90785

+ ★**90785** Interactive complexity (List separately in addition to the code for primary procedure)

Explanation

This code is reported in addition to the code for a primary psychiatric service. It is reported when the patient being treated has certain factors that increase the complexity of treatment rendered. These factors are limited to the following: the need to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.

Coding Tips

Report this code with psychiatric evaluation services (90791–90792), psychotherapy services (90832-90834, 90836-90838), and group psychotherapy (90853). Do not report this code with psychotherapy for crisis (90839–90840), psychological and neuropsychological testing (96130-96134, 96136-96139, 96146), or adaptive behavior assessment/treatment services (97151–97158, 0362T, 0373T). Do not report this code with E/M services provided without psychotherapy.

Documentation Tips

Documentation should clearly indicate the type of interactive methods used such as interpreter, use of play, or physical device used, and that the patient did not have the ability to communicate through normal verbal means. Other catatonic states may be covered if documentation is submitted with the claim. Coverage also includes interactive examinations of patients with primary psychiatric diagnoses (excluding dementias and sleep disorders), and one of the following conditions: developmental speech or language disorders, conductive hearing loss (total), mixed conductive and sensorineural hearing loss (total), deaf mutism, aphasia, voice disturbance, aphonia, and other speech disturbance such as dysarthria or dysphasia. The conditions must be clearly and concisely recorded in the medical record.

Time spent by the clinician providing interactive complexity services should be reflected in the timed service code for the psychotherapy or the psychotherapy add-on code provided in combination with an E/M service and must only be connected to the psychotherapy service.

Reimbursement Tips

Telemedicine services may be reported by the performing provider by adding modifier 95 to this procedure code and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

According to instructions found in the Correct Coding Initiative, "Interactive services (diagnostic or therapeutic) are distinct services for patients who have lost, or have not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment…" Interactive complexity to psychiatric services is reported with add-on CPT code 90785.

Assignment of benefits is required when this service is provided by a clinical social worker.

Medicare payment is at 75 percent of the physician fee schedule when the service is provided by a clinical social worker.

ICD-10-CM Diagnostic Codes

This/these CPT code(s) are add-on code(s). See the primary procedure code that this code is performed with for your ICD-10-CM code selections.

Associated HCPCS Codes

H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0006	Alcohol and/or drug services; case management
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0031	Mental health assessment, by nonphysician
H1011	Family assessment by licensed behavioral health professional for state defined purposes

AMA: **90785** 2020,Aug,3; 2018,Nov,3; 2018,Jul,12; 2018,Jan,8; 2018,Apr,9; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Jan,16

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90785	0.33	0.09	0.01	0.43
Facility RVU	**Work**	**PE**	**MP**	**Total**
90785	0.33	0.04	0.01	0.38

	FUD	Status	MUE	Modifiers				IOM Reference
90785	N/A	A	3(3)	N/A	N/A	N/A	N/A	100-02,15,160; 100-02,15,170; 100-03,10.3; 100-03,10.4; 100-04,12,100; 100-04,12,210.1

* with documentation

Terms To Know

add-on code. CPT code representing a procedure performed in addition to the primary procedure and designated with a + symbol in the CPT book. Add-on codes are never reported as a stand-alone service but are reported secondarily in addition to the primary procedure.

aphasia. Partial or total loss of the ability to comprehend language or communicate through speaking, the written word, or sign language. Aphasia may result from stroke, injury, Alzheimer's disease, or other disorder. Common types of aphasia include expressive, receptive, anomic, global, and conduction.

dysarthria. Difficulty pronouncing words.

interactive psychotherapy. Use of physical aids and nonverbal communication to overcome barriers to therapeutic interaction between a clinician and a patient who has not yet developed or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he or she were to use ordinary adult language for communication.

psychotherapy. Treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

90791-90792

★**90791** Psychiatric diagnostic evaluation

★**90792** Psychiatric diagnostic evaluation with medical services

Explanation

A psychiatric diagnostic evaluation is performed, which includes the assessment of the patient's psychosocial history, current mental status, review, and ordering of diagnostic studies followed by appropriate treatment recommendations. In 90792, additional medical services such as physical examination and prescription of pharmaceuticals are provided in addition to the diagnostic evaluation. Interviews and communication with family members or other sources are included in these codes.

Coding Tips

These procedures may be performed by a physician or other qualified healthcare professional. Psychiatric diagnostic evaluation with or without medical services include a history, mental status, and other physical examination elements, the prescribing of medications and review and ordering of laboratory or other diagnostic testing. Check with the specific payer to determine coverage. In some cases family members, guardians, or others may be consulted instead of the patient.

Communication factors that complicate the diagnostic evaluation results in the need for interactive complexity (e.g., use of play equipment, involvement of third-parties, etc.); code 90785 may be reported with these procedures.

These services should not be reported with psychotherapy provided at crisis (90839–90840), adaptive behavior assessment/treatment services (97151–97158, 0362T, and 0373T), or evaluation and management (E/M) services (99202–99337, 99341–99350, 99366–99368, or 99401–99443). Diagnostic evaluations may be reported multiple times when performed during separate encounters with the patient and other informants.

For evaluation of psychiatric hospital records reports, psychometric and/projective testing, or other data, see 90885. For interpretation or explanation of psychiatric or other medical examinations and procedures, see 90887. For health and behavior assessment/reassessment, see 96156.

Documentation Tips

Medical record documentation should indicate the need for the interactive complexity services when used. Documentation should clearly indicate the type of interactive methods used such as interpreter, use of play, or physical device used, and that the patient did not have the ability to communicate through normal verbal means. Other catatonic states may be covered if documentation is submitted with the claim. Coverage also includes interactive examinations of patients with primary psychiatric diagnoses (excluding dementias and sleep disorders), and one of the following conditions: developmental speech or language disorders conductive hearing loss (total), mixed conductive and sensorineural hearing loss (total), deaf mutism, aphasia, voice disturbance, aphonia, and other speech disturbance such as dysarthria or dysphasia. The conditions must be clearly and concisely recorded in the medical record.

Reimbursement Tips

Telemedicine services may be reported by the performing provider by adding modifier 95 to this procedure code and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

According to the instructions found in the Correct Coding Initiative, "CPT codes for psychiatric services include diagnostic (CPT codes 90791, 90792) and therapeutic (individual, group, other) procedures. Since psychotherapy includes continuing psychiatric evaluation, CPT codes 90791 and 90792 are not separately reportable with individual psychotherapy codes. CPT code 90791 or 90792 is separately reportable with a group psychotherapy code if the diagnostic interview and group psychotherapy service occur during separate time intervals on the same date of service. Diagnostic services performed during the group therapy session are not separately reportable."

Diagnostic psychiatric evaluation is reported with one of two CPT codes. CPT code 90791 is psychiatric evaluation without medical E/M, and CPT code 90792 is psychiatric evaluation with medical E/M. Evaluation and management codes (e.g., 99201–99215) should not be reported with either of these diagnostic psychiatric codes.

Assignment of benefits is required when this service is provided by a clinical social worker.

Medicare payment is at 75 percent of the physician fee schedule when the service is provided by a clinical social worker.

Diagnostic psychological testing services performed by psychologists who meet these requirements are covered as other diagnostic tests. When, however, the psychologist is not practicing independently, but is on the staff of an institution, agency, or clinic, that entity bills for the diagnostic services.

ICD-10-CM Diagnostic Codes

F01.50	Vascular dementia without behavioral disturbance ▲
F01.51	Vascular dementia with behavioral disturbance ▲
F03.90	Unspecified dementia without behavioral disturbance ▲
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations

90832-90838

★90832 Psychotherapy, 30 minutes with patient

\+ ★90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

★90834 Psychotherapy, 45 minutes with patient

\+ ★90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

★90837 Psychotherapy, 60 minutes with patient

\+ ★90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Explanation

Psychotherapy is a variety of treatment techniques in which a physician or other qualified healthcare provider helps a patient with a mental illness or behavioral disturbance identify and alleviate any emotional disruptions, maladaptive behavioral patterns, and contributing/exacerbating factors. This treatment also involves encouraging personality growth and development through coping techniques and problem-solving skills. Report 90832 for one half hour of face-to-face time spent with the patient without an additional evaluation and management (E/M) service. Report 90833, 90836, or 90838 if a separate E/M service is performed during the same encounter as the psychotherapy.

Coding Tips

These codes represent individual psychotherapy services although times stated are for face-to-face services with the patient but may also include contact with informants. The patient must be present for the entire, or a majority period of, the encounter.

The appropriate evaluation and management (E/M) service (99202–99255, 99304–93337, and 99341–99350) should be reported in addition to code 90833, 90836, or 90838. However, the time involved with performing the E/M service should not be considered when selecting the psychotherapy code. Time spent providing psychotherapy cannot be used to determine the level of E/M service when time is the determining factor.

Codes 90832 and 90833 describe 30 minutes of psychotherapy; 38 to 52 minutes, report 90834 or 90836; for 53 or more minutes, report 90837–90838. Do not report prolonged services (99354–99357) with 90833. Individual psychotherapy and group psychotherapy may be reported on the same date of service if the two services are performed during separate time intervals. Family psychotherapy (90846, 90847) is separately reportable with psychotherapy (90832–90838) when the services are separate and distinct.

For psychotherapy provided for an urgent assessment and history of a crisis state, including mental status examination and disposition, see 90839–90840. For family psychotherapy, see 90846–90847. For multiple family or group psychotherapy, see 90849 or 90853, respectively.

When it is necessary to perform interactive complexity, 90785 may be reported separately.

Pharmacologic management is included in psychotherapy services that are reported with E/M services or those that include medical services. However, when performed during the same encounter and an evaluation and management service was not provided, management of the patient's medication(s), including review and provision of prescription is reported separately with 90863.

Documentation Tips

Since the psychotherapy codes include time as a component of the code, the total time or the start and stop times of the psychotherapy should be noted in the medical record.

Each psychotherapy note should include the description of at least one of the techniques used to treat the patient's condition. The CPT book describes the techniques specific to psychotherapy as either insight oriented, behavior modifying, and/or supportive techniques. Providers should also include how the patient benefited by the therapy in reaching his or her goals. For example, a note might state, "Supportive psychotherapy was utilized to help alleviate the patient's depression." The major theme of the discussion should also be recorded with consideration to the patient's privacy.

Documentation should specify whether this is a single episode or recurrent, the current degree of depression, the presence of psychotic features or symptoms, and remission status (i.e., partial, full) when applicable.

Documentation should clearly state the reasons requiring interactive complexity when separately reported.

Reimbursement Tips

Telemedicine services may be reported by the performing provider by adding modifier 95 to these procedure codes and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

Most payers will not cover psychotherapy services that are palliative or provided only to maintain functioning level.

These procedures may be performed by a physician or other qualified health care professional. Check with the specific payer to determine coverage. Site of service does not affect code assignment. Assignment of benefits is required when these services are provided by a clinical social worker. Medicare payment is at 75 percent of the physician fee schedule when these services are provided by a clinical social worker.

ICD-10-CM Diagnostic Codes

F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.131	Alcohol abuse with withdrawal delirium

 ● New ▲ Revised + Add On ★ Telemedicine AMA: CPT Assist [Resequenced] ☑ Laterality

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
99347	1.0	0.52	0.05	1.57
99348	1.56	0.75	0.09	2.4
99349	2.33	1.22	0.15	3.7
99350	3.28	1.62	0.22	5.12
Facility RVU	**Work**	**PE**	**MP**	**Total**
99347	1.0	0.52	0.05	1.57
99348	1.56	0.75	0.09	2.4
99349	2.33	1.22	0.15	3.7
99350	3.28	1.62	0.22	5.12

	FUD	Status	MUE	Modifiers				IOM Reference
99347	N/A	A	1(3)	N/A	N/A	N/A	80*	None
99348	N/A	A	1(3)	N/A	N/A	N/A	80*	
99349	N/A	A	1(3)	N/A	N/A	N/A	80*	
99350	N/A	A	1(3)	N/A	N/A	N/A	80*	

* with documentation

Terms To Know

established patient. Patient who has received professional services in a face-to-face setting within the last three years from the same physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice. If the patient is seen by a physician/qualified health care professional who is covering for another physician/qualified health care professional, the patient will be considered the same as if seen by the physician/qualified health care professional who is unavailable.

telehealth. Broad scope of remote healthcare services including telemedicine (clinical) and non-clinical services such as training, meetings, and education.

99354-99359

+ ★**99354** Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])

+ ★**99355** each additional 30 minutes (List separately in addition to code for prolonged service)

+ ★**99356** Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)

+ ★**99357** each additional 30 minutes (List separately in addition to code for prolonged service)

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

+ **99359** each additional 30 minutes (List separately in addition to code for prolonged service)

Explanation

Prolonged services involve face-to-face patient contact or psychotherapy services beyond the typical service time and should only be reported once per day. Direct patient contact also includes additional non-face-to-face time, such as time spent on the patient's floor or unit in the hospital or nursing facility setting. For prolonged services rendered in the outpatient setting for the first hour, report 99354; for each additional 30 minutes, report 99355. For prolonged services rendered in the inpatient or observation setting for the first hour, report 99356; for each additional 30 minutes, report 99357. Codes should be reported using the total duration of face-to-face time spent by the clinician on the date of service even when the time spent is not continuous. Report prolonged service without direct patient contact with 99358-99359.

Coding Tips

These codes are used to report prolonged services, with direct patient contact (99354-99357) or without direct patient contact (99358-99359) beyond the usual service. These are time-based codes and time spent with the patient must be documented in the medical record. Codes 99354-99357 are only reported in addition to other time-based E/M services. Time spent on other separately reported services excluding the E/M service should not be counted toward the prolonged service time. Code selection is based on whether the service is provided in the outpatient setting or an inpatient or observation setting. For prolonged services provided by a physician or other qualified health care professional with or without direct patient contact in the office or other outpatient setting (i.e., 99205 or 99215), see 99417. For prolonged services provided by a physician or other qualified health care professional involving total time spent at the patient's bedside and on the floor/unit in the hospital or nursing facility, see 99356-99357. For prolonged services provided by a physician or other qualified health care professional without face-to-face contact or unit/floor time, see 99358-99359. Codes 99358-99359 may be reported on a different date of service than the primary service and do not require the primary service to have an established time. Prolonged service of less than 30 minutes should not be reported separately. Report 99354, 99356, and 99358 only once per day for the initial hour of prolonged service care; for each additional 30-minute block of time beyond the initial hour, see 99355, 99357, and 99359. For prolonged services provided by clinical staff, see 99415-99416. Do not report 99354-99355 with 99202-99205, 99212-99215, or 99415-99417. Report 99354 in addition to 90837, 90847, 99241-99245,

99324-99337, 99341-99350, and 99483. Report 99355 in addition to 99354. Report 99356 in addition to 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, and 99304-99310. Report 99357 in addition to 99356. Do not report 99358-99359 on the same date of service as 99202-99205, 99212-99215, or 99417. Do not report 99358 or 99359 for time spent performing the following E/M or monitoring services: 93792-93793, 99339, 99340, 99366-99368, 99374-99380, 99421-99423, 99424, 99446-99449, 99451-99452, or 99491. Report 99359 in addition to 99358. Medicare has identified 99356 and 99357 as telehealth/telemedicine services. Commercial payers should be contacted regarding their coverage guidelines. Telemedicine services may be reported by the performing provider by adding modifier 95 to these procedure codes and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

ICD-10-CM Diagnostic Codes

This/these CPT code(s) are add-on code(s). See the primary procedure code that this code is performed with for your ICD-10-CM code selections.

AMA: **99354** 2020,Sep,3; 2020,Feb,3; 2020,Dec,11; 2019,Oct,10; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,9; 2015,Oct,3; 2015,Jan,16 **99355** 2020,Sep,3; 2020,Feb,3; 2020,Dec,11; 2019,Oct,10; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,9; 2015,Oct,3; 2015,Jan,16 **99356** 2020,Sep,3; 2020,Dec,11; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,9; 2015,Oct,3; 2015,Jan,16 **99357** 2020,Sep,3; 2020,Dec,11; 2019,Jun,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Dec,11; 2015,Oct,9; 2015,Oct,3; 2015,Jan,16 **99358** 2020,Sep,3; 2020,Feb,3; 2019,Jun,7; 2019,Jan,13; 2018,Oct,9; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16 **99359** 2020,Sep,3; 2020,Feb,3; 2019,Jun,7; 2019,Jan,13; 2018,Oct,9; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
99354	2.33	1.22	0.15	3.7
99355	1.77	0.88	0.11	2.76
99356	1.71	0.8	0.11	2.62
99357	1.71	0.81	0.11	2.63
99358	2.1	0.95	0.15	3.2
99359	1.0	0.47	0.06	1.53
Facility RVU	**Work**	**PE**	**MP**	**Total**
99354	2.33	0.98	0.15	3.46
99355	1.77	0.67	0.11	2.55
99356	1.71	0.8	0.11	2.62
99357	1.71	0.81	0.11	2.63
99358	2.1	0.95	0.15	3.2
99359	1.0	0.47	0.06	1.53

	FUD	Status	MUE	Modifiers				IOM Reference
99354	N/A	A	1(2)	N/A	N/A	N/A	80*	100-04,11,40.1.3; 100-04,12,30.6.4; 100-04,12,30.6.13; 100-04,12,30.6.14; 100-04,12,30.6.15.1; 100-04,12,30.6.15.2; 100-04,12,100
99355	N/A	A	4(3)	N/A	N/A	N/A	80*	
99356	N/A	A	1(2)	N/A	N/A	N/A	80*	
99357	N/A	A	4(3)	N/A	N/A	N/A	80*	
99358	N/A	A	1(2)	N/A	N/A	N/A	80*	
99359	N/A	A	2(3)	N/A	N/A	N/A	80*	

* with documentation

[99415, 99416]

\+ **99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)

\+ **99416** each additional 30 minutes (List separately in addition to code for prolonged service)

Explanation

Prolonged clinical staff services are reported with resequenced codes that were added to describe special situations in which the physician's staff provided assistance to a patient beyond the usual time associated with circumstances requiring observation of the patient, such as in cases where the patient was administered a new medication or inhaled drug requiring monitoring to ensure patient safety in the office or outpatient setting. Such cases do not necessitate the clinician being face-to-face with the patient throughout the entire time period; observation and monitoring of the patient can be performed by a member of the clinician's staff under the provider's supervision. Report these codes in conjunction with the designated E/M service code along with any other service provided at the same encounter. Codes in this category should report the total amount of face-to-face time spent with the patient by the clinical staff on the same date of service even if the time is not continuous; time spent rendering other separately reportable services other than the E/M service do not count toward the prolonged services time. The highest total time in the time ranges of the code descriptions is used in defining when prolonged services time should begin. Report the first hour of prolonged services on a given date with 99415; for each additional 30 minutes of prolonged services, report 99416.

Coding Tips

These codes are used to report prolonged face-to-face services beyond the highest total time indicated in the code description provided by the clinical staff in the office or outpatient setting. These are time-based codes and time spent with the patient must be documented in the medical record. Time spent on other separately reported services excluding the E/M service should not be counted toward the prolonged service time. These codes are reported in addition to the other E/M service provided on the same date of service. A provider must be available to provide direct supervision of the clinical staff. Report 99415 only once per day for the initial hour of prolonged service care; for each additional 30-minute block of time beyond the initial hour, see 99416. Prolonged service of less than 30 minutes should not be reported separately. For prolonged services with or without direct patient contact provided by the physician or other qualified health care provider in the office or other outpatient setting, see 99417. Do not report 99415-99416 with 99354, 99355, or 99417. Report 99415 in addition to 99202-99205 and 99212-99215. Report 99416 in addition to 99415.

ICD-10-CM Diagnostic Codes

This/these CPT code(s) are add-on code(s). See the primary procedure code that this code is performed with for your ICD-10-CM code selections.

AMA: **99415** 2020,Sep,3; 2020,Nov,12; 2020,Feb,3; 2019,Oct,10; 2018,Jan,8; 2017,Jan,8; 2016,Mar,8; 2016,Jan,13; 2016,Feb,13; 2015,Oct,3 **99416** 2020,Sep,3; 2020,Nov,12; 2020,Feb,3; 2019,Oct,10; 2018,Jan,8; 2017,Jan,8; 2016,Mar,8; 2016,Jan,13; 2016,Feb,13; 2015,Oct,3

N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

90839-90840

★90839 Psychotherapy for crisis; first 60 minutes

\+ ★90840 each additional 30 minutes (List separately in addition to code for primary service)

Explanation

Psychotherapy is a variety of treatment techniques in which a physician or other qualified health care provider helps a patient with a mental illness or behavioral disturbance identify and alleviate any emotional disruptions, maladaptive behavioral patterns, and contributing/exacerbating factors. Report these codes when the psychotherapy is for a patient with a life-threatening or highly complex psychiatric crisis. Code 90839 is used for the first 30 to 74 minutes of intervention and 90840 for each additional 30 minutes. These codes include history, mental status examination, mobilization of resources, and implementation treatment.

Coding Tips

Report 90840 with 90839. These codes describe the total amount of face-to-face time spent with the patient and/or family by the clinician rendering the psychotherapy for crisis. Time on that date of service is not required to be continuous. The full attention of the clinician must be given to the patient and no other services may be provided to any other patient during the same time period. The patient must be present for all, or the majority of, the encounter.

Do not report psychiatric diagnostic evaluation services (90791–90792), psychotherapy services (90832–90838), or other psychiatric services (90785–90899) with psychotherapy for crisis services. For psychotherapy to patients who are not in a crisis situation, see 90832–90838. For family psychotherapy, see 90846–90847. For multiple family or group psychotherapy, see 90849 or 90853, respectively.

Documentation Tips

Documentation should indicate that psychotherapy was provided for an urgent assessment and history of a crisis state, including mental status examination, disposition, and that the patient presented in a high level of distress with a complex or life-threatening problem that required immediate attention.

Since the psychotherapy codes include time as a component of the code, the total time or the start and stop times of the psychotherapy should be noted in the medical record. Time does not have to be continuous; however, it does have to be face to face with the patient, without distraction and without providing services to another patient during the same time period. When it is not continuous, the stop and start times for each session should be documented.

Each psychotherapy note should include the description of at least one of the techniques used to treat the patient's condition. The CPT book describes the techniques specific to psychotherapy as either insight oriented, behavior modifying, and/or supportive techniques. Providers should also include how the patient benefited by the therapy in reaching his or her goals. For example, a note might state, "Supportive psychotherapy was utilized to help alleviate the patient's depression." The major theme of the discussion should also be recorded with consideration to the patient's privacy.

Documentation should specify whether this is a single episode or recurrent, the current degree of depression, the presence of psychotic features or symptoms, and remission status (i.e., partial, full) when applicable.

Documentation should clearly state the reasons requiring interactive complexity when separately reported.

Reimbursement Tips

Telemedicine services may be reported by the performing provider by addi modifier 95 to these procedure codes and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II co Q3014.

It is important to note that most payers will not cover psychotherapy servic that are palliative or provided only to maintain functioning level.

These procedures may be performed by a physician or other qualified hea care professional. Check with the specific payer to determine coverage. Si of service does not affect code assignment. Assignment of benefits is requir when this service is provided by a clinical social worker. Medicare payment at 75 percent of the physician fee schedule when the service is provided b clinical social worker.

ICD-10-CM Diagnostic Codes

F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiologica condition
F10.121	Alcohol abuse with intoxication delirium
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.221	Alcohol dependence with intoxication delirium
F10.231	Alcohol dependence with withdrawal delirium
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorde with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorde with hallucinations
F10.288	Alcohol dependence with other alcohol-induced disorder
F11.121	Opioid abuse with intoxication delirium
F11.13	Opioid abuse with withdrawal
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.188	Opioid abuse with other opioid-induced disorder
F11.221	Opioid dependence with intoxication delirium
F11.23	Opioid dependence with withdrawal
F11.250	Opioid dependence with opioid-induced psychotic disorder w delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder w hallucinations
F11.288	Opioid dependence with other opioid-induced disorder
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturban
F12.13	Cannabis abuse with withdrawal
F12.150	Cannabis abuse with psychotic disorder with delusions

N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

F95.2	Tourette's disorder
F95.8	Other tic disorders
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy P
F98.29	Other feeding disorders of infancy and early childhood P
F98.3	Pica of infancy and childhood P
F98.4	Stereotyped movement disorders
F98.5	Adult onset fluency disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence P
G89.4	Chronic pain syndrome
H93.25	Central auditory processing disorder
R15.1	Fecal smearing
R41.840	Attention and concentration deficit
R41.841	Cognitive communication deficit
R41.843	Psychomotor deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.850	Homicidal ideations
R45.88	Nonsuicidal self-harm
R47.82	Fluency disorder in conditions classified elsewhere
R48.0	Dyslexia and alexia

AMA: **90845** 2020,Aug,3; 2018,Nov,3; 2018,Jul,12; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Oct,9; 2015,Jan,16

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90845	2.1	0.62	0.09	2.81
Facility RVU	**Work**	**PE**	**MP**	**Total**
90845	2.1	0.31	0.09	2.5

	FUD	Status	MUE	Modifiers				IOM Reference
90845	N/A	A	1(2)	N/A	N/A	N/A	80*	100-02,15,160; 100-02,15,170; 100-03,10.3; 100-03,10.4; 100-03,130.1; 100-03,130.3; 100-04,12,160; 100-04,12,160.1; 100-04,12,170

* with documentation

90846-90849

★**90846** Family psychotherapy (without the patient present), 50 minutes

★**90847** Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

90849 Multiple-family group psychotherapy

Explanation

In 90846, the therapist provides 50 minutes of family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included. In 90847, the therapist provides 50 minutes of family psychotherapy in a setting where the care provider meets with the patient and the patient's family jointly. Code 90849 describes multiple family group psychotherapy provided to a patient and his/her family, as well as other patients and families. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Code 90849 is reported once for each family group present.

Coding Tips

Do not report 90846–90847 for family psychotherapy services of 26 minutes or less duration. Code assignment is based on whether the patient is present during the session or not. For family psychotherapy services of 80 minutes or more, see prolonged services codes 99354–99357. For group psychotherapy that does not consist of multiple families, see 90853.

Do not report 90846–90847 with adaptive behavior assessment/treatment services (97151–97158, 0362T, and 0373T).

Documentation Tips

Each patient record must have patient-specific documentation. Documentation should include specific participation, contributions, and reactions of each family member.

Reimbursement Tips

Telemedicine services may be reported by the performing provider by adding modifier 95 to 90846-90847 and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

Family psychotherapy is covered by Medicare when the primary purpose of such counseling is the treatment of the patient. It may be necessary to submit the medical record documentation to substantiate the need for family psychotherapy. Some payers require prior authorization before covering family or group therapy services.

For Medicare patients, psychotherapy services are not covered if the medical record indicates that dementia has produced a cognitive defect severe enough to prevent establishment of a relationship allowing therapy to be effective. Likewise, profound mental retardation never supports the medical necessity of psychotherapy services.

Individual psychotherapy and group psychotherapy may be reported on the same date of service if the two services are performed during separate time

 ● New ▲ Revised + Add On ★ Telemedicine AMA: CPT Assist [Resequenced] ☑ Laterality

intervals. Family psychotherapy (90846, 90847) is separately reportable with psychotherapy (90832–90838) when the services are separate and distinct.

ICD-10-CM Diagnostic Codes

F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F07.89	Other personality and behavioral disorders due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety
F10.281	Alcohol dependence with alcohol-induced sexual d
F10.282	Alcohol dependence with alcohol-induced sleep dis
F10.288	Alcohol dependence with other alcohol-induced dis
F11.10	Opioid abuse, uncomplicated
F11.11	Opioid abuse, in remission
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual distu
F11.13	Opioid abuse with withdrawal
F11.14	Opioid abuse with opioid-induced mood disorder
F11.150	Opioid abuse with opioid-induced psychotic disorde delusions
F11.151	Opioid abuse with opioid-induced psychotic disorde hallucinations
F11.181	Opioid abuse with opioid-induced sexual dysfunctio
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicatec
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptua disturbance
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disor
F11.250	Opioid dependence with opioid-induced psychotic disc delusions
F11.251	Opioid dependence with opioid-induced psychotic disc hallucinations
F11.281	Opioid dependence with opioid-induced sexual dysfu
F11.282	Opioid dependence with opioid-induced sleep disord
F11.288	Opioid dependence with other opioid-induced disord
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual dist
F12.13	Cannabis abuse with withdrawal
F12.150	Cannabis abuse with psychotic disorder with delusion
F12.151	Cannabis abuse with psychotic disorder with hallucina
F12.180	Cannabis abuse with cannabis-induced anxiety disord
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicat
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with percepti disturbance
F12.23	Cannabis dependence with withdrawal
F12.250	Cannabis dependence with psychotic disorder with d
F12.251	Cannabis dependence with psychotic disorder with hallu
F12.280	Cannabis dependence with cannabis-induced anxiety
F12.288	Cannabis dependence with other cannabis-induced d

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90846	2.4	0.35	0.09	2.84
90847	2.5	0.35	0.09	2.94
90849	0.59	0.4	0.02	1.01
Facility RVU	**Work**	**PE**	**MP**	**Total**
90846	2.4	0.33	0.09	2.82
90847	2.5	0.33	0.09	2.92
90849	0.59	0.2	0.02	0.81

	FUD	Status	MUE	Modifiers				IOM Reference
90846	N/A	R	1(3)	N/A	N/A	N/A	80*	100-03,130.1; 100-03,130.3; 100-04,12,160; 100-04,12,160.1
90847	N/A	R	1(3)	N/A	N/A	N/A	80*	
90849	N/A	R	1(3)	N/A	N/A	N/A	80*	

* with documentation

Terms To Know

counseling. Discussion with a patient and/or family concerning one or more of the following areas: diagnostic results, impressions, and/or recommended diagnostic studies; prognosis; risks and benefits of management (treatment) options; instructions for management (treatment) and/or follow-up; importance of compliance with chosen management (treatment) options; risk factor reduction; and patient and family education.

group counseling. Application of psychological methods to treat two or more individuals with addictive behavior.

psychotherapy. Treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

90853

90853 Group psychotherapy (other than of a multiple-family group)

Explanation

The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient may be discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are used, such as facilitating improved interpersonal exchanges, group support, and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy with other patients, and not members of the patients' families.

Coding Tips

Report interactive complexity (90785) in addition to this service when provided during the group psychotherapy session. If multiple family group psychotherapy is performed, see 90849. Do not report this service with adaptive behavior assessment/treatment services (97151–97158, 0362T, and 0373T).

Documentation Tips

Each patient record must have patient-specific documentation. Documentation should include specific participation, contributions, and reactions of each member.

Reimbursement Tips

Medicare has identified this code as a telehealth/telemedicine service. Check patient place of service for further guidelines. Commercial payers should be contacted regarding their coverage guidelines. Telemedicine services may be reported by the performing provider by adding modifier 95 to this procedure code and using the appropriate place of service. Services at the origination site are reported with HCPCS Level II code Q3014.

Some payers require prior authorization before covering family or group therapy services. Family psychotherapy is covered by Medicare when the primary purpose of such counseling is the treatment of the patient. It may be necessary to submit the medical record documentation to substantiate the need for family psychotherapy. Some payers require prior authorization before covering family or group therapy services.

For Medicare patients, psychotherapy services are not covered if the medical record indicates that dementia has produced a cognitive defect severe enough to prevent establishment of a relationship allowing therapy to be effective. Likewise, profound mental retardation never supports the medical necessity of psychotherapy services.

Individual psychotherapy and group psychotherapy may be reported on the same date of service if the two services are performed during separate time intervals. Family psychotherapy (90846, 90847) is separately reportable with psychotherapy (90832–90838) when the services are separate and distinct.

ICD-10-CM Diagnostic Codes

F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition

N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

AMA: **90885** 2020,Dec,13; 2020,Aug,3; 2018,Nov,3; 2018,Jul,12; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90885	0.97	0.38	0.09	1.44
Facility RVU	**Work**	**PE**	**MP**	**Total**
90885	0.97	0.38	0.09	1.44

	FUD	Status	MUE	Modifiers				10M Reference
90885	N/A	B	0(3)	N/A	N/A	N/A	N/A	100-01,3,30.1; 100-02,15,160

* with documentation

Terms To Know

data. Collection of factual information represented by numeric or alphanumeric characters.

diagnostic services. Examination or procedure performed on a patient to obtain information to assess the medical condition of the patient or to identify a disease and to determine the nature and severity of an illness or injury.

evaluation. Dynamic process in which the clinician makes clinical judgments based on data gathered during the examination.

intervention. Purposeful interaction of the physical therapist with the patient and, when appropriate, with other individuals involved in patient care, using various physical therapy procedures and techniques to produce changes in the condition.

90887

90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient

Explanation

The clinician interprets the results of a patient's psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.

Coding Tips

This procedure may be performed by a physician or other qualified healthcare professional. This service indicates that the physician has explained to the patient's family, caretaker, or to the patient's employer, the medical examinations, procedures, and other accumulated data performed on that patient in order to obtain the responsible parties' participation and/or support in that patient's treatment. If this interpretation is provided on the day that the physician is providing other services, an evaluation and management (E/M) code may be more appropriate. In the case of an encounter where evaluation and psychotherapy were performed, the appropriate psychotherapy code that includes the E/M service should be used. Do not report this service with adaptive behavior assessment/treatment services (97151–97158, 0362T, and 0373T).

Documentation Tips

Documentation should clearly identify all evaluated data, as well as the provider's interpretation of the data evaluation. All entries to the medical record should be dated and authenticated.

Reimbursement Tips

Check with the specific payer to determine coverage. Very few third-party payers provide coverage of this service. In the case of reports provided at an agency's or employer's request, a fee should be discussed and payment arrangement made prior to the rendering of the service.

ICD-10-CM Diagnostic Codes

F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome

N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

12 Appendix F – Place of Service (Medicaid)

The Place of Service codes provide information on the location where the service occurred.

Place of Service	Description
02	Telehealth (effective date of service 01/01/2018)
03	School (effective date of service 07/01/2015)
04	Homeless Shelter (effective date of service 07/01/2015)
11	Office
12	Home
13	Assisted Living Facility
14	Group Home (effective date of service 07/01/2015)
15	Mobile Unit (effective date of service 07/01/2015)
16	Temporary Lodging (effective date of service 07/01/2015)
19	Off Campus – Outpatient Hospital (dates of service on or after 02/01/2016)
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
49	Independent Clinic (effective date of service 07/01/2015)
50	Federally Qualified Health Center (effective date of service 07/01/2015)
51	Inpatient Psychiatric Facility

Place of Service	Description
52	Psychiatric Facility – Partial Hospitalization
53	Community Mental Health Center (effective date of service 07/01/2015)
54	ICF/MR
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility (effective date of service 07/01/2015)
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Dialysis Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
99	Other (end dated 06/30/2015)

13 Appendix G – Procedure Codes and Descriptions Medicaid

The following codes can be billed by a Behavioral Health Multi-Specialty Group:

Procedure Code	Description
90785	Interactive complexity
90791	Psychiatric diagnostic evaluation
90792*	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
90839	Psychotherapy for crisis; first 60 minutes
90840	Each additional 30 minutes
90845	Psychoanalysis
90846	Family psychotherapy
90847	Family psychotherapy with patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90865*	Narcosynthesis for psychiatric diagnostic and therapeutic purposes
90870*	Electroconvulsive therapy
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 45 minutes
90887	Interpretation or explanation of results of psychiatric procedures to family or other responsible persons, or advising them how to assist the patient
90899	Unlisted psychiatric service (screening)

Procedure Code	Description
96101	Psychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing, administered by a computer, with qualified health care professional interpretation and report
96105	Assessment of aphasia with interpretation and report, per hour
96110	Developmental screening, with interpretation and report, per standardized instrument form
96111	Developmental testing, with interpretation and report
96116	Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report
96125	Standardized cognitive performance testing
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment
96151	Re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Group (2 or more patients)
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening
H0015	Alcohol and/or drug services; intensive outpatient (IOP)
H0032	Mental health service plan

Procedure Code	Description
H0038**	Self Help/Peer services per 15 minutes
H2011	Crisis intervention services
H2012	Behavioral health day treatment
H2021	Community based wrap-around services
H2019	Therapeutic behavioral services
S9480	Intensive outpatient psychiatric services, per diem
T1007	Treatment plan development (service planning)

* Service may only be performed by a physician or APRN within a multi-specialty group

** Service may only be performed by a peer support specialist under the supervision of one of the following licensed practitioners:

- Licensed Professional Clinical Counselor (LPCC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
- Licensed Psychologist

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KNOWLEDGE • RESOURCES • TRAINING

New/Modifications to the Place of Service (POS) Codes for Telehealth

MLN Matters Number: MM12427
Related Change Request (CR) Number: 12427
Related CR Release Date: October 13, 2021
Effective Date: January 1, 2022
Related CR Transmittal Number: R11045CP
Implementation Date: April 4, 2022

Provider Types Affected

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for telehealth services they provide to Medicare patients.

Provider Action Needed

CR 12427 provides updates to the current POS code set by revising the description of existing POS code 02 and adding new POS code 10. Make sure your billing staff knows of the updates.

Background

The POS code set provides setting information necessary to pay claims correctly. At times, the health care industry has a greater need for specificity than Medicare. While Medicare doesn't always need this greater specificity to appropriately pay claims, it adjudicates claims with the new codes. This eases coordination of benefits and gives other payers the setting information they need. The POS Workgroup is revising the description of POS code 02 and creating a new POS code 10 to meet the overall industry needs, as follows:

1. **POS 02: Telehealth Provided Other than in Patient's Home**

   Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

2. **POS 10: Telehealth Provided in Patient's Home**

   Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care

in a private residence) when receiving health services or health related services through telecommunication technology.

Medicare hasn't identified a need for new POS code 10. Our MACs will instruct their providers to continue to use the Medicare billing instructions for Telehealth claims in Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 190.

More Information

We issued CR 12427 to your MAC as the official instruction for this change. The CR includes the revised manual sections.

For more information, find your MAC's website.