

Psychotherapy

Revised: [December 13, 2024](#)

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Overview

Psychotherapy means treatment of a person with mental illness that applies the most appropriate psychological, psychiatric, psychosocial or interpersonal method that conforms to prevailing community standards of professional practice to meet the mental health needs of the member.

Psychotherapy is:

- A planned and structured, face-to-face treatment of a member's mental illness
- Directed to accomplish measurable goals and objectives specified in the member's individual treatment plan (ITP)

Eligible Providers

Only a [mental health professional](#), clinical trainee or tribal certified professional can provide psychotherapy.

Eligible Members

[Minnesota Health Care Programs \(MHCP\)](#) members must have a diagnosis of mental illness as determined by a [diagnostic assessment](#). The diagnosis must be included in the [diagnostic code list](#) published by Minnesota Department of Human Services.

Exception: The initial diagnostic assessment allows for a member to be eligible to receive up to three sessions of a combination of individual or family psychotherapy or family psychoeducation before the provider completes the diagnostic assessment.

Covered Services

The following types of services are covered as defined:

Psychotherapy (with patient)

- Used for services with the patient present
- Includes some time without the patient; however, the patient must be present for the majority of the psychotherapy time
- Used for both outpatient and inpatient settings
- May include hypnotherapy (conducted by a mental health professional or clinical trainee trained in hypnotherapy). Do not bill hypnotherapy separately
- May include individual psychophysiological therapy incorporating biofeedback, with psychotherapy
- May be used with interactive complexity add-on

Evaluation and management (E/M) with psychotherapy (with patient or family or both)

- Used when psychotherapy is performed in addition to E/M services
- If providing both services, they must be at separate times and distinguishable services
- Time spent on E/M activities may not be counted towards the psychotherapy time
- May be used with interactive complexity add-on

Family psychotherapy

- Includes the MHCP member and one or more family members or caregivers whose participation is necessary to accomplish the member's treatment goals. Family means a person who the member (or member's parent or guardian) identifies as being important to the member's mental health. It may include, but is not limited to, parents, children, spouse, committed partners, former spouses, person related by blood or adoption, or people who are currently residing together as a family unit. Do not consider shift staff or other facility staff members at the member's residence as family
- Family members or primary caregivers do not need to be eligible for MHCP
- If you believe the member's absence from the family psychotherapy session is necessary to carry out the member's treatment plan, document the length of time and reason for the member's absence; also document reasons for a family member's exclusion from family psychotherapy

Multiple family group psychotherapy

- Multiple family group psychotherapy is designed for at least two, but no more than five, related or unrelated families, regardless of family members' MHCP eligibility status or the number of family members who participate in the family psychotherapy session. The families must be related to at least one person in the group.
- Directed toward meeting the identified treatment needs of each member as indicated in the member's treatment plan
- If a member is excluded from a session, document the reason for and length of time of the exclusion
- Document reasons why a family member is excluded

Group psychotherapy

- Appropriate for individuals who, because of the nature of their emotional, behavioral, or social dysfunctions, can derive benefit from treatment in a group setting
- Provided by one mental health professional for 3-8 members
- Provided by two mental health professionals for 9-12 members
 - Group size cannot exceed 12 people
 - Group size applies regardless of the number of MHCP members in the group
- May be used with interactive complexity add-on

Interactive Complexity

Use the Interactive Complexity add-on code (90785) to designate a service with interactive complexity. Report interactive complexity for services when any of the following exist during the visit:

- Communication difficulties among participants that complicate care delivery, related to issues such as:
 - High anxiety
 - High reactivity
 - Repeated questions
 - Disagreement
- Caregiver emotions or behaviors that interfere with implementing the treatment plan

- Discovery or discussion of evidence relating to an event that you must report to a third party. This may include events such as abuse or neglect that require a mandatory report to the state agency
- The mental health provider needs to overcome communication barriers by using any of the following methods:
 - Play equipment
 - Physical devices (physical devices do not include standard telehealth equipment)
 - An interpreter
 - A translator
- The mental health provider needs to overcome communication barriers for members who:
 - Are not fluent in the same language as the mental health provider
 - Have not developed or have lost the skills needed to use or understand typical language

The interactive complexity add on code should not be used for technical difficulties with telehealth equipment.

Documentation of Covered Services

Document covered services as follows:

Medical necessity

Document the medical necessity for psychotherapy in the diagnostic assessment.

Individualized treatment plan

Document in the individualized treatment plan (ITP) the specific interventions with measurable goals and objectives (including start and stop time) describing how the mental health professional will use psychotherapy to treat the member's mental illness.

Progress notes

Document all psychotherapy rendered in a progress note for each episode of care on each date of service. A progress note must be legible. Documentation of treatment information can be kept to a minimum. Each progress note must include:

- Type of service
- Date of service
- Session start and stop times
- Scope of service (nature of interventions or contacts including treatment modalities, phone contacts, and so on)
- Member's progress (or lack of) to overall treatment plan goals and objectives
- Member's response or reaction to treatment interventions
- Formal or informal assessment of the member's mental health status
- Name and title of person who gave the service
- Date documentation was made in the member's record

Other elements that may be included:

- Current risk factors the member may be experiencing
- Emergency interventions
- Consultations with or referrals to other professionals
- Summary of effectiveness of treatment, prognosis, discharge planning, and so on
- Test results and medications
- Symptoms

For clinical trainees conducting psychotherapy, the treatment supervisor must review and approve the member's progress notes according to the clinical trainee's supervision plan.

While providers need to keep progress notes to document treatment, it is at the discretion of the provider whether to keep additional psychotherapy notes. A psychotherapy note is the documentation or analysis of the contents of conversation during an individual, group or family psychotherapy session. Keep psychotherapy notes separate from the rest of the individual's medical record. These notes are protected from normal record release under HIPAA even when requesting an authorization or continued services.

Clinical Supervision

Record clinical supervision pertinent to client treatment changes by a case notation in the client record after supervision occurs. Review the [Treatment Supervision](#) section of the MHCP Provider Manual for additional requirements.

Noncovered Services

Conversion therapy is not a covered service under MHCP.

Authorization

Refer to [Authorization](#) for general authorization policy and procedures. Providers do not have to submit authorization requests for Psychotherapy services until further notice.

Submit the following as part of the authorization process for continuation of services:

- Copy of the most current diagnostic assessment
- Clinical summary (including justification for each diagnosis)
- Individual treatment plan that includes same items as under the Documentation of Covered Services heading
- Progress notes that include same items as under the Documentation of Covered Services heading
- Other elements that may apply, including:
 - Current risk factors the member may be experiencing
 - Emergency interventions
 - Consultations with or referrals to other professionals
 - Summary of effectiveness of treatment, prognosis, discharge planning, and so on.
 - Test results and medications
 - Symptoms

Include the interactive complexity add-on code on the authorization request when requesting authorization for services with interactive complexity.

Billing

Submit claims only for the MHCP member of the psychotherapy sessions, regardless of the number of other family or group members in the session.

When more than one family member is a member, such as two or three siblings, each receiving treatment within a specific timeframe, bill only for the time spent conducting psychotherapy for each member.

When two or more professionals render group psychotherapy:

- Submit only one claim for each member.

- Professionals must determine which member each will bill for, or one professional may claim for all members and reimburse the other professional.
- Multiple providers will not bill the entire session multiple times.

When billing:

- Bill psychotherapy services online using [MN-ITS 837P](#).
- Enter the treating provider NPI number on each claim line.
- Hypnotherapy is part of psychotherapy; do not bill separately.
- Teaching hospitals may enter the GC modifier for services performed under the direction of a supervising physician.

Use the following table for billing services.

Mental health psychotherapy benefits for children and adults

Procedure code	Brief description	Unit (*Per CPT Time Rule)	Service limitation
90832	Psychotherapy (with patient)	30 (16-37*) min.	For prolonged psychotherapy services face to face with the member of 91 minutes or more, bill two units of 90837.
90834	Psychotherapy (with patient)	45 (38-52*) min.	
90837	Psychotherapy (with patient)	60 (53+*) min.	
Appropriate E/M and 90833	E/M and psychotherapy (with patient)	30 (16-37*) min.	Interactive complexity add-on code (90785) may be used with: <ul style="list-style-type: none"> • Psychotherapy (90832, 90834 or 90837) • E/M with psychotherapy add-on codes (90833, 90836, 90838)
Appropriate E/M and 90836	E/M and psychotherapy (with patient)	45 (38-52*) min.	E/M with psychotherapy add-on limited to: <ul style="list-style-type: none"> • Clinical nurse specialist-mental health (CNS-MH) • Psychiatric nurse practitioner (NP) • Psychiatrist
Appropriate E/M and 90838	E/M and psychotherapy (with patient)	60 (53+*) min.	
90875	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	30 (16-37*) min.	Calendar year threshold, refer to Authorization - 26 hours of psychotherapy (with patient or family member or both), cumulative (including biofeedback and E/M with psychotherapy add-on).
90876	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	45 (38-52*) min.	
90846	Family psychotherapy without patient present	50 (26+) min.	Calendar year thresholds, refer to Authorization : <ul style="list-style-type: none"> • 26 units of family psychotherapy (with patient or family member or both), cumulative (including biofeedback and E/M with psychotherapy add-on) • 10 sessions of multiple family group
90847	Family psychotherapy with patient present	50 (26+) min.	
90849	Multiple family group psychotherapy	1 Session	

			<ul style="list-style-type: none"> psychotherapy *Use codes 90846-90849 to report family psychotherapy. You may bill separately for each patient in the family group, however, do not bill for each family member.
90853	Group psychotherapy	1 Session	Use interactive complexity add-on code (90785) with 90853 as needed. Calendar year threshold, refer to Authorization - 52 sessions of group psychotherapy.

Refer to the [CTSS Billing table](#) for additional information about CTSS services.

Mental health payment rates

For mental health services provided by:	Payment rate is up to:
Community mental health center	100% of MHCP allowed rate
Doctoral-prepared mental health professional	100% of MHCP allowed rate
Master's prepared mental health professional	80% of MHCP allowed rate

Legal References

[Minnesota Statutes, 144.292](#), subdivision 2 and 7 (Minnesota Health Records Act – patient access and exception)

[Minnesota Statutes, 245I.10](#) (Diagnostic assessment) (Individual Treatment Plan)

[Minnesota Statutes, 256B.0671](#), subdivision 11 (Psychotherapy services)

[Code of Federal Regulations, title 45, section 164](#), parts 501 (45 CFR 164.501) (Psychotherapy notes)

[Code of Federal Regulations title 45, section 160](#), parts 203 (45 CFR 160.203 (b)) (Release of Privacy)