Codify
BY AAPC

Outpatient Facility Coding Alert

Reader Question: Be Informed When You Can Claim More Than One Unit

Question: Sometimes initial psychiatric diagnostic evaluations are performed in more than one session for a patient. In such a case, can we bill for more than one unit of 90791 or 90792 as the case may be or should we bill a psychiatric diagnostic evaluation only once per patient? Also can we use 90792 and then subsequently use 90791 or do we need to wait for a time frame? Any detailed information on these two codes will be helpful.

Oregon Subscriber

Answer: When your psychiatrist performs an initial psychiatric diagnostic evaluation of a patient, you'll have to report his services either with 90791 (Psychiatric diagnostic evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services).

With 90791, the provider performs a diagnostic evaluation that includes collecting information about present and past behavior concerns as well as past family, medical, and social history. He also performs diagnostic tests to work up the diagnoses. This code applies to new patients or to patients undergoing re□evaluation.

For 90792, the provider performs a diagnostic evaluation that includes collecting information about present and past behavior concerns as well as past family, medical, and social history. He may check the patient's vital signs, perform an examination and review of systems, and assess the patient's condition. The provider may order and interpret lab tests and imaging. The provider may also evaluate the patient for adverse drug reactions. He also performs diagnostic tests to work up the diagnoses. He may also interview the family members and friends of the patient to make a definite diagnosis. He then may prescribe medication and devise the psycho□social comprehensive treatment plan. He may also refer the patient for psychological, neuropsychological, developmental, or speech, language, and occupation therapy evaluations as a supplement for a full diagnostic evaluation. This code applies to new patients or to patients undergoing re□evaluation.

Revised guidelines allow you to claim for more than one unit of 90791 or 90792 if the initial psychiatric diagnostic evaluations extended beyond one session, as long as the sessions are on different dates. An example of this extended evaluation would be when your psychiatrist is evaluating a child and will see the child with the parents and in another session evaluate the child independently. So, depending on medical necessity, you can claim more than one unit of 90791 or 90792 when your psychiatrist performs the evaluation in more than one session spread over more than one day.

When billing for Medicare, you'll have to remember that CMS will allow only one claim of 90791 or 90792 in a year. However, in some cases, depending on medical necessity, Medicare might allow reimbursement for more than one unit of 90791 or 90792. You can also report these codes when your psychiatrist is seeing the patient after a span of three years.

These codes are billed only once per day regardless of the time or number of sessions that your psychiatrist will spend with the patient that day, as these services are not time bound.