Statement from Anthem

As mentioned in our Behavioral Health newsletter 10/1/2015, we have specific documentation criteria that should be used when billing these services. Please reference the information below for additional guidance on documentation and billing of CPT codes 90832-90838.

For claims payment of psychotherapy services, providers must document at a minimum:

- Date of service
- Time spent with the patient (start and stop times)
- Specific therapeutic maneuvers used (e.g., cognitive restructuring, behavior modification) to produce therapeutic change
- Clearly documented diagnosis: for each visit and related to treatment and therapy
- Periodic summary of goals, progress toward goals, and an updated treatment plan
- Progress or lack of progress toward the goals stipulated in the individual treatment plan
- Legible provider signature

EquiClaim has reviewed data on our behalf to compare peers using these codes. If a provider bills a high level code greater than 50% of the time when compared to his/her peers we have asked EquiClaim to send a letter of the provider detailing the peer comparison and graphical depiction. This letter and graph serves as an educational outreach to bring Anthem's policy to the provider's awareness and offer the provider an opportunity to speak with one of EquiClaim's certified coders to further discuss documentation requirements and answer any questions they or their staff may have.

There is no financial consequence associated with this notification. Rather, it is intended to be educational in nature so that providers become aware of the need to look at their documentation and codes they are billing for the services provided to our members. It offers them the opportunity to self-identify any issues and correct them as needed whether it be properly documenting the services provided or in the billing of claim. As always, we may choose to audit documentation in the future but not at this time. This is truly is an educational outreach to the providers.