

Another Way to Bill for Extended Sessions: Prolonged Service Codes

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One of the most common questions I receive from therapists in consultations is how to bill for sessions longer than 60 minutes. These are provided for many clinical and practical reasons, including the ability to do in-depth work, to get more accomplished in couples or family sessions, for EMDR and other intensive or trauma-related treatments, or because clients travel from a distance or can't come weekly.



Therapists billing for extended sessions were left high and dry in 2013 when the American Medical Association overhauled the Current Procedural Terminology (CPT) code list and deleted the 90808 code for 75-80 minute services. CPT codes now offer only three timed codes for individual therapy, the longest one being 90837 for 60 minutes. With instructions to use the 90837 60-minute therapy code for sessions 53 minutes and over, this maximized reimbursement for longer sessions at the 60-minute rate.

Most health plans do allow ongoing, routine 60-minute sessions, and reimburse more for this than for a 45-minute session (CPT code 90834, which has a time range of 38-52 minutes). While some plans reimburse at the same rate, perhaps to discourage longer sessions, overall, the 60-minute code pays more -- sometimes a lot more. A 2020 study by Carepath EHR showed an average of \$29 more in plan payment for the 90837; a 2021 SimplePractice study showed an average of \$31 more. Over time and with multiple clients, this income difference can be substantial.

What's different about United/OPTUM

It is important to note that at least one major insurance plan (United Behavioral Health/United Healthcare/OPTUM) treats the 90837 code differently. Up until December 2018 this plan required preauthorization for use of this code. While preauthorization is no longer necessary in most parts of the country, they continue to assert that this code should be used routinely. According to the OPTUM's policy statements, the plan feels 90837 sessions are only appropriate for clients in acute crisis who need stabilization, or where the client presentation or treatment requires longer sessions. Their manual cites examples such as when the client is diagnosed with Post-Traumatic Stress Disorder, Panic Disorder or Obsessive Compulsive Disorder and is being treated with a therapy that takes additional time, such as Prolonged Exposure Therapy, Systematic Desensitization, or Eye Movement Desensitization and Reprocessing (EMDR). It is likely they would allow the additional time for DBT sessions or Trauma-Informed treatment in some cases. Use of this code when billing United certainly invites a possible call from their Clinical Care Team or even an audit.

A new billing possibility: Prolonged Service Codes

Another billing possibility for extended therapy sessions emerged in 2016 when the AMA allowed add-on codes for Prolonged Services, 99354 and 99355, to be used by non-medical personnel for CPT 90837 and in 2018 for 90847 (couples/family therapy, 50-minutes, 26 min. and above). Formerly allowed to be used only by doctors, physician's assistants, and nurses, these "add-on codes" are used when billing for services that have gone longer than the usual service.

Want to try using the Prolonged Services codes?

Remember, the session must be a minimum of 30 minutes beyond the original code. This means, for a 90837, a 60-minute code, the session minimum would be 90 minutes; for the 50-minute 90847, the session must be a minimum of 80 minutes. It requires the use of multiple CPT codes for the same session (each having its own charge that you've chosen). Thus, you will use multiple lines for the same date of service on the claim form or statement. When using these codes, it is **STRONGLY** recommended that you verify their coverage in advance with each insurance payer.

Here are two charts showing how to bill for individual and couples/family sessions. As you can see the charts are slightly different since the initial codes 90837 and 90847 vary in their time length.

INDIVIDUAL SESSIONS
For a 90-134 min. individual session: 90837 (first 60 min) AND 99354 (30- 74 min. following the 90837)
For a 135-164-min. individual session: 90837 (first 60 min) AND 99354 (30- 74 min. following the 90837) AND 99355 (each add'l 30 min; must use with 99354)
For a 165-194-min. individual session: 90837 (first 60 min) AND 99354 (30- 74 min. following the 90837) AND 99355 (each add'l 30 min; must use with 99354) AND 99355 (each additional 30 min)
For a 195-224-min. individual session: 90837 (first 60 min) AND 99354 (30- 74 min. following the 90837) AND 99355 (each add'l 30 min; must use with 99354) AND 99355 (each additional 30 min) AND 99355 (each additional 30 min)

COUPLES SESSIONS
For a 80-124 min. couples/family session: 90847 (first 50 minutes) AND 99354 (30- 74 min. following the 90847)
For a 125-154 min couples/family session: 90847 (first 50 minutes) AND 99354 (30- 74 min. following the 90847) AND 99355 (each additional 30 min; must use with 99354)
For a 155-184 min. couples/family session: 90847 (first 50 minutes) AND 99354 (30- 74 min. following the 90847) AND 99355 (each add'l 30 min; must use with 99354) AND 99355 (each additional 30 min.)
For a 185-214 min. couples/family session: 90847 (first 50 minutes) AND 99354 (30- 74 min. following the 90847) AND 99355 (each add'l 30 min; must use with 99354) AND 99355 (each additional 30 min.) AND 99355 (each additional 30 min.)

Will insurance reimburse for Prolonged Service codes? *Some therapists who have used these codes have reported they were reimbursed the 99354 and 99355, yet others only got reimbursed only for the 90837 or 90847.* One billing manager reported, "we have been using 99354 in combination with 90837 and 90847. The payers seem to be allowing the use of the 99354 and in fact reimburse at a higher rate for the 99354 than the original procedure code. BlueCross BlueShield, HealthPartners, Aetna, PreferredOne and Cigna have all reimbursed for the service." Thus, it seems you have nothing to lose by giving it a try. You can also contact your plan and ask if these codes are covered by your contract or ask that they be added.

Other Billing Options for longer sessions

If the session meets the criteria for a crisis session, the choice might be made to bill using the crisis CPT codes that were introduced by the AMA in 2013: 90839 for the first 60 minutes of a crisis session, 90840 as the add-on for each 30 minutes of additional time after the initial 60 minutes. For the new crisis codes to apply, the presenting problem must require immediate attention to a client in high distress, including life-threatening or at least highly complex crisis clinical situations.

Can you bill one 45- or 60-minute session to insurance, and contract privately with the client to pay any additional time out of pocket? There is a lot of discussion online about this option, both sides confident about their opinion. To me, this option seems a credible one, if it is not forbidden in your plan contract. Why shouldn't the client retain the right to pay for services that are not covered by his plan? If you are a network provider, insurance plans may want you to charge the client your usual network rate for the additional time, and you'll still have to collect any copayments or deductible for the first part of the session. I had one insurance network executive suggest that the client sign a Private Pay Agreement stating he understands that this additional time will be their responsibility, and how much they will owe; "if you get that, we would back you," he said. (I have this Private Pay Agreement in my Practice Forms Packet available at theinsurancemaze.com/store).

Can you break the session into two parts and bill for both? Can you bill for one 90834 and one 90832 (a 30-minute session) on the same day, or for 2 units of 90834 or 90837? In my experience, these scenarios are rarely reimbursed, as most plans only allow one hour of therapy per day. Sometimes they'll pay if the two services are separate and distinct, such as a couples therapy session and an individual therapy session on the same day (in which case, modifier 59 may need to be used to indicate they were separate sessions). Even two different therapy services on the same day may not be covered.

My thoughts? I continue to use 90837 to bill all my sessions that fit the time criteria, except for OPTUM clients -- I downcode to 90834 for these. While we can look for different ways to code and bill for these longer sessions, it must be acknowledged that we are battling an industry-wide trend toward encouraging briefer treatment and discouraging longer sessions.

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