

Billing 90837

If you are seeing your client for more than 53 minutes during the session, you should be billing 90837.

Previously, insurance companies would scrutinize the excessive usage of this code. However, this is less of an issue lately as long as your documentation justifies the use of the extended session code.

Can I use 90837 for all my sessions?

Theoretically, yes. But practically, no. The CPT code is based on face-to-face time, meaning you can only bill for the time actually spent with the client. If the client is late, you need to bill at 90834 (38 – 52 minutes). Otherwise, you risk insurance fraud.

Is there specific documentation required when using 90837?

90837 *“cannot be for the convenience of the provider.”* It is important to include justification on your progress note.

For example, let’s say:

- your client has an Adjustment D.O: “90837 is medically necessary to sort through complicated issues related to (what client is adjusting to) and clinical presentation.”
- your client may have a trauma history: “90837 is medically necessary because significant trauma hx necessitates taking time to create safe space for disclosure and then containment.”

- Or: “90837 is medically necessary to address complicated diagnosis and clinical presentation.”
- Or, if a client has few contacts and a LOT to process, “90837 is medically necessary because the client has limited social support with which to sort through complicated life issues. Having more social contacts is one of the goals but is taking a long time to achieve.”

Once you start thinking this way, you will be able to come up with the rationale that fits your client.

The bottom line is that it is possible to earn substantially more money by either spending a little more time with the client — or by getting paid for the time you already spend.