

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Don't Hesitate to Report an Injection Service With Psychotherapy

**Question:** If our psychiatrist (or our nurse) is providing the patient an injection in the same session in which he is performing a psychotherapy service, can I report both the services together? Can I report an E/M service for the visit? If so, are any modifiers required to be reported with any of the codes?

Texas Subscriber

**Answer:** If you are looking at reporting an intramuscular injection provided by your psychiatrist, then you will have to report 96372 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular). Since the Correct Coding Initiative (CCI) does not bundle this CPT® with psychotherapy codes, 90832-90838, you can report these codes together for the same patient on the same date of service without using any modifiers.

However, if you are planning on reporting any outpatient E/M service code for the same encounter, you will have to remember that outpatient E/M codes and 96372 face bundling according to CCI edits. But this edit bundle carries the modifier indicator '1,' which means you can unbundle the codes by using an appropriate modifier. As outpatient E/M codes are column 2 codes in the bundling with 96372, use the modifier with the E/M code in the claim.

The one exception to this rule pertains to 99211 (Office or other outpatient visit for the evaluation and management of an established patient...). For the edit pair of 96372 and 99211, the modifier indicator is '0,' which means you, cannot report 99211 in addition to 96372 under any circumstances from a CCI perspective.

So, if your physician provides any E/M service like pharmacological management or any other separately identifiable E/M service during the same session, you can unbundle the outpatient E/M code from 96372 by appending the modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) with the E/M code, unless the E/M code in question is 99211.