Psychotherapists in general, and play therapists in particular, are often unprepared to manage businesses and may initially have a hard time seeing themselves as business owners. The reality however, is that a successful play therapy practice needs to be not only one that effectively promotes the healing and good mental health of clients, but also profitable. New therapists face the challenge of understanding the business world and productively navigating the insurance realm of billing procedures and CPT® codes.

Besides all this, the world keeps changing on us! The New York Times recently printed an interesting article about the changes in the psychotherapy business, highlighting how psychotherapists today need to be attentive to marketplace practices (Gottlieb, 2012). Gottlieb, a former full-time journalist turned psychotherapist, discussed the use of branding consultants for therapists working in private practice. According to such specialists, psychotherapists now...
need to show their specific expertise instead of portraying a
generic, old-fashion “blah” message about the services they
provide. Being a play therapist is a good thing in such a
market!

More than just a discussion of marketing ideas, Gottlieb
(2012) made it clear how much the business of
psychotherapy is full of controversy, as clinicians frequently
have difficulty identifying their services in the commercial
realm. Psychotherapists are trained to foster good mental
health and relationships; increase happiness; heal traumas;
develop social, emotional, and behavioral intelligences; and
be accepting, non-judgmental, and compassionate. Training
programs seldom cover the business side of private practice,
rarely mentioning financial gain or return rates of investment,
putting psychotherapists in a tough spot for managing their
own mental health and financial survival.

As if the new market demands were not enough for
psychotherapists to keep up with, learning how to navigate
insurance procedures and be paid accurately and timely for
services can be a full-time job in itself. And an important part
of the business of psychotherapy! To aggravate the situation,
insurance companies often change their rules, making it
difficult for clinicians to keep themselves updated. In January
2013, a big change took place that affected all clinicians who
accept insurance reimbursement: The American Medical
Association (AMA) changed the CPT® codes that
psychotherapists use to bill their services. Note that this time
insurance companies did not head the change, but it affected
all insurance reimbursement procedures.

CPT® is a registered trademark of the AMA (2012) and
stands for Current Procedural Terminology. The AMA put
together a CPT® Editorial Panel in order to re-examine some of
the CPT® categories for psychotherapy and psychiatric
services. The AMA justified that this re-examination arose
from the changes in delivery mechanism for psychotherapy
and psychiatric services, clients often requiring increased
intensity of services due to having co-occurring diagnosis.
The AMA further described how the dramatic changes in the
psychiatric and mental health practices included the shift
from treating single disorders to managing multiple disorders
and medical co-morbidity. Also, due to the reduction of
inpatient beds, main service site was shifted from inpatient to
outpatient, raising the numbers of high-risk, complex patients
in the outpatient setting.

The revision of CPT® codes was last undertaken 15 years
ago, when 27 new codes were created (AMA, 2012).
Considering how seldom such revisions occur, the 2013
changes in CPT® codes are definitely a major event. And one
that play therapists need to understand!

The CPT® 2013 revision created 11 new codes, revised 4
codes, and deleted 27 ones. However, there is no reason for
desperation! Play therapists were not affected by all these
changes, since they also included psychiatric service CPT® codes. This short article addresses what is most applicable to play therapists!

CPT® codes can indeed be tricky to understand. And there is not a consensus on how psychotherapists should code play therapy—in big part due to what insurance carriers may reimburse. Let’s review a bit of the former CPT® codes in order to understand the revised 2013 CPT® ones!

Prior to 2013, many play therapists did not actually code play therapy itself and instead billed it as a modality of individual, group, or family psychotherapy. This meant that the following CPT® codes were the ones commonly used when billing insurance for play therapy sessions: 90806 referred to 45- to 50-minute individual therapy session, 90808 if the individual session was longer (75 to 80 minutes), 90847 and 90846 coded family psychotherapy (with and without client retrospectively), and 90853 for group psychotherapy.

Many other play therapists, however, used to bill for their individual play therapy services as interactive individual psychotherapy instead (CPT® codes 90812 if the session was 50 minutes and 90814 if the session was 75 to 80 minutes). The advantage of using the interactive CPT® codes was, besides being an accurate code for what play therapists do (including the use of “play equipment in session” according to the AMA, 2012), it also often gave clinicians a higher reimbursement rate for the session. The problem, however, was that many insurance carriers did not honor such codes, so play therapists needed to be savvy and know when to bill the interactive CPT® codes to insurance and when to submit claims with non-interactive CPT® codes instead to those companies that did not pay for them.

Let’s talk now specifically about the new 2013 CPT® code structure that affects play therapists. Only claims submitted with new CPT® codes will be paid after January 1, 2013. The use of old CPT® codes will result in claim denials and delays of payment. This is the first rule to keep in mind.

According to the American Counseling Association (ACA, 2012), one of the biggest changes that occurred with the CPT® code revision referred to service durations. Durations were variable, but are now fixed. At least at a first glance. For example, the code 90804 in 2012 was used for a 20 to 30-minute session and is now substituted by 90832 CPT® code, which stands for a fixed 30-minute session. Still, ACA (2012) clarified that psychotherapists do have some flexibility. For the 90832 CPT® code above, psychotherapists are expected to provide services for the duration of 16 to 37 minutes.

The following is a list of changes for the most used CPT® codes for psychotherapy:
- 90801 will be replaced as 90791, which stands for diagnostic evaluation (without medical services).
- 90804 will be replaced as 90832, which stands now for 30-minute psychotherapy.
- 90806 will be replaced as 90834, which stands now for 45-minute psychotherapy.
- 90808 will be replaced as 90837, which stands now for 60-minute psychotherapy.
- 90846 and 90847 (family psychotherapy) will remain the same.
- Psychological testing codes also remain the same.

The trickiest change in 2013, however, and one that affects play therapists in specific, is the introduction of add-on CPT®
codes for services. The interactive individual psychotherapy CPT codes 90812 and 90814 no longer exist. Instead, play therapists need to use a code that reflects the session length (30, 45, or 60 minutes) and/or its modality (individual, family, or group) and use an add-on code of 90785 (interactive complexity add-on code) when billing for the session. Yes, this means that two CPT codes are to be used at the same time for an interactive play therapy session to be billed. According to the AMA (2012), the new 90785 CPT code is to be used when play equipment, devices, interpreter or translators are required, mandated reporting events exist, maladaptive communication is present (such as high anxiety, high reactivity, repeated questions, or disagreement), or emotional/behavioral conditions inhibit treatment plan implementation. Hopefully, this means a more accurate count and reimbursement of what play therapists do.

Lastly, whether reimbursement rates will change (or a specific company will honor the new add-on CPT codes) will depend on each individual insurance carrier. It is definitely worth checking on it, since the new interactive complexity add-on CPT code likely refers to a higher reimbursement rate. Dealing with insurance companies can be complex and it is important for clinicians to be well informed. The good news is that smart play therapists read Play Therapy magazine and are now ready to change with the world!

References

About the Author
Heloiisa Portela, PhD, LPCS, NCC, RFT-S, is an assistant professor of counselor education at North Carolina Central University in Durham. A private practitioner since 2004, she is the North Carolina APT president, an APT Conference Program Committee member, Leadership Academy enrollee, and Play Therapy reviewer. heloiisa.portela@nccu.edu

Cruise N’ Play 2013
KC PLAY THERAPY INSTITUTE

Play Therapy Training Cruise

Southern Caribbean: July 26-August 3, 2013
24 CE hours
• Play Therapy with Autism and Regulatory Disorders
• Brain Based Play Therapy
• Creative Play Therapy Interventions

To register:
www.etouches.com/cruiseandplay

Visit www.kcplay.com for info
APT Provider 99-067

www.a4pt.org

March 2013 PLAYTHERAPY 15