

Psychiatry Coding & Reimbursement Alert

Reader Question: Report 90801 Only Once For a Patient

Question: Our psychiatrist recently saw a patient that was admitted to our facility. During the initial encounter, he noted that the patient was under substance abuse and he stopped the evaluation of the patient. He then again saw the same patient after some days and performed a complete evaluation of the patient including recording of history and mental status examination. He is now of the opinion that I have to report 90801 twice to cover both the encounters that he performed? I am new to psychiatry coding but somehow I feel that this is not correct.

New Jersey Subscriber

Answer: Your psychiatrist was right to have stopped the evaluation of the patient when he was able to determine that the patient was under substance abuse. However, he is not correct in asking you to make a claim for 90801 (Psychiatric diagnostic interview examination) as all the requirements for an initial evaluation were not completed during the initial session.

In order to make a claim for 90801, your psychiatrist must have completed recording of the patient's complete history and performed a complete mental status examination, including review of systems; additionally, your psychiatrist may have had discussions with other family members and ordered and interpreted relevant diagnostic tests. Since your psychiatrist did not complete all these services in the first session, you cannot claim 90801 for this session.

According to your description, your psychiatrist performed all these services during the second encounter. So you can make a claim for 90801 during the second encounter and not the first. Another important point to note is that you cannot typically make two claims for 90801 for the same patient related to the same admission. You can report 90801 another time for the same patient if your psychiatrist was conducting another initial evaluation to determine another condition altogether or to determine a changed mental status (probably due to the patient not taking his medications regularly or due to a long gap in the treatment). It is therefore apt to claim 90801 for the second encounter and not to report the first encounter separately with another unit of 90801.