Psychotherapy Add-On with High Level E/M Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy addresses the appropriate billing of psychotherapy add-on codes when performed with evaluation and management (E/M) services.

- **Affected CPT Codes**: 90833, 90836, 90838
- **Relevant E/M Codes**: 99204, 99205, 99214, 99215

Psychotherapy add-on codes require that the psychotherapy service be substantial, separately identifiable, and non-overlapping with the E/M service.

When psychotherapy add-on codes 90833, 90836, or 90838 are billed concurrently with high-level E/M codes 99204, 99205, 99214, or 99215 for the same patient, by the same provider, on the same date of service, such claims will be denied. This is because it is clinically improbable that both services could be performed at a significant and independently identifiable level of time without overlap.

Reimbursement Guidelines

- **Non-Reimbursable Combinations**: Claims that include 90833, 90836, or 90838 billed on the same date of service with 99204, 99205, 99214, or 99215 by the same provider will be denied reimbursement.
- **Documentation Requirement**: Providers must ensure that psychotherapy time and E/M service time are clearly documented, substantial, and independently identifiable. Overlapping time cannot be counted toward both services.

Billing Standards:

CPT Code	CPT Code Description
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	01/01/2023	New Policy
Revised Date	08/16/2023	Updated template
Revised Date	08/06/2025	Updated template and verified links
Revised Date	08/21/2025	Added Reimbursement Guidelines section; added page numbers and PI number

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Molina	Molina Healthcare

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be*

eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.