

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Is Billing 90791/90792 Each Time Warranted

**Question:** Should psychodiagnostic evaluation codes be reported only once per patient or each time the patient is seen by our clinician when no other service such as psychotherapy is being provided?

New York Subscriber

**Answer:** Typically, psychodiagnostic evaluation codes, 90791 (Psychiatric diagnostic evaluation) and 90792 (...with medical services) are reported only once for a patient. There is no time component attached to these codes. So, irrespective of the amount of time that is spent on the evaluation of the patient on a calendar date of service, you will report it with only one unit of the code.

You are allowed to report additional units of these psychodiagnostic evaluation codes under certain circumstances, such as future sessions on other calendar dates of service in cases of an extended evaluation or if there is a change in the status of the patient that necessitates a new evaluation or re-evaluation. CPT® guidelines preceding codes 90791 and 90792 also recognize that, in certain circumstances one or more other informants (e.g., family members, guardians, or significant others) may be seen in lieu of the patient. In that case, code 90791 or 90792 may be reported more than once when separate diagnostic evaluations are conducted with the patient and other informants.

However, you should report the services as being provided to the patient and not the informant or other party in such circumstances, and in any case, code 90791 or 90792 may be reported only once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient. So, if you are reporting additional units of these evaluation codes, you will have to prove the medical necessity by providing appropriate documentation for the evaluation provided.