

Psychiatry Coding & Reimbursement Alert

CCI 19.0 Update: Pay Attention to These Psychotherapy Crisis Code Bundles

Hint: Check modifier indicators to see if bundles can be overridden.

The new CPT® codes for psychotherapy include two new codes to report psychotherapy for crisis i.e. 90839 (Psychotherapy for crisis; first 60 minutes) and +90840 (Psychotherapy for crisis; each additional 30 minutes [List separately in addition to code for primary service]). CCI 19.0 edits, effective Jan. 1, include many different codes that you cannot report when you are reporting these two codes.

Watch Out For These Crisis Psychotherapy NME Pairings

CCI 19.0 specifies that the codes listed below are bundled as non-mutually exclusive with 90839 and 90840 with the modifier indicator '0,' which indicates that you cannot report these codes with 90839 and 90840 together under any circumstances. If you do, only 90839 and 90840 will be paid. You should also note that these two codes for psychotherapy for crisis form column 2 codes for the other psychotherapy codes with the modifier indicator '0.' So, you cannot report 90839 or 90840 when you are reporting other psychotherapy codes (90832-90838). If you do, only the basic psychotherapy code (90832-90838) will be paid.

+90785 (Interactive complexity [List separately in addition to the code for primary procedure])

90845 (Psychoanalysis)

90846 (Family psychotherapy [without the patient present])

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])

90867 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management)

90868 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; subsequent delivery and management, per session)

90869 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; subsequent motor threshold re-determination with delivery and management)

90870 (Electroconvulsive therapy [includes necessary monitoring])

90875 (Individual psychophysiological therapy incorporating biofeedback training by any modality [face-to-face with the patient], with psychotherapy [e.g., insight oriented, behavior modifying or supportive psychotherapy]; 30 minutes)

90876 (Individual psychophysiological therapy incorporating biofeedback training ...45 minutes)

90880 (Hypnotherapy)

90882 (Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions)

90885 (Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes)

90887 (Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient)

90889 (Preparation of report of patient's psychiatric status, history, treatment, or progress [other than for legal or consultative purposes] for other individuals, agencies, or insurance carriers)

"All of the edits referenced above are consistent with CPT®," states **Kent Moore**, Senior Strategist for Physician Payment at the American Academy of Family Physicians. "CPT® clearly states that codes 90839 and +90840 are not to be reported with other codes for psychiatric services in the range 90785-90899."

Learn That Screening Codes Don't Go Hand-in-Hand With Psychotherapy

When your psychiatrist performs a psychotherapy session and in the same session screens the patient, you cannot report any of the below mentioned HCPCS G codes, thanks to CCI edits version 19.0. So, you will only need to report the appropriate psychotherapy codes (90832-90840) and not these G codes when your psychiatrist performs these procedures together:

G0176 (Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session [45 minutes or more])

G0177 (Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more))

G0396 (Alcohol and/or substance [other than tobacco] abuse structured assessment [e.g., AUDIT, DAST], and brief intervention 15 to 30 minutes)

G0397 (Alcohol and/or substance [other than tobacco] abuse structured assessment...greater than 30 minutes)

G0442 (Annual alcohol misuse screening, 15 minutes)

G0443 (Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes)

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)

Keep in mind: The above mentioned code bundles with psychotherapy codes carry the modifier indicator '1,' which tells you that you can use an appropriate modifier to break the code bundle and report the two procedures using their appropriate codes.

Even though the G codes for alcohol misuse screening and counseling (G0396, G0397, G0442 and G0443) carry the modifier indicator '1,' the CPT® codes for alcohol and substance abuse screening, 99408 (Alcohol and/or substance [other than tobacco] abuse structured screening [e.g., AUDIT, DAST], and brief intervention [SBI] services; 15 to 30 minutes) and 99409 (...greater than 30 minutes) carry the modifier indicator '0,' which indicates that these codes cannot

be reported with psychotherapy codes if both the services are performed during the same session.

"Since 99408 and 99409 are status N (non-covered) in the Medicare physician fee schedule, it makes sense that the CCI edits would prevent either one from being paid in conjunction with the psychotherapy codes," Moore observes.