

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



Are you ready to transition to ICD-10 on October 1, 2014? In this MLN Connects™ video on [ICD-10 Coding Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:

- Similarities and differences;
- ICD-10 code structure; and
- Coding process and examples.

To receive notification of upcoming MLN Connects videos and calls and the latest Medicare program information on ICD-10, [subscribe](#) to the weekly *MLN Connects™ Provider eNews*.

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## Psychiatry and Psychotherapy Services

### Provider Types Affected

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This MLN Matters® Special Edition 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

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

This MLN Matters® Special Edition Article provides an overview of billing for Psychiatry and Psychotherapy Services with Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes. Major changes to the American Medical Association's (AMA) CPT took effect on January 1, 2013.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

## Background

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The main error that CERT is seeing with the revised psychiatry and psychotherapy codes is the failure to document the time spent on the evaluation and management (E&M) service separately from the time spent on the add-on psychotherapy service. When a beneficiary receives an 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:

- +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),
- +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), and
- +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, as follows:

- 90832: Psychotherapy, 30 minutes with patient and/or family member,
- 90834: Psychotherapy, 45 minutes with patient and/or family member, and
- 90837: Psychotherapy, 60 minutes with patient and/or family member.

In general, 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:

- 90832: 16 to 37 minutes,
- 90834: 38 to 52 minutes, and
- 90837: 53 minutes or longer

Do not bill psychotherapy codes for sessions lasting less than 16 minutes. These ranges also apply to the add-on codes.

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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 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgery Center (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 did not separately indicate the time spent providing psychotherapy services. An overpayment and a billing error occur when there is no separation of the amount of time spent performing an E&M service from that spent performing psychotherapy.

## Additional Information

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More information on how to avoid errors on claims for psychiatric and psychotherapy services is available in the following resources:

- Local Coverage Determinations, which are available at <http://www.cms.gov/medicare-coverage-database/> on the Centers for Medicare & Medicaid Services (CMS) website;
- CPT 2014 available from the AMA;
- 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.
- 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 MM 3457 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.

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

**News Flash** - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- [HealthMap Vaccine Finder](#) - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.
- [Free Resources](#) can be downloaded from the CDC website including prescription-style tear-pads that will allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu. On the CDC order form, under "Programs", select "Immunizations and Vaccines (Influenza/Flu)" for a list of flu related resources.

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