

CPT Codes
Updated April, 2017

The “old system” of CPT codes (using CPT codes 90806, 90804, 90801), etc. changed as of 2013 and was revised again for clarification by the American Medical Association in January 1, 2017.

CURRENT CPT CODES

90791 is the code for diagnostic evaluation/assessment

90832 is the code for 30 minutes with patient.

90834 is the code for 45 minutes with patient.

90837 is the code for 60 minutes with patient.

Codes 90832, 90834 and 90837 may involve the participation of collateral informants, such as family members, caregivers, etc. However, the patient must be present for all, or a majority, of the service.

The “exact” time for a single code or the first code in a series is achieved once the actual time crosses the midpoint (e.g., 30-minute code requires actual time of at least 16 minutes)

0 – 15 minutes: No code (Sessions less than 16 minutes cannot be reported)

16 – 37 minutes: Use 30-minute code 90832 or 90833

38 – 52 minutes: Use 45-minute code

53 minutes and longer: Use 60-minute code. However, remember that if the client is seeking insurance reimbursement, this code *may* require preauthorization.

90846 is the code for family psychotherapy, without the patient present, 50 minutes.

90847 is the code for family psychotherapy, with the patient present, 50 minutes.

CPT Codes 90832, 90834, 90837 can be reported on the same day as 90846 and 90847.

However, be sure to include modifier code 59 to emphasize that the services are separate and distinct. It is recommended that providers contact the specific insurance company in advance about the issue of billing more than one procedure in a given day.

Non Face-to-Face Sessions (A.K.A. “Telehealth”)

The modifier for “synchronous telemedicine” via videoconferencing is now 95.

Synchronous telemedicine refers to services which are rendered via real-time interactive audio and video.

As an example, the CPT code for telemedicine, 45 minutes, is 90834 with modifier 95.

Effective January 1, 2017, the place of service (POS) code for telehealth is 02. (Previously, POS code 11 was used for telehealth). POS code 02 refers to the location where health services are provided or received through telecommunications technology.

Having trouble getting reimbursed when using the new CPT Codes?

California state law requires that insurance companies reimburse for telehealth services as if they were provided face-to-face. Check with the insurance companies about how to bill for these services.

Please Note: Not all insurance plans are subject to CA law. Some are under federal jurisdiction (ERISA, self-funded plans). Some are under the jurisdiction of other states. Verifying benefits is necessary to find out if patient is subject to CA law.

The American Medical Association is encouraging providers to report insurance plans that are not accepting the 2013 CPT codes. The rejection of a valid CPT code is a violation of HIPAA. HIPAA's transactions and code set standards require plans to be in compliance with the latest version of the CPT manual. To report HIPAA violations, simply file a complaint through the Centers for Medicare and Medicaid services website or through the online AMA Health Plan Complaint Form at www.ama-assn.org/go/clickandcomplain.