Psychiatry Coding & Reimbursement Alert

CCI 20.0 Update: Think Twice Before Reporting Same Session Health and Behavioral Assessment/Interventions

Be wary of reporting TCM/consultation with psychiatry codes, thanks to new edits.

While CPT® 2014 saw the introduction of new codes for interprofessional consultation and fresh guidelines for TCM, Correct Coding Initiative (CCI) version 20.0 brought in edits that will govern reporting of these codes with many codes that you'd use in day-to-day psychiatry practice.

Health and Behavior Assessment Codes Face Edits With Psychiatry Codes

If you are thinking of reporting health and behavior assessment codes (96150-96151, Health and behavior assessment...) or health and behavior intervention codes (96152-96155, Health and behavior intervention...) with any other psychiatry codes for the same session, you may want to reconsider. CCI 20.0 has introduced many code bundles that do not allow you to report these codes together.

According to CCI 20.0, health and behavior assessment and intervention codes form column 2 codes to most of the psychiatry related codes that you will use. The modifier indicator to all these code edits is '0,' which means you cannot report these codes together under any circumstances and you cannot unbundle the codes with the use of a modifier.

Heads up: When you report health and behavior assessment or intervention codes with any psychiatry codes, your claim for the assessment or intervention code will be denied, and you will only receive reimbursement for the psychiatry code.

Rationale: These edits are consistent with the CPT® guidelines preceding the health and behavior assessment and intervention codes. Specifically, CPT® advises that, for patients who require psychiatric services as well as health and behavior assessment/intervention,you should report the predominant service performed. CPT® explicitly says that you do not report 96150-96155 in conjunction with 90785-90899 on the same date.

Don't Report Interprofessional Consultation Codes With Psychotherapy Codes

While 2014 saw the introduction of four time based codes (99446-99449) to report the work of two medical professionals who discuss a patient's condition via phone or Internet, CCI 20.0 brought in several edits that do not allow you to report these codes with psychiatry ones.

Some of the codes that face bundling with interprofessional codes include:

- Psychiatric diagnostic evaluation codes (90791-90792)
- Psychotherapy codes (90832-90838)
- Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment codes (90867-90869)
- Electroconvulsive therapy code (90870).

While speculation was rife about whether or not these codes would be separately payable from other services provided to a patient on the same date, the edit pairings have laid to rest these thoughts and made it clear that the answer is "No," in most cases.

"With relatively few exceptions, the modifier indicator associated with these edit pairs is '0,' so you will not be able to override the edit with a modifier," observes Kent Moore, Senior Strategist for Physician Payment at the American Academy of Family Physicians. "Since the interprofessional consultation code is the Column 2 code in each case, it will be

the code that is denied in favor of the psychiatric service code reported on the same date," adds Moore.

Reminder: CCI 20.0 also pairs theinterprofessional consultation codes as Column 2 codes with E/M service codes. So, you cannot report these codes if you are reporting any other E/M service code for the same session also. Note that these pairings also carry the modifier indicator '0' which means that you cannot undo these edits by using any modifiers.

Example: A family physician who is treating a patient for anorexia nervosa calls your psychiatrist for a consultation regarding treatment advice. The family physician forwards relevant historical records (including physical examination findings, laboratory data, and imaging results) on the patient prior to the telephone consultation.

Before the call, your psychiatrist reviews the patient's history and assesses her signs and symptoms. Your psychiatrist then spends 25 minutes over the phone with the FP clarifying the nature of the patient's problem and discussing his observations and interpretations of tests. He also presents the FP with an analysis of the patient's problem, including suggested management options as well as alternative diagnoses and management approaches, including plusses and minuses of each.

As a result of the interprofessional consultation, the family physician refers the patient to your psychiatrist for further evaluation. She presents to the psychiatrist later the same day, and he sees her as a new patient. Since you will be reporting a new patient E/M code for the evaluation of the patient by your psychiatrist, you cannot report 99448 (Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review) to report the time spent by your clinician for discussion with the family physician. CCI 20.0 bundles these codes together.

Scratch out TCM Billing With Psychotherapy and Other Procedural Codes

As of Jan. 1, 2014, CCI bundles transitional care management (TCM) codes (99495-99496, Transitional Care Management Services with the following required elements: Communication [direct contact, telephone, electronic] with the patient and/or caregiver within 2 business days of discharge; Medical decision making of at least moderate [99495] or high [99496] complexity during the service period Face-to-face visit ...) into many codes, including psychiatry ones.

If you plan to report any psychiatry code and a TCM code on the same date of service, you may face denial of the TCM code. So, do check the CCI edits if you are planning to report a psychiatry code with TCM.

A few of the TCM code edits have a modifier indicator of '1.' However, most have a modifier indicator of '0.' "If you plan to report TCM and a psychiatric service on the same date of service, you would be well advised to check the CCI to see if an edit applies," notes Moore. "If so, you also need to check whether or not a modifier is allowed with that particular edit," adds Moore.

The codes that you use in psychiatry that face edits with TCM codes include:

- Psychiatric diagnostic evaluation codes (90791 & 90792)
- Psychotherapy codes (90832-90838)
- Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment codes (90867-90869)
- Electroconvulsive therapy code (90870).