

Common Service Codes/Claims: Individual Psychotherapy



It's now Monday, July 10, 2023, and the person served is returning to my office for her first individual therapy session.

The session goes very well! As a therapist certified in EMDR, and because it met the significant needs of my client, I conducted the first EMDR session which lasted 84 minutes, and it took me an additional 11 minutes to complete the progress note documentation.

But how much actual time may I claim? Which SmartCare procedure code or codes do I use and do any of those "modifiers" apply to this service?



THE COUNTY OF FRESNO
Department of
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But how much actual time may I claim?

All claims for outpatient services must use units of service. Only the time it takes to provide direct services associated with that code can be counted towards a unit of service. Documentation time may not be claimed.

Though the CPT coding for psychotherapy has 3 distinct procedure codes based on units of time, the SmartCare procedure code is simply 93 – psychotherapy with patient.

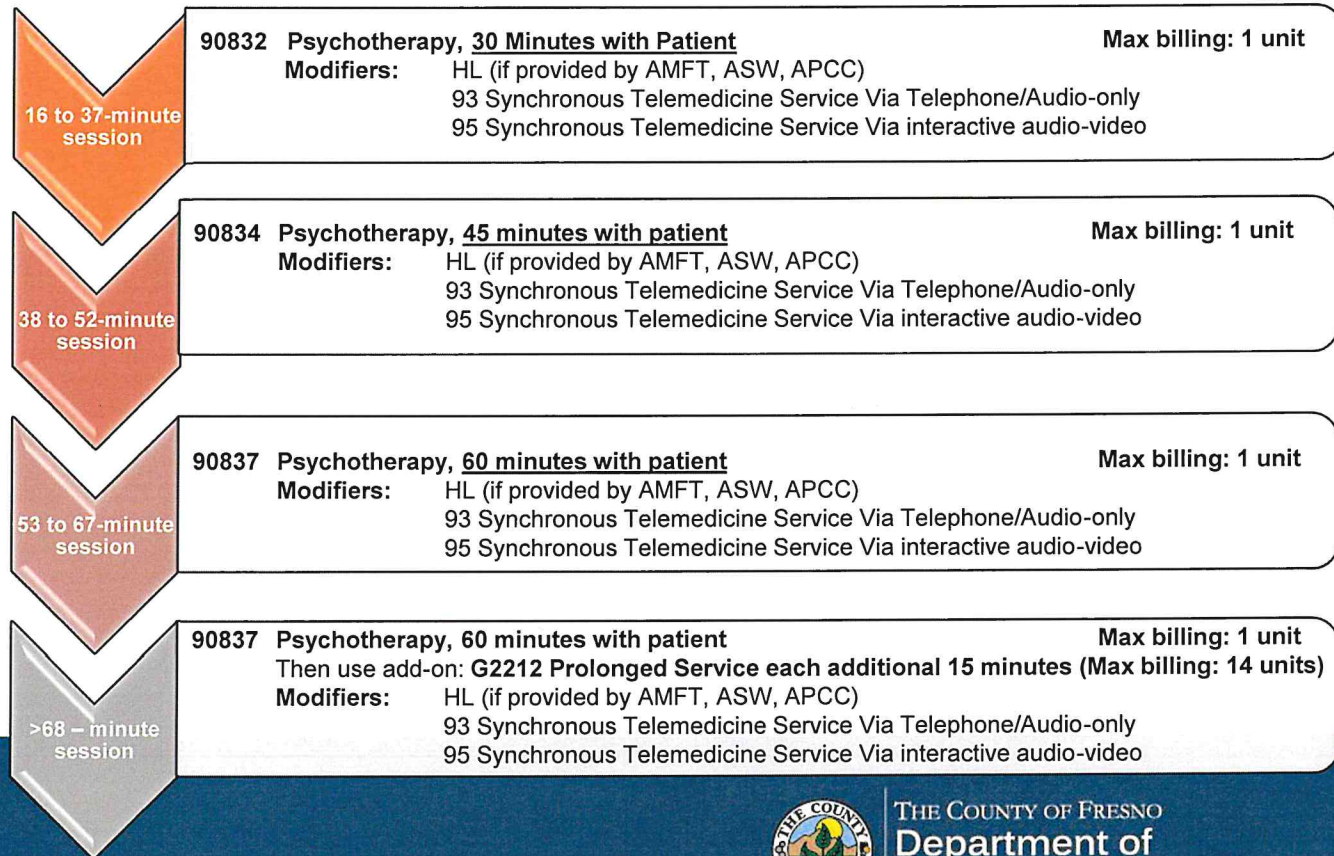
SmartCare will crosswalk all “93 – psychotherapy with patient” service claims to the appropriate CPT code set dependent on time claimed.



Common Service Codes/Claims: Individual Psychotherapy

Psychotherapy has 3 distinct CPT codes based on unit of service [time] (30 minutes, 45 minutes, 60 minutes). Must use the total unit time plus 51% of difference between the levels of service code to claim next level of service (i.e., 30 minutes plus at least 8 additional minutes to claim 90834 psychotherapy, 45 minutes with patient).

Only 90837 – psychotherapy, 60 minutes – may be combined with the add-on code G2212 for additional 15-minute units of time.



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16 to 37-minute session

90832 Psychotherapy, 30 Minutes with Patient
Modifiers: HL (if provided by AMFT, ASW, APCC)
 93 Synchronous Telemedicine Service Via Telephone/Audio-only
 95 Synchronous Telemedicine Service Via interactive audio-video
Max billing: 1 unit

With the SmartCare Procedure Codes, all needed conversions to CPT coding will be done automatically in SmartCare. Only one service line is necessary on your CMS 1500.

>68 – minute session

90837 Psychotherapy, 60 minutes with patient
 Then use add-on: **G2212 Prolonged Service each additional 15 minutes (Max billing: 14 units)**
Modifiers: HL (if provided by AMFT, ASW, APCC)
 93 Synchronous Telemedicine Service Via Telephone/Audio-only
 95 Synchronous Telemedicine Service Via interactive audio-video
Max billing: 1 unit



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For the individual psychotherapy provided on July 10, 2023, the proper claiming time is the direct service of 84 minutes. But...which SmartCare procedure code or codes do I use *and do any of those "modifiers" apply to this service?*

On a CMS 1500 claim form the 84-minute individual therapy session is added on line 2:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ERGOT Family Plan	I. ID. GUAL	J. RENDERING PROVIDER ID #	SUPPLIER INFORMATION		
	From	To	MM	DD	YY	MM											DD	YY
1	07	03	23	07	03	23	11		79					A	120 60	66	NPI	1234567890
2	07	10	23	07	10	23	11		93					A	180 90	84	NPI	1234567890
3																	NPI	

That's 60+15 full units; plus 9 minutes that allows for additional unit of claiming as I passed the 51% of the 15-minute additional add-on claim = 90 minutes paid.

Charges equal conversion:
1 unit of 90837 and 2 units of G2212

Note: Units of claiming are in minutes. No modifiers were required as I am licensed, and the session was in-person.



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