

Psychiatry Coding & Reimbursement Alert

Reader Question: Thinking of Reporting 90791 and 90792? Not so Fast

Question: A psychiatrist from our practice saw a patient first and performed an initial psychodiagnostic evaluation, and then the patient was seen by a psychologist from our practice who also conducted another evaluation of the patient. Can I claim for the services provided by both the practitioners using 90792 for the psychiatrist's evaluation and 90791 for the psychologist's services?

Michigan Subscriber

Answer: There are two things that need to be considered out here. The first thing that you need to check is whether the services provided by both your psychiatrist and your psychologist are for the same problem and if so, what the evaluation of each of the practitioners involved. Although new guidelines allow you to report more than one unit of 90791 (Psychiatric diagnostic evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services) for the same patient, you should not follow this practice as a norm.

If the services provided by both the practitioners were distinct and not repetitive, you can claim for the service provided by your psychiatrist with 90792 and for the work of your psychologist with 90791. However, you will need to remember to provide documentation supporting this extended evaluation or to show how the services of both the practitioners were separate and not related.

Another important thing that you need to remember while making a claim for the services provided by both your practitioners is that you cannot claim for both 90791 and 90792 if the services were provided on the same date of service and you are going to bill both under a group identification number.

As per Correct Coding Initiative (CCI) edits, the CPT® codes 90791 and 90792 are bundled with the modifier indicator '0,' which means that you cannot report the two codes for the same session under any circumstances. You also cannot use a modifier to unbundle the two codes. If both the codes are claimed for under the same group identification number, reimbursement will only be provided to 90792 and the claim for 90791 will be denied. If the psychiatrist and the psychologist bill independently under their own individual provider identification numbers, then it is possible that both services would be paid, since they would be on different claims for unaffiliated providers.

So, you can claim for the evaluation of both your psychiatrist and your psychologist if the services were distinct and both the services were performed on two different dates and not on the same date. If these criteria are met or if the two providers are otherwise billing independently of each other, you can receive reimbursement for both the services. Otherwise, you will only be paid out for the service of your psychiatrist.