

Psychiatry Coding & Reimbursement Alert

Reader Question: Observe That Psychotherapy Codes Include Drug Management Too

Question: I am new to psychiatry coding. If our MD psychiatrist performs drug management along with providing behavioral psychotherapy, should the visit be reported with an appropriate psychotherapy code or an appropriate psychotherapy code with E/M services? If only a psychotherapy code should be reported, should 90862 also be reported?

New Jersey Subscriber

Answer: The code for drug monitoring 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy) should be used when your psychiatrist undertakes only monitoring of the medications prescribed during the visit and nothing much else. You can report this code separately when this is the case and no more than minimal psychotherapy has been provided. Minimal psychotherapy would be brief, supportive therapy to help patients cope with stresses and the therapy provided is not the main focus of the visit.

If the main intention of the visit to your psychiatrist is for the psychotherapy provided and drug management is just one aspect of the visit, you cannot report 90862 separately. It becomes a part of the other psychotherapy code that you report for the visit.

When your psychiatrist provides behavioral psychotherapy and performs simple drug management during the visit, you should not code a psychotherapy code that includes a evaluation and management aspect (for e.g., 90805, Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services). You should not choose a psychotherapy code with E/M services if your psychiatrist is just performing drug management along with psychotherapy as the services involved with drug management is too simple to qualify for an E/M service.

As noted in CPT®, E/M services provided in conjunction with psychotherapy "involve a variety of responsibilities unique to the medical management of psychiatric patients, such as medical diagnostic evaluation (e.g., evaluation of comorbid medical conditions, drug interactions, and physician examinations), drug management when indicated, physician orders, interpretation of laboratory or other medical diagnostic studies and observations."

Instead, you just have to report the appropriate psychotherapy code for the visit that is determined by the place in which the psychotherapy is provided and by the time spent face-to-face with the patient.

Example: Your psychiatrist is providing behavioral psychotherapy in his office for a period of 30 minutes, during which he also reviewed previous medications provided to the patient during the visit. You report the services provided with 90804 (Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient).

As noted, you cannot report 90862 with psychotherapy codes as drug management is also an integral part of psychotherapy codes and cannot be reported separately. As per Correct Coding Initiative (CCI) Edits, 90862 is a column 2 code for psychotherapy codes and cannot be reported together under any circumstances.