

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Get Proficient With Narcosynthesis Reporting With This Expert Advice

Check CCI when reporting other psychiatry services in the same encounter.

When your psychiatrist performs narcosynthesis for psychiatric evaluation or therapy, you will need to know what codes you report for the procedure. You should also be aware of what other psychiatry codes you can or cannot report for the same session.

Know The Codes to Report a Narcosynthesis Interview

Your psychiatrist might sometimes perform an intravenous administration of a sedative or other tranquilizer drugs such as sodium amobarbital. This procedure is used to help the patient get relaxed and overcome inhibitions for discussion of subjects that are difficult for the patient to discuss freely in the fully conscious state. In such a case, you will report the intravenous administration of these drugs for performing an interview with 90865 (Narcosynthesis for psychiatric diagnostic and therapeutic purposes [e.g., sodium amobarbital [Amytal] interview]).

Coding tip: You should note CPT® code 90865 covers the IV administration of the tranquilizer drugs and the performance of the interview under the effect of these drugs. It does not however, cover the supply of the drug. "If you look at the medical supply direct inputs for this code in the Medicare database, you will see that they include an IV infusion set but no drugs," points out Kent Moore, senior strategist for physician payment at the American Academy of Family Physicians. You will have to report the supply of the drug using a separate code. You report this with J0300 (Injection, amobarbital, up to 125 mg).

Note That 90865 is Not a Time Based Procedure

If you are reporting a narcosynthesis interview with 90865, you need to remember that this CPT® code is not a time based procedure. So, irrespective of the time that your clinician takes to undertake and complete the interview under the influence of the drug, you will only report one unit of 90865 for a patient on a calendar date of service.

Documentation: You may need prior authorization before your clinician performs the procedure. Ensure that your chart reflects that a qualified provider performed the narcosynthesis interview. As per guidelines for 90865, only a qualified psychiatrist will be allowed to perform the procedure. Also, the documentation should reflect the medical necessity of your clinician performing the procedure (e.g., the patient had difficulty verbalizing his/her psychiatric problems without the aid of the drug).

In addition, your documentation should specifically mention the kind of drug that was administered for performing the procedure, including details of the dosage of the drug that was administered by your clinician. You should also provide information about whether the technique used was effective or non-effective.

Don't Report 90865 With Other Evaluation or Interview Codes

If your clinician opts to perform narcosynthesis in the same session in which he performs other evaluations of the patient, you should not rush to report both the services together. This is because you face edits if you are trying to report 90865 with a psychodiagnostic evaluation code or any other evaluation and management (E/M) code.

According to Correct Coding Initiative (CCI) edits, you cannot report a psychodiagnostic evaluation code (90791, Psychiatric diagnostic evaluation or 90792, ...with medical services) or any E/M code with 90865. These codes face bundling with the modifier indicator '0,' which means you cannot undo the edit with the use of any modifiers.

So, in such a scenario, you will only be able to report 90865 and not the psychodiagnostic evaluation codes or an E/M code.

Heads up: The CPT® code 90865 also faces edits with 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]). However, in this bundling, 90865 forms the column 2 code. So, in any scenario, in which you provide 90865 and crisis psychotherapy to the same patient on the same day, you will only be able to report the latter. As with E/M codes and psychodiagnostic codes, the modifier indicator for this bundling is also '0,' which means you cannot overcome the edits using a modifier. "These edits are consistent with parenthetical instructions that follow code +90840 in CPT®; those instructions direct you not to report 90839 or +90840 in conjunction with other psychiatric services, including 90865," adds Moore.

Example: Your psychiatrist reviews a 35-year-old female patient for depression. Your clinician had previously evaluated the patient and prescribed her anti-depressants. He was also performing regular psychotherapy sessions for the patient. Your clinician performs a review of the effects of the medication and dosage prescribed and notes no adverse effects.

But, as your clinician feels the patient is withholding some information that is coming in the way of the psychotherapy, he decides to perform an amytal interview. During the session, he finds the patient's condition stemmed from her being sexually abused by a relative when she was a child and had worsened from her abusive relationship with her previous boyfriend.

What to report: Although your clinician performed pharmacological management in the same session in which he conducted an amytal interview, you still only report 90865 for the narcosynthesis. You should not report an E/M code separately for the medication management.

Tread Carefully When Reporting 90865 With Other Psychiatry Codes

If your clinician is performing or planning to perform narcosynthesis with any other psychiatry service, you should check CCI to see if reporting these two procedural codes will raise any red flags. Most of the psychiatry codes that you use in your clinical practice face bundling with 90865.

Just like edits you face with psychodiagnostic evaluation and E/M codes, you are not allowed to report psychotherapy codes (90832-90838) for the same calendar date of service as 90865. Like the earlier edits, these code edits too have a modifier indicator of '0.' So, if you are faced up with a situation of having to report psychotherapy codes with 90865, you should remember that you will only be allowed to report 90865 and not the psychotherapy code. The reason is you cannot unbundle the code edits.

Caveat: If your clinician is performing family psychotherapy and also performs narcosynthesis, you can report the two procedures for the same date of service, but you will have to append a modifier such as 59 (Distinct procedural service) to 90865. In a similar fashion, 90865 forms a column 2 code with a modifier indicator '1' for these psychiatry related services:

- 90846 (Family psychotherapy [without the patient present])
- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present])
- 90849 (Multiple-family group psychotherapy)
- 90853 (Group psychotherapy [other than of a multiple-family group])
- 90870 (Electroconvulsive therapy [includes necessary monitoring])
- 90880 (Hypnotherapy).