). Select the code that most closely matches the actual time spent.

- 90832: Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)
- 90834: Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)
- 90837: Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)

Note: Do not report psychotherapy codes for any session lasting less than 16 minutes.

Evaluation and Management and Psychotherapy Codes



- Some psychiatric patients receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified health care professional.
- MDs, DOs, qualified Clinical Nurse Specialists, Nurse Practitioners and Physician Assistants are the only providers that may render psychotherapy codes that include an E/M component (CPT codes 90833, 90836, 90838). Each element of these services (therapy and E/M) must be reasonable and necessary and should be documented in the patient's records.

Evaluation and Management and Psychotherapy Codes



The following time based psychotherapy codes are "add-on" codes to E/M services (99201 - 99255, 99304 - 99337, or 99341 - 99350). Select the psychotherapy code that most closely matches the actual time spent.

- 90833 – Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (16-37 minutes)
- 90836 - Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (38-52 minutes)
- 90838 - Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (53-67 minutes)
- These services are reported as add-on codes to the evaluation and management (E/M) service

Note: To report both E/M and psychotherapy, the two services must be significant and separately identifiable.

Separate and Identifiable



For the purposes of reporting, the medical and psychotherapeutic components of the service may be separately identified as follows:

- Type and level of E/M service is selected first based on key components of history, exam, and medical decision making
- Time associated with activities used to meet criteria for the E/M service is not included in time used for reporting the psychotherapy service
- A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service.

Reporting Time



- Time spent on history, examination and medical decision making **when used for the E/M service** is not psychotherapy time.
- Time may **not** be used as the basis of E/M code selection and Prolonged Services may **not** be reported when psychotherapy with E/M (90833, 90836, and 90838) are reported.

Local Coverage Determinations (LCD)



- LCD L35101 – Psychiatric Codes Effective Date 10/10/15 with Revision Effective Date 10/01/17
- LCD for Psychiatric Codes – L32766 was retired on 09/30/15 due to the ICD-9 transition
- Always make sure you are using the LCD that is effective for the dates of service of your claims. You can find retired LCDs in the MCD Archive site located on the CMS website.

Mental Health Providers



- For approved providers of mental health services, the state licensure or authorization must specify that the provider's scope of practice includes the provision of clinical psychotherapy for the treatment of mental illness
- Psychiatrists are physicians (Medical Doctors (MDs) and Doctors of Osteopathy (DO) trained in mental health disorders
- Coverage for all non-physician practitioners is limited to services which they are authorized to perform by the state in which they practice

Mental Health Providers



Psychiatrists, Clinical Psychologists (CP), Clinical Social Workers (CSW), psychiatric nurse practitioners (PNPs), Clinical Nurse Specialists (CNS) and Physician Assistants (PA) may provide all psychotherapy services described in this section with the following exceptions:

Clinical Social Workers may not render inpatient services (defined as inpatient hospital settings, partial hospitalization settings or skilled nursing homes for beneficiaries who are at that time receiving benefits under Medicare Part A payment for skilled services) represented by these CPT codes: 90832, 90833, 90834, 90836, 90837, 90838, and 90785.

Mental Health Providers



- CNSs may not render psychoanalysis (CPT code 90845) services.
- MDs, DOs, qualified CNSs, nurse practitioners and PAs are the only providers that may render psychotherapy codes that include an E/M component (CPT codes 90833, 90836, 90838). Each element of these services (therapy and E/M) must be reasonable and necessary and should be documented in the patient's records.

Clinical Indications



- Considered medically necessary when patient has a psychiatric illness or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning
- Comprised of clinically recognized therapies that are pertinent to the patient's illness or condition
- Must be a reasonable expectation of improvement
- Patient must have capacity to actively participate in all therapies
- Individual must be cognitively intact and be able to engage in a meaningful verbal interaction with the therapist
- Duration must be individualized for every patient

Clinical Indications



- For patients suffering from dementia, the type and degree of dementia must be taken into account in planning and evaluating effective psychotherapeutic interventions. If psychotherapy is provided to a patient with dementia, the patient's record should support that the patient's cognitive level of functioning was sufficient to permit the patient to participate meaningfully in the treatment.
- The provider of the service must document in the patient's record the medical necessity for continued (prolonged) treatments.

Limitations



Psychotherapy services are not considered reasonable and necessary when documentation indicates:

- Patient has dementia with severe enough cognitive defect to prevent establishment of a relationship with the therapist
- Patient with severe and profound mental retardation
- Treatment primarily included teaching grooming skills, monitoring activities of daily living, recreational therapy (dance, art, play) or social interaction
- Family therapy sessions with patient whose emotional disturbance would be unaffected by changes in patterns of family interactions (i.e. a comatose patient)

Limitations



- Psychotherapy codes should not be used when an E/M code would be more appropriate.
- Severe mental retardation is defined as an IQ 20-34 and profound mental retardation is defined as an IQ under 20.
- Psychotherapy services should not be reported for Activities of Daily Living (ADL) training or socialization activities.
- In addition, an emotional disturbance in a family member, which does not impact on the Medicare patient's status, would not be covered by that patient's Medicare benefits.

Documentation Requirements - General



- All documentation must be maintained in patient's medical record
- Every page of the record must be legible and include appropriate identification of the patient
- Must support ICD-10-CM code(s) and must be a covered diagnosis code under the LCD guidelines
- Medical Necessity must be supported
- Total number of timed minutes must be documented
- Appropriate patient identification information consists of complete name and dates of service(s).
- The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.

Documentation Requirements (Cont'd)



- Per Privacy Rule 45 Code of Federal Regulations (CFR) §164.501, contractors may not request that a provider submit psychotherapy notes. However, physically integrating information excluded from the definition of psychotherapy notes and protected information into one document or record does not transform the non-protected information into protected psychotherapy notes. Providers are responsible for extracting the information needed to support that the claim is reasonable and necessary.
- The Privacy Rule in 45 CFR §164.501 defines psychotherapy notes as notes recorded by a mental health professional that document or analyze the contents of a counseling session and that are separated from the rest of a medical record. The definition of psychotherapy notes expressly excludes:
- Medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, progress, and progress to date.
- If the medical record includes any of the information excluded from the definition of psychotherapy notes in §164.501, as stated above, the provider is responsible for extracting the information required to support that the claim is reasonable and necessary. Contractors must review the claim using all supporting documentation submitted by the provider. If the provider does not submit sufficient information to demonstrate that services were medically necessary, the claim will be denied.

Documentation (Cont'd)



Specific for Psychotherapy Services

- Time spent in the psychotherapy encounter
- Therapeutic maneuvers
- All the following elements should be contained in or readily inferred from the medical record:
 1. Time spent
 2. Type of service
 3. Results of clinical tests
 4. Summary of: diagnosis, functional status, treatment plan, symptoms, prognosis, progress, and progress to date
 5. Therapeutic techniques and approaches, including medications
 6. Clearly identify the person performing the service (including title, education background)

Documentation (Cont'd)



- For interactive therapy, the medical record should indicate adaptations utilized and rationale for employing these interactive techniques
- For services that include an E/M component, the E/M services should be documented

Documentation of Group Therapy Sessions



Group therapy session notes can be organized according to the general session note guidelines for individual therapy previously described, or the clinician may elect to use the following group note format:

- One group note that is common to all patients, documenting date, length of time for each session, along with key issues presented. Other group members' names should not appear in this note.

AND

- An additional notation or addendum to the group note, for each patient's record commenting on that particular patient's participation in the group process and any significant changes in patient status.

Incident To Services



- “Incident to” services are defined by CMS as “services or supplies furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness”
- For psychotherapy services rendered under the “incident to” provision, the billing provider must evaluate the patient personally and must initiate a course of psychotherapy
- The appropriately trained therapists may then render follow-up psychotherapy services to the patient, incident to the billing provider’s services, which would then be monitored and supervised by the billing provider.

Incident To Services



- There must be continued active participation by the billing provider in the management of the course of the therapy, including documented review of the notes and brief direct contact with the patient to confirm the findings.
- “Incident to” services are commonly furnished in the billing provider’s office and must be performed by employees, or leased employees, or independent contractors of the physician or legal entity billing and receiving payment for the services. The employee must be supervised directly by the billing provider, meaning the billing provider must be in the same office suite.

Teaching Physician



- The teaching physician supervising the resident must be a physician
- The Medicare teaching physician policy does not apply to psychologists who supervise psychiatry residents in approved graduate medical education (GME) programs
- For procedure codes determined on the basis of time, the teaching physician must be present for the period of time for which the claim is made.

Documentation of Time and Teaching Guidelines



- A code that specifically describes a service of time from 20 to 30 minutes may be paid only if the teaching physician is physically present for 20 to 30 minutes.
- Do not add time spent by the resident in the absence of the teaching physician to time spent by the resident and teaching physician with the beneficiary or time spent by the teaching physician alone with the beneficiary.

Summary



- Defined psychotherapy
- Provided details about billing psychotherapy services
- Reviewed Local Coverage Determination (LCD) L35101- Psychiatric Codes
- Discussed psychotherapy documentation requirements
- Discussed special billing circumstances involving psychotherapy services (“incident to” and teaching physician)

References



- CMS IOM Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 60
- CMS IOM Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 100
- [Local Coverage Determination \(LCD\) L35101 - Psychiatric Codes](#)
- [Novitas Solutions Website: http://www.novitas-solutions.com](http://www.novitas-solutions.com)