

Psychiatry Coding & Reimbursement Alert

CCI 22.1 Update: Be Informed About Latest CCI Edits Bundling Psychiatry Codes with IV Infusions

Good news: You don't have to worry a lot about these changes.

If you have had a look at the latest version of Correct Coding Initiative (CCI) edits that went into effect on April 1, you would have noticed that it includes bundling of certain psychiatry related codes with intravenous infusion procedural add-on codes.

Here's a quick look at what psychiatry codes that you will use are bundled with IV infusion codes and how it will affect your coding.

Pay Attention to These Edits Involving IV Infusion Procedures

Many of the code edits that are included in CCI 22.1 edits list these IV infusion procedural add-on codes as the column 2 codes:

- +96361 □ Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
- +96366 □ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
- +96367 □ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
- +96368 □ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure).

Even though a lot of codes are included in the edit bundle with the above mentioned IV infusion procedural codes, you will not find many of the psychiatry related codes in this list. Only a few codes that you will use in psychiatry will face this bundling with these IV infusion codes.

The psychiatry related codes that are included in the edit bundle with the above mentioned IV infusion procedural codes include:

- 90867 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; initial, including cortical mapping, motor threshold determination, delivery and management)
- 90868 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; subsequent delivery and management, per session)
- 90869 (Therapeutic repetitive transcranial magnetic stimulation [TMS] treatment; subsequent motor threshold re-determination with delivery and management)
- 90870 (Electroconvulsive therapy [includes necessary monitoring]).

As the psychiatry codes are in Column 1, you should only report these codes (such as 90867) if performed during the same encounter as one of the four IV infusion codes above.

Modifier indicator: Each of these above mentioned edit pairs carries a modifier indicator of "1," meaning that you might be able to report both codes in an edit pair if you have sufficient documentation to support separate coding. If so,



you should append a modifier (such as 59, Distinct procedural service) to the Column 2 code.

However, you should remember that your psychiatrist is not usually involved in providing infusions, so these edits should not cause much change to the way you report the procedures performed. But it's still good to know about edits in the specialty even if you don't expect to use them very often.

Dig deeper: For the complete list of CCI edits, visit www.cms.hhs.gov/NationalCorrectCodInitEd.