

Psychiatry Coding & Reimbursement Alert

CCI 21.2 Update: Cue Into Edits Bundling Obesity Group Counseling With Psychiatry Codes

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

The 2015 Healthcare Common Procedure Coding System (HCPCS) saw the introduction of a new code for group obesity counseling, G0473. The latest 21.2 version of the Correct Coding Initiative (CCI) edits that came into effect on July 1, 2015, has introduced bundling of this code with many of the codes that you normally use in your psychiatry practice.

Exercise Caution in Reporting G0473 With These Psychiatry Codes

Effective Jan. 1, 2015, Medicare administrative contractors were instructed to begin accepting the new HCPCS code G0473 (Face-to-face behavioral counseling for obesity, group [2-10], 30 minutes), which describes obesity counseling provided face-to-face to a group of two to ten patients for a period of 30 minutes.

CCI 21.2 has bundled G0473 with most of the psychiatry codes that you will generally use in your day-to-day practice. So, you will no longer be able to report G0473 for group obesity counseling if you are also reporting any of these psychiatry codes for the same calendar date of service:

- 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])
- 90880 (Hypnotherapy)

Modifier indicator: The modifier indicator to the code bundles described above is '1,' which means that you can unbundle the codes if you use a suitable modifier. Since G0473 is the column 2 code in the edit bundle with the above mentioned psychiatry codes, you will have to append the modifier to this code.

Additional E/M bundling: Apart from bundling G0473 with psychiatry codes, CCI 21.2 also bundles this code with E/M codes. So, you cannot report G0473 if you are also reporting any of the following E/M codes for the same session:

- Established patient office/outpatient, hospital observation, and hospital inpatient problem-oriented E/M codes (99211-99239)

- New or established patient office or other outpatient consultation services (99241-99245)
- New or established inpatient consultation services (99251-99255)
- New or established patient emergency department services (99281-99285)
- Critical care codes (99291-99292)
- Nursing facility care codes (99304-99318)
- Domiciliary, rest home, or custodial (assisted living) care codes (99324-99340)
- New or established patient home services (99341-99350)
- Prolonged services with direct patient contact (99354-99357)
- Advance care planning and management services (99497)

Again, as with bundling between G0473 and psychiatry codes, the bundling with E/M codes also carries modifier indicator '1.' So, you can report these two codes together if a suitable modifier is appended. Here also, you need to append the modifier to the HCPCS code.

Don't Ignore Bundling With Health and Behavior Assessment/ Intervention Codes

Apart from the above mentioned edits, CCI 21.2 has also introduced edits between G0473 and health and behavioral assessment or interventional codes. So, according to these edits, you will face bundling if you try reporting G0473 with the below mentioned CPT® codes:

- 96150 (Health and behavior assessment [e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires], each 15 minutes face-to-face with the patient; initial assessment)
- 96151 (...re-assessment)
- 96152 (Health and behavior intervention, each 15 minutes, face-to-face; individual)
- 96153 (...group [2 or more patients])
- 96154 (...family [with the patient present]).

Similar to the other edits mentioned above, the modifier indicator between these health and behavioral codes and G0473 also carries the modifier indicator '1.' Again, you need to append the modifier to G0473 to overcome the edit to enable you to report the two codes together.