

The National Association of Social Workers

750 First Street NE
Suite 800
Washington, DC 20002-4241
SocialWorkers.org



Mirean Coleman,

LICSW, CT

Clinical Manager

mcoleman.nasw@socialworkers.org

Most Frequently Used CPT* Codes by Clinical Social Workers

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Clinical social workers who seek independent reimbursement use Current Procedural Terminology (CPT) codes to identify procedures they perform when providing psychotherapy services. The Health Insurance Portability and Accountability Act (HIPAA) has designated CPT as the national coding standard for reporting procedures for health care professionals such as clinical social workers. CPT provides a uniform language to describe psychotherapy and other health services.

Since 1994, NASW has provided two representatives to the American Medical Association, Current Procedural Terminology Editorial Panel, Health Care Professional Advisory Committee (AMA/CPT/HCPAC) where codes are developed, maintained, and revised. The two representatives provide a national voice for clinical social workers in the creation, revision, and maintenance of the CPT codes.

The most frequently used CPT codes by clinical social workers are listed in this document. Health insurance companies can individually decide which CPT codes they will reimburse clinical

social workers for. Thus, clinical social workers should acquire a list of the CPT codes that they will be reimbursed for from each health insurance company in which they have a contractual agreement with. Doing so may prevent claim denials and overpayment requests.

Since 2013, clinical social workers have used the following CPT codes most frequently to report psychotherapy services rendered to an individual, family or group.

90791

The psychiatric diagnostic evaluation is an integrated biopsychosocial assessment which includes a history, mental status, and recommendation. It may include communication with family and other sources who are considered informants. 90791 does not include psychotherapeutic services and can only be reported once per day per patient. This code may be used for a reassessment or it can be used more than once for an initial assessment if more time is required. There is no time range for this code.

90832, 90834, and 90837

90832, 90834, and 90837 describe individual psychotherapy services for the patient and may include an informant. The

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patient is required to be present for all or most of the service. The codes include an ongoing assessment and adjustment of treatment interventions. The times for these codes are:

- 90832 – Psychotherapy 30 minutes.
Time range: 16 to 37 minutes
- 90834 – Psychotherapy 45 minutes.
Time range: 38 to 52 minutes
- 90837 – Psychotherapy 60 minutes.
Time range: 53 minutes or more

Some health insurance companies may consider 90834 as the standard psychotherapy session. In such cases when reporting 90837, it would be beneficial to document in the clinical record why the longer service was warranted rather than the shorter service.

90785

90785 is an add-on code used to report interactive complexity services. It is reported in conjunction with 90791, 90832, 90834, and 90837. Interactive complexity is a special communication factor that complicates the delivery of psychotherapy services. It is commonly used when delivering services to children and verbally undeveloped or impaired patients. These patients usually have third parties such as parents, guardians, interpreters, schools, and court officers.

90839 and 90840

90839 and 90840 are codes used to report psychotherapy for crises. These codes report an urgent assessment which includes a history of a crisis state, a mental status exam, and a disposition. Treatment includes:

- Psychotherapy
- Mobilization of resources to defuse the crisis and restore safety
- Provision of psychotherapeutic intervention to minimize emotional trauma

For 90839 and 90840, the presenting problem is life threatening or complex, and requires immediate attention to a patient in high distress. Clinical social workers must devote their full attention to the patient, and cannot provide services to another patient during the same time period. The times for these codes are:

- 90839 – Psychotherapy for crisis, the first 60 minutes. The time range is 30-74 minutes.

- 90840 – Psychotherapy for crisis, each additional 30 minutes. Report additional blocks of time up to 30 minutes each beyond 74 minutes.

90845

90845 is used to identify psychoanalysis services. There is no time range for this code.

90846

90846 identifies family psychotherapy services without the patient present. This code may be used on the same day as an individual psychotherapy service is provided when the services are separate and distinct for the patient. The session is for 50 minutes and the time range is 26 minutes or more.

90847

90847 is family psychotherapy with the patient present. This is also referred to as conjoint psychotherapy. This code may also be used on the same day as an individual psychotherapy service is provided as long as the services are separate and distinct for the patient. The time is a 50 minute session and the time range is 26 minutes or more.

90853

90853 is for group psychotherapy. When appropriate, the add-on code for interactive complexity, 90785, may be used with this code. There is no time specification for this code.

Using the CPT Codes on the CMS-1500 Form

When submitting a claim, a CPT code must be used in order to receive payment. The code is listed on line 24 D under CPT/HCPCS. An add-on codes is also listed under this heading, but on the line following the listing of the primary CPT code.

NASW is committed to advocating for its members in the coding process through the American Medical Association CPT Editorial Panel and will keep its members abreast of any coding changes.

References

American Medical Association. 2016. *CPT 2017 Professional*. Chicago IL: Author.

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