



Psychotherapy Add-On with High Level E/M

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

Affected CPT codes: 90833, 90836, 90838

The time allocated for a psychotherapy add-on code service and an evaluation and management (E/M) code service must be substantial and independently identifiable. The time spent on each service should not overlap. When psychotherapy add-on codes 90833, 90836, and 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 due to the improbability that the combined time for both services would be significant and separately identifiable without overlapping.

Procedure Codes (CPT & HCPCS)

Code	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.

Documentation History

Type	Date	Action
Effective Date		New Policy
Revised Date	08/16/2023	Verified links- CS
Revised Date	12/12/2024	Updated template

References

Government Agencies

CMS-

[LCD - Psychiatry and Psychology Services \(L34616\) \(cms.gov\)](#)

To report both E/M and psychotherapy, the two services must be significant and separately identifiable.

1. The type and level of E/M service is selected first based upon the key components of history, examination, and medical decision-making. For office services on or after 01/01/2021, choose the level of E/M service based on time or on the three key components of history, examination, and medical decision-making. **Documentation must show that time for the E/M service and psychotherapy does not overlap.**
2. Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service (i.e., time spent on history, examination, and medical decision making when used for the E/M service is not psychotherapy time). Time may not be used to determine E/M code selection. Prolonged Services may not be reported when E/M and psychotherapy are reported.
3. A separate diagnosis is *not* required for the reporting of E/M and psychotherapy on the same date of service.

[Article - Billing and Coding: Psychiatry and Psychology Services \(A57480\) \(cms.gov\)](#)

III. Billing Guidelines

- A. To report both E/M and psychotherapy, the two services must be significant and separately identifiable.
- B. A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service.

Professional Society Guidelines and Other Publications

AMA CPT-

CPT coding Guidelines

Psychotherapy services (CPT codes 90832-90838) are time-based codes. Start and stop times or total times must be documented for CPT codes 90832, 90834, and 90837. For psychotherapy services performed with an E/M service (**CPT codes 90833, 90836, and 90838**), it is recognized that the psychotherapy time may not be continuous in a combined psychotherapy with an E/M service. However, since psychotherapy is a time-based code, the **expectation would be documentation of the start and stop times or total time of the psychotherapy with an E/M service and documentation of the start and stop times or total time devoted to psychotherapy.**

The total time does not include the E/M time. Also note that when psychotherapy is performed with an E/M by the same physician or NPP, the **documentation should show that they are separately identifiable services.** Psychotherapy times are for face-to-face services with the patient. The patient must be present for all or some of the service. In reporting, choose the code closest to the actual time (i.e., 16-37 minutes for CPT codes 90832 and 90833, 38-52 minutes for CPT codes 90834 and 90836, and 53 or more minutes for CPT codes 90837 and 90838). Do not report psychotherapy of less than 16 minutes duration.

High Level E/M	Time Requirement	Medical Decision-Making Requirement
99214	30-39 minutes	Moderate
99215	40-54 minutes	High
99204	45-59 minutes	Moderate



99205	60-74 minutes	High
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***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.