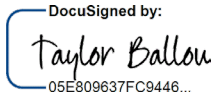
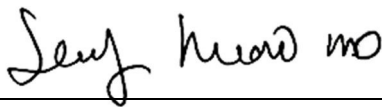


Policy Title: Psychotherapy Add-On with High Level E/M		Policy #: PI0061	
		Line of Business: Medi-Cal	
Department Name: Claims Processing	Original Date: 3/6/2025	Effective Date: 7/1/2025	Revision Date: 5/23/2025
VP Approval: Taylor Ballou 			Date 7/25/2025
CMO Approval: Jennifer Nuovo, MD 			Date: 5/23/2025

#### A. PURPOSE

This policy aims to ensure accurate provider reimbursement and serves as a general guide for reimbursement practices related to the services outlined in this policy. It is not designed to cover every possible reimbursement scenario, nor does it intend to influence care decisions. The policy was created based on widely recognized industry standards and coding practices. In case of any conflict, applicable federal and state regulations, along with the members' benefit plan details, will take precedence over the information in this document. Furthermore, if there is any discrepancy between this policy and the provider agreement terms, the provider agreement will take priority. Coverage may also be required by relevant legal requirements from state authorities, the federal government, or the Centers for Medicare and Medicaid Services (CMS). The references included were correct at the time the policy was approved.

#### B. DEFINITIONS

1. High-level Psychotherapy E/M services are a complex, face-to-face encounter with a patient that includes both psychotherapy and evaluation and management services which may involve diagnosis, medication management, and other medical decision-making.
2. Psychotherapy Add-On Codes are billed in addition to primary E/M codes which must be performed by a qualified medical provider that delivers psychotherapy and medical evaluation during the same visit and the psychotherapy portion meets a minimum time requirement, distinct from the time spent on medical management.

#### C. POLICY

- I. The time spent on a psychotherapy add-on code service and an E/M code

service must be clearly distinguishable and substantial, with no overlap between the time dedicated to each service.

- II. The affected time-based CPT codes are as follows:
  - a. 90833
  - b. 90836
  - c. 90838
- III. Blue Shield Promise will deny payment of Psychotherapy add-on codes 90833, 90836, and 90838, when billed with the high-level E/M codes 99204, 99205, 99214 or 99215, for the same member, by the same provider and on the same date of service, as it is unlikely that the combined time for both services would be significant enough to allow separate reimbursement.

#### D. PROCEDURE

- I. Claims billed with psychotherapy add-on codes 90833, 90836, and 90838 with high-level E/M codes 99204, 99205, 99214, or 99215 for the same patient, provider, and date of service, will be denied due to insufficient combined time justification.
- II. Time spent on E/M components (history, exam, decision-making) cannot be counted toward psychotherapy duration – psychotherapy time must be distinct and separately documented
- III. Time should not be used to determine E/M level when psychotherapy is also billed—E/M code selection must be based on key components, not total time.
- IV. Prolonged services codes are not permitted when billing both E/M and psychotherapy on the same date.
- V. A separate diagnosis is not required to bill E/M and psychotherapy services on the same day, but clear and separate documentation for each service is essential.

#### E. REFERENCES

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

- c. A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service.

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

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

III. AMA CPT – CPT Coding Guidelines

- a. 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.
- b. 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.
- c. 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.

F. REVISION HISTORY

The original document is always listed first. Each review or revision should be listed. For revisions, include a list of sections that were modified and brief explanation.

Date (Descending Order)	Modification (New, Reviewed and/or Revised. Provide detail when revised.)
5/23/2025	New policy and procedure