

Psychiatry Coding & Reimbursement Alert

Reader Question: Look Towards G0463 For E/M Services in a PHP

Question: I am new to psychiatry coding, and I have been asked to handle reporting psychiatry services provided to patients in partial hospitalization programs (PHPs). Can I use the same set of psychiatry related codes when billing for patients in PHPs? Also, what is the place of service that I should use when reporting these services, as our physician provided the service in the hospital but the patients are not inpatients?

Missouri Subscriber

Answer: When CPT® released the new codes for psychotherapy (90832-90838) and psychodiagnostic evaluation (90791/90792) of the patient, they replaced the earlier code set that had different codes depending on the location where the physician provided the service. Since location of service does not matter when reporting the current psychotherapy or other psychiatry related codes, you report the same codes regardless of where your psychiatrist provided the services. So, you will use the same code set for patients in the office setting as well as patients in partial hospitalization programs (PHPs).

However, this will not be case if you are planning on reporting E/M services provided to the patient. When E/M services are provided to patients participating in PHPs, you are not allowed to report outpatient E/M codes (99201-99215). This is because effective Jan.1, 2014, when outpatient E/M services are paid under Medicare's PHP and not in the physician office setting, the CPT® outpatient visit codes, 99201-99215, were replaced with one Level II HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient).

When reporting psychiatry services performed for patients in a PHP, you will have to use place of service 52 (Psychiatric facility-partial hospitalization). This will help the payer identify that the patient is part of a PHP.

Caveat: Just as CCI bundles outpatient E/M codes (99201-99215) into psychotherapy codes 90832, 90834, and 90837, you will face edits when trying to report G0463 with the same psychotherapy codes. These Correct Coding Initiative (CCI) edits carry the modifier indicator '0,' which means that you cannot unbundle the codes using any modifiers. Only the psychotherapy code will be paid if reported in addition to G0463.

For more details on reporting E/M services for a patient in a PHP program, check this link at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1407.pdf> or check the CY 2014 OPPS/ASC final rule that was published in the Federal Register on December 10, 2013. For more details on billing for psychiatry services for patients in a PHP, you can check the guidelines in section 70 of chapter 6 of the Medicare Benefit Policy Manual, which is on the CMS site at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf.