

Psychiatry Coding & Reimbursement Alert

CCI 21.0 Update: Zero In On CCI Bundles Affecting Your Behavioral Assessment Reporting

Look for edits between psychiatry and CCM codes too.

While you started getting used to a new code (96127) for behavioral assessment post Jan.1, 2015, you also have to pay heed to the version 21.0 of the Correct Coding Initiative (CCI) edits, effective Jan.1, 2015 that has introduced many edit pairs between 96127 and many of the codes that you will use in everyday psychiatry practice.

Background: CPT® 2015 saw the introduction of a new code that you will be using for assessment of emotional or behavioral problems or for conditions such as attention deficit hyperactivity disorder (ADHD) or depression. In CPT® 2015, you will have a new code that you can use when your practice assesses a patient for emotional or behavioral problems. As of Jan.1, you will use 96127 (Brief emotional/behavioral assessment [e.g., depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument) for every such test.

"Note that code 96127 has no physician work relative value units in the Medicare physician fee schedule," points out **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "That implies that it is typically done by clinical staff in the practice, rather than the psychiatrist. CPT® Changes 2015 reinforces this interpretation. It states that the administration and scoring of the brief standardized behavioral/emotional assessment instrument is performed by a qualified health care professional who delivers the results to the physician who, in turn, notes them in the patient's medical record, discusses them with the patient or patient's guardian, and uses them to diagnose and plan treatment for the patient," adds Moore.

Check For Bundles Between 96127 and Psychiatry Codes

According to CCI 21.0, you will face bundling edits if you are trying to report 96127 with psychiatry related codes. For services provided after Jan.1, 2015, you will face edits if you are trying to report 96127 with these psychiatry codes:

- Psychodiagnostic evaluation codes (90791-90792)
- Psychotherapy codes (90832-90838)
- Crisis psychotherapy codes (90839-90840)
- Family psychotherapy codes (90846-90847)
- Group psychotherapy codes (90849, 90853)
- Pharmacological management code (90863)
- Other psychiatry related services codes (psychoanalysis[90845]; narcosynthesis [90865]; transcranial magnetic stimulation treatment [90867-90869]; electroconvulsive therapy [90870]; and hypnotherapy [90880])

Modifier Indicator: In these new edits, the modifier indicator is '0,' which means that you cannot unbundle the codes using any modifiers. Since the emotional/ behavioral assessment code 96127 is the column 2 code in these above mentioned edits, you cannot report 96127 with any of these above mentioned psychiatry codes for the same patient on the same calendar date of service.

Example: Your psychiatrist reviews a 23-year-old female patient for complaints of depressed mood and problems with concentration. She says that she has been experiencing these symptoms ever since her dog, which she had for more than 10 years, died about five months ago. She also says the symptoms began to further aggravate about a month back or so.

Your clinician suspects a diagnosis of major depression. To rule out other conditions, your clinician orders blood tests,

liver function tests, and tests for alcohol and substance abuse, and they all returned normal. He also subjects the patient to screening questionnaires, like the Patient Health Questionnaire-9 and Hamilton depression rating scale (HDRS).

Based on the results of these evaluation screening questionnaires and from history and present signs and symptoms, your clinician diagnoses the patient with moderate major depressive disorder, single episode.

What to report: You will report the initial diagnostic evaluation that the psychiatrist provided with 90792 (Psychiatric diagnostic evaluation with medical services). You cannot report the depression assessment using the evaluation questionnaire separately using 96127 as CCI 21.0 bundles this service into the work involved in 90792. So, you will only be reporting 90792.

Cue Into Edit Bundles Between 96127 and Other Psychological Testing Codes

As with psychiatry-related codes, you will also face code bundling between 96127 and other psychological testing and neuropsychological assessment codes. According to CCI 21.0, you will face bundling edits between 96127 and these codes:

- Psychological testing codes (96101-96103)
- 96105 (Assessment of aphasia [includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination] with interpretation and report, per hour)
- 96111 (Developmental testing, [includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments] with interpretation and report)
- 96116 (Neurobehavioral status exam [clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities], per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report)
- Neuropsychological testing codes (96118-96120)
- 96125 (Standardized cognitive performance testing [e.g., Ross Information Processing Assessment] per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report)

Modifier Indicator: As with the bundling with psychiatry codes, the bundling between 96127 and the above mentioned psychological and neuropsychological assessment codes also carry the modifier indicator '0.' This indicates that you cannot unbundle the codes under any circumstances using any modifiers. Since 96127 is the column 2 code in all the above mentioned code bundles, you cannot report 96127 separately with these codes for the same patient on the same calendar date of service.

Don't Omit Bundles With CCM Codes

CPT® 2015 saw the introduction of a new code for chronic care management (CCM), namely, 99490 (Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month...). As CCI 21.0 has introduced bundling edits between 99490 and psychiatry codes, you will need to check for edits if you are planning on reporting this CCM code with any psychiatry code.

According to the new version of the edits, you will face edits if you are planning on reporting 99490 with these codes:

- Psychodiagnostic evaluation codes (90791-90792)
- Psychotherapy codes (90832-90838)

These edits also carry the modifier indicator '0,' which means you cannot report 99490 separately with these psychiatry codes under any circumstances, since it is the column 2 code in each case.

