Providence
Health Plan
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Psychotherapy and Evaluation & Management Services

Effective 7/1/2025

Commercial Fully Insured and ASO Groups and Medicare Advantage Only

Effective 7/1/2025, The Plan **will implement a reimbursement** policy to emphasize the documentation requirements established by the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) in order to report an evaluation and management (E&M) service with a psychotherapy add-on code (CPT 90833, 90836, or 90838) for the same member, by the same provider, on the same date of service. This documentation is particularly critical for the selection of higher level E&M services, such as 99204, 99205, 99214, and 99215.

This policy is intended to provide education on the proper coding for reporting both a psychotherapy code **and** an E&M code to ensure accurate claims payment and member cost-share calculation. Claims are expected to be coded correctly when submitted for payment. **Provider claims will not automatically deny, but may be subject to utilization audit and chart notes must support all codes – including the level selected – submitted to the Plan for payment.**

Note, there are CMS bundling edits that prohibit reporting a psychotherapy **non**-add-on code (90832, 90834, or 90837) with an E&M procedure code. These clinical edits are consistent with coding instructions and will not be affected by this policy. That means a corrected claim would be needed to resolve those denials, noting that the same AMA documentation requirements apply to support the corrected claim and any services reported to the Plan for reimbursement.

This policy does not apply to Providence OHP members. Additionally, these changes do not supersede benefit determinations of coverage.

A copy of the reimbursement policy is available upon request, and questions may be sent to the Reimbursement Policy Team at: PHPReimbursementPolicy@providence.org