

## Psychiatry Coding & Reimbursement Alert

### You Be the Coder: 90870 Along With E/M Codes? Not So Fast

Question: Our psychiatrist recently performed electroconvulsive therapy in the outpatient department of our hospital. The patient was a 65-year-old woman suffering from severe depression. She was not responding to her prescribed anti-depressant medications and all forms of psychotherapy. Instead, her symptoms were worsening, and that prompted our psychiatrist to try out electroconvulsive therapy. Along with billing for the electroconvulsive therapy, our psychiatrist also wants to bill outpatient E/M codes for services rendered prior to and after the procedure. I want to know if it is alright to use an E/M code for an established patient in an outpatient setting along with the code for electroconvulsive therapy..

Maryland Subscriber

Answer: Electroconvulsive therapy is a form of psychiatric treatment performed on patients in whom conventional lines of treatment are not working. So when the patient does not respond to medications prescribed or to other forms of psychotherapy, your psychiatrist might broach the option of using electroconvulsive therapy concomitantly with medications.

When your psychiatrist performs electroconvulsive therapy, you report the procedure using 90870 (Electroconvulsive therapy [includes necessary monitoring]). As you see from the descriptor, it is very clear that all monitoring that your psychiatrist performs prior to and after the procedure is all part of the same code and cannot be reported separately.

Even the anesthesia that is provided for the procedure (00104, Anesthesia for electroconvulsive therapy) is included in the procedure itself and cannot be reported separately. As per Correct Coding Initiative (CCI) edits 00104 is a column 2 code for 90870 with a modifier '0' that means that the code is bundled into 90870 and can never be reported separately.

You cannot report all the monitoring and related services that your psychiatrist provides prior to and after the procedure using an outpatient E/M code for an established patient. These services are all included in the electroconvulsive therapy that your psychiatrist provided and cannot be reported separately unless a significant and separately identifiable evaluation was performed for some other reason. In such a case, you can report an established outpatient E/M (such as 99211 -- 99215, Office or other outpatient visit for the evaluation and management of an established patient...) code along with the modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to it to enable the payer to know that the service was distinct from the therapy provided.