CPT Coding Tips: Maximize Reimbursement & Prevent Denials

**Presenter:**
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Handouts and CE test available at
www.theinsurancemaze.com/CPThandouts
Stop recording as needed to write down links

**Why Coding Matters**
- Chances are you got lots of training for clinical – but not business side -- of practice
- Code may seem deceptively simple, but incorrect coding can mean claim denials
- Guesses, bad info, blind trust all costly
- Plans may be looking to see if claim codes match documentation, to recoup $
- Many of us don’t use many codes, so may not get maximum $$$
- If out of network, need to know codes?

**Who am I?**
- 28 years private practice
- Practice consultant: Give consultations and train therapists nationwide on insurance, notes, billing, and how to build a thriving practice
- We’ll go quickly, contact me with questions!

**Today’s Agenda**
- CPT Codes Overview
- Coding for:
  - Intakes
  - Individual Therapy
  - Couples/Family Sessions
  - Longer Sessions
  - Crisis Sessions
  - Interactive Complexity
  - Group Therapy
  - Brief Assessment Tests
  - Telehealth
First, a little about CPT codes

- **CPT** = Current Procedural Terminology
- By American Medical Association (AMA)
- 5-digit, identifies type of service provided
- Used by all providers, all states, all plans
- Don’t confuse with DSM or ICD codes....
- **Why so confusing?**
  - **2013: for first time in decades**, major overhaul to psychiatric codes
  - **Yearly: Changes that may affect you**
    - So – if you haven’t kept up with changes you may be using codes incorrectly

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**Disclaimer/General CPT Code Info**

- Info given here will change with time
- These are just some of possible CPT codes
- “Just because there is a CPT code doesn’t mean it will be covered”
- Even if covered, may vary by license
- Ex: MOST 99- codes
- Not talking about codes for psychiatrists today
- What do plans pay?

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**INTAKES: CPT CODE 90791**

- 90791: Psychiatric diagnostic evaluation (no medical services)
- Used for most first sessions, involves history-taking, evaluation to determine diagnosis
- No time designation
- Only one per day (unless different providers with different specialties)
- May report more than once when separate evaluations are conducted with the client and other informants on different days

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**INTAKES: CPT CODE 90791 (cont.)**

- Will insurance pay for more than one?
- Can’t use on same day as therapy / crisis
- Intake: charge more?
- If client changes insurance, can you bill 90791 to new plan?
- Use if client returns after absence?
Individual Psychotherapy Codes

- **90832**: Psychotherapy, 30 minutes with client (time range: 16 - 37 min)
- **90834**: Psychotherapy, 45 minutes with client (time range: 38 - 52 min)
- **90837**: Psychotherapy, 60 minutes with client (time range: 53 min. and over)

- These codes NOT ones for psychiatrists
- We’ll talk later about 90837
- Why confusion? When codes introduced in 2013, their description was “psychotherapy with or without family member.” Huh?

90837: Individual Therapy 60 min. (53 min. and over)

How do plans deal with this code?
- Some plans pay more, some same rate as 90834
- UBH/OPTUM may deny without preauthorization; may grant for EMDR, Traumatic Incident Reduction (TIR), Systematic Desensitization

90832: Psychotherapy, 30 minutes with client (time range: 16 - 37 min)
90834: Psychotherapy, 45 minutes with client (time range: 38 - 52 min)
90837: Psychotherapy, 60 minutes with client (time range: 53 min. and over)

- AMA 2017: changed description, clarified these are individual therapy codes but may involve “informants” (examples)
- Ct. must be present for majority of session
- Document session start/stop times!
- Count only time from session start to end
- What about sessions 15 minutes or less?
- Codes not based on setting

90837: Individual Therapy 60 min. (cont.)

- Why out of network providers should care
- Why do some people avoid using it?
- Must you document why longer session?
- Why I use, & suggest you don’t avoid:
  - It’s accurate code
  - $$$ loss if don’t (ex. 10 cts/week. X added $10/session = $435/month, $5200/year)
Couples/Family CPT Coding

- **90847**: Family/conjoint psychotherapy (with the client present), 50 minutes
- **90846**: Family/conjoint psychotherapy (without the client present), 50 mins.

- In 2017, AMA clarified were 50 min. long
- Can’t use for sessions under 26 minutes
- May be fraud to see couple or family and bill each plan for individual session, or to bill each plan a 90847 for the same session

Family/Couples: Will Insurance Pay?

- Most private insurance plans do cover couples and family therapy when there is a client with a diagnosis
- When call plan, don’t ask if couples therapy covered, ask if 90846/90847 is covered
- Adjustment Disorder usually fine; usually Z-code alone is not enough

Billing for Longer Sessions

- In 2013 AMA eliminated 90808 (75-80 mins)

So, what are your coding options?

1. Use 90837 -- 60 min therapy (53 min & over)
   - A. But, really limits reimbursement
2. Can you break up time and bill separately?
   - A. Ex. For 90 min session, can you use 90834 (45 min session), 2 units?
   - B. Ex. 90 min session, use 90837 (60 min) and 90832 (30 min) on separate lines?

Longer Sessions (cont.)

3. Couples: can bill first 50 min to one plan, 2nd to the other’s plan?
4. If network therapist, can bill plan for first 45/60 mins & ask client to pay extra time?
   - Possibly, check contract/call plan
   - Get signed Self-Pay Agreement with client
   - SPA in my book; also in Practice Forms Packet at theinsurancemaze.com/store
New Option for Longer Sessions: Prolonged Services Add-on Codes

99354: Prolonged Service in outpatient setting ... beyond usual service, first hour (30 – 74 min.) beyond the usual service

99355: each additional 30 minutes

- Opened to non-medical providers to use with 90837 in 2016, and allowed for 90847 (family/couples) in 2018
- "Add-on code" – only bill when paired with another code; May see with plus sign (ex. +99355) but don’t put + on claim/invoice

Prolonged Service Codes on CMS-1500 Ex. 135-164 min. Individual Session

- Same on invoice/statement/superbill
- Must be minimum 30 minutes past original service (90837 = 90 min; 90847 = 80 min)

INDIVIDUAL SESSIONS

| For a 90-134 min. individual session:  |
| 90837 (first 60 min.) AND             |
| 99354 (30-74 min. following the 90837) |

| For a 135-164-min. individual session: |
| 90837 (first 60 min.) AND             |
| 99354 (30-74 min. following the 90837) AND |
| 99355 (each add'l 30 min; must use with 99354) |

| For a 165-194-min. individual session: |
| 90837 (first 60 min.) AND             |
| 99354 (30-74 min. following the 90837) AND |
| 99355 (each additional 30 min)        |

| For a 195-224-min. individual session: |
| 90837 (first 60 min.) AND             |
| 99354 (30-74 min. following the 90837) AND |
| 99355 (each add'l 30 min) AND         |
| 99355 (each additional 30 min)        |

COUPLES SESSIONS

| For a 80-124 min. couples/family session: |
| 90847 (first 50 minutes) AND             |
| 99354 (30-74 min. following the 90847)    |

| For a 125-154 min. couples/family session: |
| 90847 (first 50 minutes) AND             |
| 99354 (30-74 min. following the 90847) AND |
| 99355 (each additional 30 min)           |

| For a 155-184 min. couples/family session: |
| 90847 (first 50 minutes) AND             |
| 99354 (30-74 min. following the 90847) AND |
| 99355 (each add'l 30 min; must use with 99354) AND |
| 99355 (each additional 30 min.)           |

| For a 185-214 min. couples/family session: |
| 90847 (first 50 minutes) AND             |
| 99354 (30-74 min. following the 90847) AND |
| 99355 (each add'l 30 min; must use with 99354) AND |
| 99355 (each additional 30 min.)           |
Prolonged Service Codes, continued

- Code Maximums:
  - 99354: 1 per day
  - 99355: 4 per day
- Will insurance cover?
- What’s to lose by trying?
- May mean a new way to collect more $$

Crisis Codes (cont.)

CPT Manual Definition:
“an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.”

Billing for Crisis Sessions (cont.)

- Crisis is based on your definition
- Minimum 30 minutes
- Client must be present for part of service
- Can’t bill on same day with any psychiatric service, including assessment 90791, psychotherapy, or interactive complexity
- First session with client/family may be crisis; may report intake (90791) on later date

Another Option for Crisis (and Longer Crisis) Sessions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90839</td>
<td>psychotherapy for crisis, first 60 min. (30 - 74 minutes) <em>(NOT AN ADD-ON CODE!)</em></td>
</tr>
<tr>
<td>90840</td>
<td>crisis add-on, each additional 30 mins beyond the first 74 minutes <em>(use with 90839)</em></td>
</tr>
</tbody>
</table>

Example: 105 minute session:

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/14/18</td>
<td>90839</td>
<td>60 min session</td>
</tr>
<tr>
<td>09/18/18</td>
<td>90840</td>
<td>45 min session</td>
</tr>
</tbody>
</table>

Crisis is based on your definition

- Minimum 30 minutes
- Client must be present for part of service
- Can’t bill on same day with any psychiatric service, including assessment 90791, psychotherapy, or interactive complexity
- First session with client/family may be crisis; may report intake (90791) on later date
Interactive Complexity Add-on 90785

- Add-on code (can’t use alone) where specific communications factors add to difficulty of service delivery and increase intensity of effort required in session to diagnose/treat
- May mean extra $$$
- Can’t use with family or crisis codes
- Reflects more session intensity, not time
- Don’t use each time with “difficult” clients
- Usually has third party participating in care

May report “interactive complexity” when at least one of these is present:

1. Need to manage maladaptive communication (e.g. high anxiety, high reactivity, repeated questions, disagreement) among participants that complicates treatment
2. Caregiver emotions/behavior interferes with their ability to assist with treatment plan
3. Evidence or disclosure of sentinel event and mandated report to third party (e.g. abuse or neglect) with discussion of event and/or report with client and/or other participant
4. Use of play equipment/physical devices or interpreter/translator required to communicate with client; is not fluent in same language or has not developed (or has lost) ability to communicate symptoms to therapist or understand therapist

Interactive Complexity (cont.)

So you can see, often involves:
- Discordant or emotional family members
- Young and verbally undeveloped clients
- Impaired clients or those with fluency issues

Claim example: 45 minute session:

<table>
<thead>
<tr>
<th>A</th>
<th>C</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 21 18 07 21 18 11</td>
<td>90785</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 21 18 07 21 18 11</td>
<td>90804</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Will plans pay for this code? How much?
- If don’t pay, no loss; if they do, $ can add up

2019 CPT Code Changes

- Big changes in codes for Psychological/Neuropsych. Testing and Applied Behavioral Analysis (ABA) for sessions 1/1/19 & after
- My article:
  - www.theinsurancemaze.com/2019CPTcodes
- American Psychological Association article on testing code changes:
  - https://tinyurl.com/APA2019CPT
- ABA codes: https://tinyurl.com/2019ABA
Group CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90849</td>
<td>Multiple family group therapy</td>
</tr>
<tr>
<td>90853</td>
<td>Group therapy other than a multiple family group</td>
</tr>
</tbody>
</table>

- No time length
- Keep chart on each client in group, document each session
- Make sure it is therapy, not class

96127: Brief Assessment Test

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96127</td>
<td>Brief emotional/behavioral assessment (e.g. depression inventory, ADHD scale) with scoring and documentation, per instrument</td>
</tr>
</tbody>
</table>

- For brief inventories measuring depression, ADHD, anxiety, suicidal ideation, trauma, etc.
- Ex. PHQ-9, AUDIT, GAD-7, DAST10, C-SSRS
- May be administered by non-clinical staff or even self-administered by clients
- Can bill on same day as therapy or intake
- Can administer, score, and bill for up to 4 tests per client per session; coverage varies

96127: Brief Assessment Test (cont.)

- A list of commonly used free tools is at SAMSA: https://tinyurl.com/freetests
- Administering tests could bring in a lot of additional $$; Therapynotes survey shows av. $4-$8 per code use
- Plans moving toward outcome-based reimbursement; Good idea to gather progress and outcomes data
- Covered by major plans
- Check coverage for your license

96127: How it Looks on Claim

Example: 2 brief tests given before session
- May need Modifier 59 (“separate & distinct”)
Telehealth

- “Therapists think they can pick up the phone or jump on Skype and sessions will be covered by insurance. Nothing could be further from the truth.” --Marlene Maheu, TeleBehavioral Health Institute (www.telehealth.org)
- “Telehealth” video or phone?
- While shift toward state laws that mandate coverage, still many plans/states don’t cover
- Even when states mandate coverage, plans may limit (ex. video only; client location; with preauthorization; no available network provider; on network or telehealth provider list; attested awareness of telehealth laws; special informed consent; in-person intake)

Telehealth (cont.)

- HIPAA-compatible platform
- Across state lines?
- Use same CPT code as would for in-person
- May need modifier 95; Some carriers still accept modifier GT (for video) or GQ (for phone); Ask plan if needed
- Modifier 95 can be used with intake, family & indiv. therapy, & prolonged service codes
- Use Place of Service code 02 (eff. 1/1/17)
- Invoice: state if video or phone session

Got billing or insurance questions? 
At my website www.theinsurancemaze.com
- Schedule your consultation
- Book: “Navigating the Insurance Maze”
- Webinar: “What Should be In Your Client Charts: Writing Great Progress Notes and Treatment Plans”
- New! Practice Forms Packet
- Buy CMS-1500 Claim Forms
- Read helpful articles, Sign up for e-news

Handouts and CE test:
www.theinsurancemaze.com/CPThandouts

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