

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Check if You Can Report 90792 For Assessing Change in Patient Status

Question: Our psychiatrist recently reviewed a patient for depression. The patient has been previously seen by our psychiatrist two years ago for the same problem. The patient's wife said that he has not been taking his medications for sometime now and his problem that had to a certain extent alleviated has again resurfaced and has somewhat worsened. Since our psychiatrist is assessing the patient for the same condition, is it alright to code this evaluation session with 90792?

New Jersey Subscriber

Answer: As per earlier guidelines, you would not have been able to report this initial visit using the code for initial psychiatric interview. However, the new guidelines have changed that allow you to report a psychiatric diagnostic evaluation even though your psychiatrist saw the patient within the span of three years.

You can report this visit with 90792 (Psychiatric diagnostic evaluation with medical services) as your psychiatrist would have performed a review of the patient's history and performed mental status examination along with physical examination, review of systems and review of the medications that were prescribed and why the patient stopped the medication along with information regarding effects and adverse effects of the medication along with the effects that set in after the medication was stopped.

So, even though your psychiatrist is in effect seeing the patient for the same condition, you can still report the visit with 90792 as there are turn of events that have affected the patient's status and they need to be assessed to plan out the patient's treatment.

Reminder: Since your psychiatrist is allowed to report evaluation and management (E/M) codes to report his services, you can also consider reporting an appropriate E/M code to report the visit. However, in this case, you will have to remember that you have to choose an appropriate established patient visit E/M code as your clinician is seeing the patient within the span of three years as this is vital in deciding if you have to report a "new patient" code or an "established patient" code.