

Part B Insider (Multispecialty) Coding Alert

PSYCHIATRIC CODING: If Your Patients Take Psych Meds, Consider 90862 For Management

Check with your carrier about 90862 coverage

Most non-psychiatric physicians shy away from psych medication management code 90862, but you could be missing out on extra reimbursement if you fail to use this code appropriately.

Instead of 90862, non-psych physicians will often bill an evaluation & management code, notes coder **Stephanie Fiedler** with **Park Avenue Health Care** in New York. Some Medicare carriers also may deny 90862 from a non-psych physician.

A level-three established-patient visit (99213) pays slightly more than 90862, Fiedler notes. But you're unlikely to be able to bill a 99213 for a visit in which the doctor mostly reviews a patient's psych medication. So you may receive more reimbursement by billing 90862 than a 99211 or 99212 for a medication management visit, she notes.

You should choose whether to use 90862 or an E/M code based on what your physician did, Fiedler adds. If the patient only required the elements that were necessary for medication management, then you should bill 90862. But if the patient needed other management, then you should bill an E/M code, she adds.

Documentation: The documentation for 90862 should include presence or absence of mental or physiological side effects, mental status, progress, Global Assessment of Functioning scores and any changes in medications, says **Quinten Buechner** with **ProActive Consulting** in Cumberland Falls, WI.

-There's no medical decision making component like there would be in an E/M service,- Fiedler adds. -It's a very straightforward code to document.-

Pay attention to your carrier's local coverage determinations (LCDs) for this code, she adds. Some carriers will allow a doctor to bill an E/M visit as well as 90862, but others won't.

Note: Non-physician practitioners, especially nurse practitioners, need to be certified as psychiatric nurse practitioners to use any of the psychiatric codes, Fiedler adds.

Diagnosis code: Some carriers have advised coders to use diagnosis code V58.69, for long-term use of high-risk medications, instead of a psychiatric diagnosis code, for non-psychiatric providers. But you should check with your own carrier before using this code as the primary diagnosis, says Fiedler. Most carriers won't ever pay for a claim with a -V- code as the primary diagnosis.