

Psychiatry Coding & Reimbursement Alert

Reader Question: Billing 90792 for All Clinicians? Not So Fast

Question: As clinical psychologists and clinical social workers are not allowed to report E/M services, can they report 90792 instead? What is included in the medical services portion of 90792?

Houston Subscriber

Answer: Clinical social workers and clinical psychologists should not bill out 90792 (Psychiatric diagnostic evaluation with medical services), because, as you have rightly pointed out, they cannot bill E/M codes for their services. They should only bill out 90791 (Psychiatric diagnostic evaluation) for an initial psychiatric diagnostic evaluation that they perform.

Per CPT®, 90792 is "an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies." Thus, the term "medical services" in the descriptor of 90792 includes services such as checking vital signs, examination, review of systems (ROS), assessment of the patient's condition, prescription of psychiatric medication (as needed), assessing the patient for any adverse effect of drugs, ordering and interpreting lab tests and other imaging studies, and assessment of other medications that the patient is currently on and as well as possible drug interactions.

Note that CPT® prohibits reporting 90792 with E/M codes such as 99201- 99337, 99341- 99350, 99366- 99368, and 99401- 99444. That implies that the "medical services" portion of 90792 includes E/M services, which are typically outside the scope of practice for clinical social workers and psychologists. Thus, such health care professionals should limit their psychiatric diagnostic evaluation billing to 90791.