

Psychiatry Coding & Reimbursement Alert

CCI 19.3 Update: Reporting Telehealth Pharma Management With Psychiatry Codes? Not So Fast

Don't forget to check modifier indicator to see if you can override bundling.

If you're using the new-in-2013 HCPCS code G0459 for telehealth pharmacological management, you'll need to tread carefully, as the latest version of the Correct Coding Initiative (CCI) edits (19.3) that came into effect on Oct. 1, 2013 brought in bundling of this code with many of the codes that you normally use in your psychiatry practice.

Don't Report G0459 With These Codes

Effective Jan. 1, 2013, MACs were instructed to begin accepting the new HCPCS code G0459 (Inpatient telehealth, pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy), which describes pharmacologic management furnished via telehealth to inpatients.

As CCI 19.3 indicates, you will no longer be able to report G0459 for telehealth pharmacological management if you are also reporting any of these psychiatry codes for the same session:

- Psychodiagnostic evaluation codes 90791 (Psychiatric diagnostic evaluation) and 90792 (...with medical services)
- Psychotherapy codes (90832-90838)
- Crisis psychotherapy codes, 90839 (Psychotherapy for crisis; first 60 minutes) and 90840 (...each additional 30 minutes [List separately in addition to code for primary service])
- 90845 (Psychoanalysis)
- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present])
- 90849 (Multiple-family group psychotherapy)
- 90853 (Group psychotherapy [other than of a multiple-family group])
- 90865 (Narcosynthesis for psychiatric diagnostic and therapeutic purposes [e.g., sodium amobarbital [Amytal] interview])
- Transcranial magnetic stimulation (TMS) codes 90867-90869
- 90870 (Electroconvulsive therapy [includes necessary monitoring])

"Code G0459 is essentially the telehealth version of +90863 (Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure]) which succeeded code 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy)," notes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "Code 90863 is intended to be reported in addition to only a limited subset of codes: 90832, 90834, and 90837. The new CCI edits are intended to similarly restrict the use of G0459, and they parallel CCI edits involving 90862, edits which were deleted at the end of 2012 when 90862 ceased to exist," adds Moore.

Red flag: In addition to these psychiatry codes, you are not allowed to report G0459 with some other G codes that you may report. Some of the G codes that are now bundled with this telehealth code as per CCI 19.3 include:

- G0409 (Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual [services provided by a CORF-qualified social worker or psychologist in a CORF])
- G0410 (Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes)
- G0411 (Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes)

- G0438 (Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit)
- G0439 (Annual wellness visit;...subsequent visit)

Additional E/M bundling: Apart from bundling G0459 with psychiatry codes, CCI19.3 also bundles this code with E/M codes that you will normally use. So, you cannot report G0459 if you are also reporting any of the following E/M codes for the same session:

- Office/outpatient and inpatient problem-oriented E/M codes (99211-99239)
- New or established patient emergency department services (99281-99285)
- Critical care codes (99291-99292)
- Nursing care codes (99304-99318)
- Domiciliary, rest home, or custodial (assisted living) care codes (99324-99337)
- New or established patient home services (99341-99350)
- Pediatric critical care patient transport services (99466)
- Inpatient neonatal and pediatric critical care services (99468-99476)
- Initial and continuing intensive care services of neonates and infants (99477-99480)

"Again, this is generally consistent with CPT®'s treatment of pharmacologic management," points out Moore. "CPT® advises that when pharmacologic management is done by someone who may report evaluation and management (E/M) services, the appropriate E/M code should be used without an additional code for pharmacologic management (90863)."

Don't Ignore Bundling With Other Pharmacological Management Service Codes

If you look at the edits in CCI 19.3, you'll also see G0459 bundled with other codes that you report for pharmacological management. What this means is that you cannot report G0459 if you are also reporting the HCPCS code M0064 (Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders).

However, note that G0459 overrides the add-on code that psychologists use for pharmacological management, namely, +90863 (Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure]). So, as the edits indicate, you cannot report the add-on code if you are reporting G0459.

Know When G0459 Overrides Bundling

CCI 19.3 designates G0459 a column 1 code for some of the code bundles, which indicates that this HCPCS code is the more extensive service or the primary service relative to the column 2 codes with which it is paired. Thus, you will report G0459 as the primary or only service (depending on the modifier indicator) when provided to the same patient on the same date as these procedural and screening codes:

- Health and behavioral assessment codes (96150-96154)
- G0444 (Annual depression screening, 15 minutes)
- G0445 (High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes)
- G0446 (Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes)
- G0447 (Face-to-face behavioral counseling for obesity, 15 minutes)

Check modifier indicator: Don't overlook the assigned modifier indicator when a code is bundled with G0459. Most of the code bundles described above carry the modifier indicator '0,' which means that you cannot report the code in column 2 under any circumstances for the same session.

However, some code bundles such as the bundling of G0459 with annual wellness visit codes (G0438 and G0439); screening codes (G0444, G0445, G0446 & G0447); and the social work and psychological services code G0409 carry the modifier indicator '1,' which means that you can unbundle these codes if a suitable modifier is used.

