The intent of this document is to provide general guidance for multiple-family group therapy.

Multiple family group psychotherapy is provided to a patient and his/her family, as well as other patients and families, altogether. Meeting with several patients’ families together allows the provider to address similar issues of the patients’ treatment. Attention is also given to the impact the patients’ conditions have on the families.

This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems.

All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.

**Coding Tips:**

- 90849 is reported once for each family group present. Documentation must be done for each identified family group.
- 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation.
- If only one family group is present, document as family therapy.
- Per the Uniform Service Coding Standards Manual October 2019 on the Medicaid website, code 90849 can be used when the patient is not present.
- Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025

**Documentation Requirements:**

- Date of service and signature of performing provider
- Type of service (individual, group, family, multiple family)
- The reason for the visit, treatment plan and goals. What is the progress towards the goals/objectives?
- Content of session and number of members present
- The therapeutic techniques, including medications, and intervention(s) utilized and response to the intervention(s)
- Psychiatric diagnosis
- If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and how therapy group is necessary for the covered diagnosis

Reference