

## 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** (within the same progress note is acceptable). Time parameters should be documented to denote the approximate time devoted to the psychotherapy service. These services are reported by using both the appropriate E/M code and add-on codes specific for psychotherapy when performed with evaluation and management services (90833, 90836, and 90838). When psychotherapy is provided in conjunction with an E/M service, the standalone psychotherapy codes (90832, 90834, and 90837) should *not* be used. 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 and should include the following information.

## Documentation Related to the E/M Service

The type and level of E/M service is selected based upon the level of intervention and is determined by key components of history, examination, and medical decision-making. For new patients, 3 out of 3 of these components (history, examination, and medical decision-making) are required; for established patients, 2 of the 3 components are required. (Time spent providing counseling and coordination of care may not be used to determine the level of E/M service when E/M is performed in addition to psychotherapy.) Documentation reflects the work performed:

**History:** Problem Focused, Expanded Problem Focused, Detailed, or Comprehensive

**Examination:** Problem Focused, Expanded Problem Focused, Detailed, or Comprehensive

**Medical Decision-Making:** Straightforward, Low, Moderate, or High

The 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 for the E/M service is not part of the psychotherapy time). The appropriate psychotherapy add-on code is selected based on the time of the psychotherapeutic intervention *only, it does not include any of the time devoted to the E/M service*. The approximate face-to-face time spent in the psychotherapy portion of the visit should be documented.

## Documentation of Psychotherapy Services

Documentation for psychotherapy should be **separate and identifiable in the progress note**. Your documentation must support the add-on psychotherapy service as an addition to the elements of the E/M service. Further, the approximate time spent providing face-to-face psychotherapy should be documented within the note and, as stated, should be separate from the time spent rendering the E/M service.

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

## Resources:

### American Psychiatric Association:

<http://www.psychiatry.org/home>  
(Path: Practice > Managing a Practice > CPT Changes 2013)

### American Medical Association:

<http://www.ama-assn.org/resources/doc/cpt/15-psychotherapy-puente-musher.pdf>

### Centers for Medicare & Medicaid

<http://www.cms.gov/>  
(Path: Outreach & Education > MLN Educational Web Guides)

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

## ONE EXAMPLE - New Patient OF AN E/M PLUS PSYCHOTHERAPY PROGRESS NOTE

Patient Identifier

Date

Diagnosis

E/M:

History

*[Include required number of elements based on E/M level billed]*

Examination

*[Include required number of bullets based on E/M level billed]*

Medical Decision Making

*[Include required documentation based on E/M level billed]*

Psychotherapy:

Time spent on psychotherapy services only \_\_\_\_\_

*[Include description of type and content of psychotherapy provided]*

List additional attendees, if any:

Legible Signature of Practitioner, Degree, Licensure