

High Day Billing of Psychotherapy Services

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Scope & History

This guide applies to all providers, non-physician providers, subcontractors, and facilities who submit for reimbursement of psychotherapy services under CareOregon medical or mental health plan of benefits. The purpose of this guide is to provide clarity on the maximum allowable units that can be billed by a single rendering provider during a single date of service.

Policy & Guidelines

CareOregon is introducing a new policy to limit psychotherapy services to a maximum of eight (8) hours per provider per day. If a provider bills for more than eight (8) hours of services, using any combination of the specified codes below, all psychotherapy services for that day will be denied. Medical records will be required for claims payment on any day [or 24-hour period] in which a provider claims more than eight (8) hours of psychotherapy.

Psychotherapy Billing Codes affected:

- CPT Code 90832: Psychotherapy, 30 min with patient (30 minutes minimum)
- CPT Code 90833: Psychotherapy add on, 30 min with patient with evaluation and management (E&M) services (35 minutes minimum)
- CPT Code 90834: Psychotherapy, 45 min with patient (38 minutes minimum)
- CPT Code 90836: Psychotherapy add on, 45 min with patient with E&M services (43 minutes minimum)
- CPT Code 90837: Psychotherapy, 60 min with patient (53 minutes minimum)
- CPT Code 90838: Psychotherapy add on, 60 min with patient with E&M services (58 minutes minimum)

All services billed for the entire day will be denied if the total psychotherapy time exceeds the 8-hour limit. Denied claims will be eligible for reconsideration with submission of clinical records for ALL services performed on the date of service that is being reconsidered.

Required Documentation for Payment:

To receive payment for services, providers must submit one of the following:

- A patient appointment log for the day, including reception check-in and check-out times for each patient.
- Medical records for patient visits conducted on that day.
- Providers can fax records directly to Payment Integrity at fax number 503-416-1381.

To avoid high day billing, it's important for providers to:

- **Accurately track time:** Ensure that the time spent on each session is recorded precisely.
- **Avoid overlapping sessions:** Do not bill for multiple sessions that occur simultaneously.
- **Regular audits:** Conduct regular reviews of billing practices to identify and correct any discrepancies.

Incident To and Student Physician billing

When psychotherapy is performed by a student physician or intern, specific documentation requirements must be met to ensure compliance with medical billing standards. Here are the key points:

- **Supervision:** The supervising physician must be present during the key portions of the service. This can be done in person or via real-time audio-video technology
- **Medical Necessity:** The documentation must clearly establish the medical necessity of the psychotherapy services provided
- **Detailed Notes:** The student or intern must document the session details, including the duration, the therapeutic interventions used, and the patient's response to the treatment
- **Co-Signature:** The supervising physician must review and co-sign the documentation to validate the services provided by the student or intern
- **Compliance with Guidelines:** The documentation should comply with the guidelines set forth by the Centers for Medicare & Medicaid Services (CMS) and other relevant bodies

Psychotherapy can be performed and billed as an "incident to" service under certain conditions. Here are the key requirements:

Conditions for Incident-to Billing

- **Supervision:** The psychotherapy services must be provided under the direct supervision of a physician or non-physician practitioner (NPP) who is actively involved in the patient's care
- **Initial Service:** The supervising physician or NPP must have personally performed the initial service and established the treatment plan
- **Integral Part of Treatment:** The psychotherapy services must be an integral, although incidental, part of the physician's or NPP's professional services during diagnosis or treatment
- **Billing:** The services are billed under the supervising physician's or NPP's National Provider Identifier (NPI) number

Documentation Requirements

- **Medical Necessity:** Clearly document the medical necessity of the psychotherapy services.
- **Supervision Details:** Include details of the supervision provided during the session.
- **Treatment Plan:** Ensure the treatment plan established by the supervising physician or NPP is documented and followed.

Definitions

High Day Billing - the practice of billing for more timed services than can be reasonably provided within a 24-hour period

References

https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34616_20/L34616_PSYCH014_BCG.pdf

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf>