

## Coding for 90-Minute Appointments

A provider may need to meet with a patient for extended sessions to accommodate exposure-based therapy or other treatment modalities. The following guidelines provide a step-by-step process for the coding and capture of relative value units (RVUs) associated with a 90-minute appointment in AHLTA. It is intended to be used when there is 90 minutes of “face-to-face” time with the patient during the encounter.

NOTE: Please verify this procedure with your local medical coder since each MTF’s policies may vary slightly.

Within the A/P section of AHLTA, begin by attaching the CPT code 90837 (Psychiatric Therapy Individual Approximately 60 Minutes).

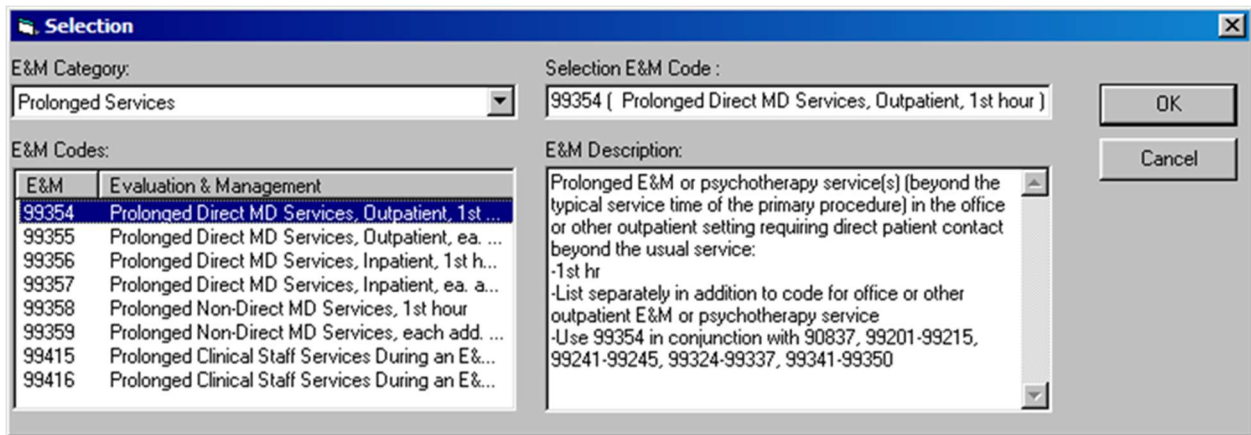
The screenshot shows the AHLTA interface with the 'Procedure' tab active. A search box contains the code '90837'. Below the search area, a list of procedure descriptions is displayed, including 'Psychiatric Therapy Individual Approximately 60 Minutes 90837' and 'With Medical Evaluation And Management 90838'.

After attaching the CPT code, proceed to the Disposition portion of the encounter to enter an E&M code for extended time.

In E&M Code 1, select 99499. All mental health encounters are coded 99499 unless there are medical interventions being performed by a psychiatrist. You will be entering the extender code in E&M Code 2, here at the arrow.

The screenshot shows the AHLTA E&M Coding interface. E&M Code 1 is set to '99499 - Observation- 2nd of 3 days (Unlisted E&M code)'. E&M Code 2 is empty. An arrow points to the dropdown menu for E&M Code 2.

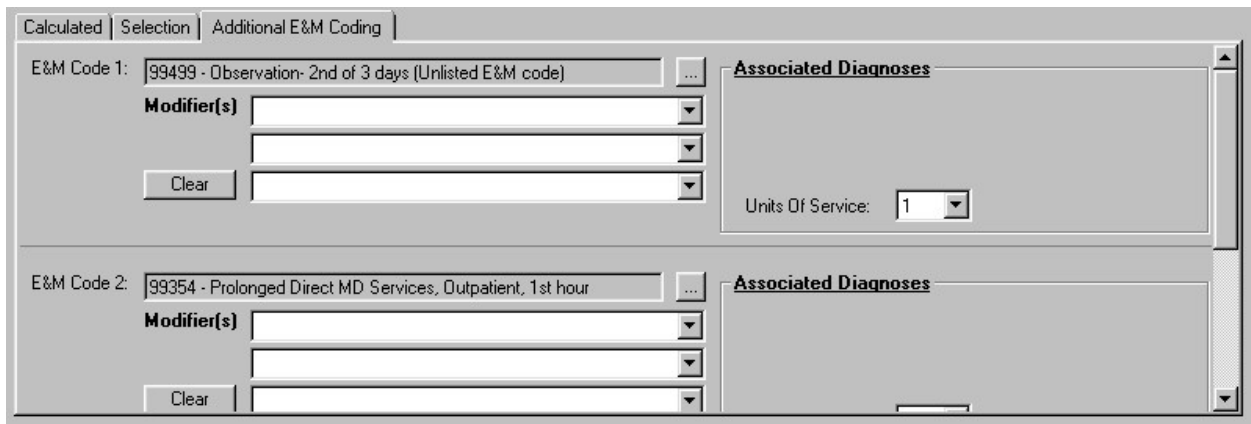
In E&M Code 2, select “Prolonged Services” in the E&M Category, and select “99354” in the E&M Code.



Be sure to select the specifier that matches your discipline:

- 99354, Prolonged Direct MD Services, Outpatient, 1st hour
- 99354, Prolonged Direct Psychological Services, Outpatient, 1st hour
- 99354, Prolonged Direct Social Work Services, Outpatient, 1st hour

For example, a psychiatrist’s result will look like the following:



It is important to remember that the E&M code is never displayed in the final signed note.

By following these steps, providers and clinic managers can be assured to have appropriately documented and been given credit for the 90-minute appointment completed.