

Overview

Patients with psychiatric diagnoses may 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. To report both E&M and psychotherapy, the two services must be **significant and separately identifiable**. You may report these services with an appropriate E&M code and an add-on code specifically for psychotherapy when performed with an E&M service (90833, 90836, and 90838). The standalone psychotherapy codes (90832, 90834, and 90837) should *not* be used in conjunction with an E&M service. See the CPT[®] Code book for descriptions and additional information.

The medical and psychotherapeutic components of the service should be separately identified within the progress note (within the same progress note is acceptable) and should include the following information.

Documentation of E&M services

Time may *not* be used as the basis for E&M code selection when reported with codes for psychotherapy performed with an E&M service (90833, 90836, 90838). The type and level of E&M service is selected based upon the level of intervention and is determined by the key components outlined in the CPT[®] code description. Effective 01/01/2021, code descriptions and guidelines for Office E&M services only (99202-99215) have been revised and differ significantly from other E&M services. Documentation should reflect the work performed.

- **Office E&M services** (99202-99205, 99212-99215) code selection is now based on **one** key component, Medical Decision Making (MDM), which has four levels: Straightforward, Low, Moderate or High. Both new and established patients require 2 of 3 MDM elements.
- A medically appropriate history and physical examination, as determined by the treating provider, should be documented, however, the level of history and examination are no longer used when determining the level of E&M service. For more details, refer to our guide for E&M Coding Office-Based Services.
- **Other E&M services** (hospital 99221-99223, 99231-99233, observation 99218-99220, 99224-99226, etc.) code selection is based on the **three** key components of history, examination, and MDM. New patients require 3 of 3 key components, and established patients require 2 of 3 key components. Each key component has four possible levels:
 - **History:** Problem Focused, Expanded Problem Focused, Detailed, or Comprehensive
 - **Examination:** Problem Focused, Expanded Problem Focused, Detailed, or Comprehensive
 - **MDM:** Straightforward, Low, Moderate, or High

For more details, refer to our guides for E&M Initial and Subsequent Hospital Care, E&M Initial Observation Care, and E&M Observation or Inpatient Hospital Care.

Documentation of psychotherapy services

The appropriate psychotherapy add-on code is selected based on the **face-to-face time** of the psychotherapeutic intervention. Documentation must support that the add-on psychotherapy service is provided in *addition* to the E&M service (significant and separately identifiable). A separate diagnosis is *not* required to report the E&M and psychotherapy service on the same date.

- Document the **time** spent providing face-to-face psychotherapy
- Do *not* include any of the time devoted to the E&M service (i.e., time spent on history, examination, or MDM).
- Include a description of the type and content of the psychotherapy provided: Therapy intervention techniques, patient's progress and response to treatment, and any additional attendees.

For more details, please refer to our Behavioral Health Services Documentation Requirements Reimbursement Policy.

ONE EXAMPLE - NEW PATIENT
E&M PLUS PSYCHOTHERAPY PROGRESS NOTE

Patient Identifier: _____

Date: _____

Diagnosis: _____

E&M:

History: _____

Examination: _____

Medical Decision Making: _____

— [Include required History, Exam & MDM elements to support the E&M level billed]

Psychotherapy:

Time spent on psychotherapy services only: _____

[Include description of type & content of psychotherapy provided]

List additional attendees, if any: _____

Legible Signature of Practitioner, Degree, Licensure: _____

Resources

- **American Psychiatric Association (www.psychiatry.org):** Psychiatrists > Practice > Practice Management > Coding,

Reimbursement, Medicare and Medicaid > Coding and Reimbursement

- **American Medical Association (www.ama-assn.org)** > Practice Management > CPT® > CPT® Evaluation and Management (E&M) Codes and CPT® Manual > Evaluation and Management Guidelines and Appendix C - E&M Extended Guidelines
- **CMS.gov:** Evaluation and Management Services Guide; 1995 Documentation Guidelines and 1997 Documentation Guidelines

This provider alert is not meant to replace the 1995 or 1997 CMS guidelines for documentation. See resources above for additional information.