

Psychiatry Coding & Reimbursement Alert

CCI 20.3 Update: Hone In On Psychodiagnostic & Psychotherapy Bundling Among Other Psychiatry Edits

Hint: Many previous edits have now been reversed.

Historically, you have faced edits when trying to report psychodiagnostic evaluation along with psychotherapy or other psychiatry codes. Correct Coding Initiative (CCI) version 20.3 has now introduced a role reversal of many previous edits that were in place till now.

Summary: "CCI version 20.3 boasts 5,247 new edit pairs, bringing the total number of active edits to 1,340,210," according to **Frank Cohen, MPA, MBB**, principal and senior analyst for The Frank Cohen Group in Clearwater, Fla. in his analysis of the update. The latest version went into effect on Oct. 1, and we bring you the low down on edit pairs you need to know for your practice.

Check Bundling Reversal for Evaluation and Psychotherapy Edits

Up until now, when you were faced up with a situation of having to report a psychodiagnostic evaluation code (90791-90792), you faced edits with psychotherapy codes (90832-90838). In this bundling, you would only be allowed to report the psychotherapy code and not the evaluation code.

But, in CCI 20.3, this bundling has been reversed, and the edits prior to this version have been scrapped. So, for services on or after Oct.1, you will be allowed to report only the psychodiagnostic evaluation code and not the psychotherapy code.

The modifier indicator for the bundling between psychodiagnostic evaluation codes and psychotherapy codes is '0,' which means that you cannot separately report both the codes for the same patient on the same date of service under any circumstances.

In addition to the reversal of bundling between psychodiagnostic evaluation and psychotherapy codes, you have a similar reversal between psychodiagnostic and some of the other psychiatry codes:

- 90845 (Psychoanalysis)
- 90849 (Multiple-family group psychotherapy)
- 90865 (Narcosynthesis for psychiatric diagnostic and therapeutic purposes [e.g., sodium amobarbital [Amytal] interview])
- 90870 (Electroconvulsive therapy (includes necessary monitoring))
- 90880 (Hypnotherapy)

So, now you will only be allowed to report the psychodiagnostic evaluation codes instead of these above mentioned psychiatry codes when provided to the same patient on the same date. Again, the modifier indicator for these code bundles is also '0,' which means that you cannot unbundle the codes under any circumstances.

Watch CCI For More Edits With Psychodiagnostic Evaluation Codes

Whenever you are faced with a situation of having to report the psychodiagnostic evaluation codes, 90791 or 90792 with any other psychiatry codes, it is best to check CCI for bundling between these codes.

According to CCI 20.3, you will also face bundling between 90791/90792 and these psychiatry related codes:

- +90863 (Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services [List separately in addition to the code for primary procedure])
- 90867 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management)
- 90868 (...subsequent delivery and management, per session)
- 90869 (...subsequent motor threshold re-determination with delivery and management)
- 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 (...45 minutes)
- 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)

Again, as in the previously mentioned edits, the modifier indicator for these code bundles is also '0.' This indicates that you will only be allowed to report the psychodiagnostic evaluation codes and not the above mentioned psychiatry codes for the same patient on the same calendar date of service.

Look Out For Bundling Between Psychotherapy and Family Therapy Codes

According to CCI 20.3, you will now face bundling edits if you are planning to report family psychotherapy codes with individually focused psychotherapy codes (90832-+90838) for the same patient on the same calendar date of service.

So, watch out for edits if you are planning to report these family therapy and group therapy codes in addition to individually focused psychotherapy codes:

- 90846 (Family psychotherapy [without the patient present])
- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present])
- 90849
- 90853 (Group psychotherapy [other than of a multiple-family group])

Modifier indicator: In three of the four of these new set of edits, the modifier indicator is '1,' which means that you can unbundle the codes by using a suitable modifier. Since the individually focused psychotherapy codes are column 2 codes in these above mentioned edits, you will have to use the modifier with these codes. The most likely modifier that you can use with the psychotherapy codes is 59 (Distinct procedural service). "The exception involves code 90847," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "In that case, the modifier indicator is '0,' which means that you cannot report 90847 and a psychotherapy code from the 90832-+90838 set for the same patient on the same date under any circumstances."

Add up Bundling Between Psychotherapy Codes to Your Edits List

CCI 20.3 has also introduced edit bundles between individually focused psychotherapy codes. According to these edits, you will face bundling if you are trying to report any two individually focused psychotherapy codes together. According to the edits, the psychotherapy code with higher time in its descriptor is placed in the column 1 while the code with lesser time is in column 2. "If the two codes have the same time (e.g. 90834 and +90836), then the add-on code is in column 1 and the other code is in column 2," Moore points out.

For example, if you look at the edits between 90832 (Psychotherapy, 30 minutes with patient and/or family member) and 90837 (...60 minutes...), you will only be able to report 90837 as this forms the column 1 code while 90832 is in column 2. For the edits between such psychotherapy codes, the modifier indicator is '0,' which means you cannot unbundle the

codes under any circumstances.

Coding tip: These new code bundles reiterate the fact that you cannot report two psychotherapy codes for the same patient on the same date under any circumstances. For an instance where the psychotherapy session lasts over 90 minutes, you cannot report 90837 and 90832 together. Instead, you will have to use an appropriate prolonged service code (99354-99357) as an add-on code to 90837.