

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Choosing Between 90792 and E/M Depends on Type of Service Rendered

Question: A new patient was seen by our psychiatrist. Should we use "90792" or an E/M code when he performed evaluation and treatment, and prescribed meds? Also, is there an add-on code for beyond time spent with the patient?

Dallas Subscriber

Answer: Since the service was provided by your psychiatrist, you have the option of using either the psychodiagnostic evaluation code, 90792 (Psychiatric diagnostic evaluation with medical services) or an appropriate new patient outpatient code from the series 99201-99205. However, your code choice should depend on the services that were provided by your clinician during the encounter and should not just be some random choice.

According to CPT®, "Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies."

New patient E/M codes include a history, examination (which may include mental status), medical decision making, and counseling and/or coordination of care. When reporting the initial visit, one of the aspects that distinguishes the two types of service is the emphasis on "an integrated biopsychosocial and medical assessment" as part of 90792. In other words, a typical E/M service tends to be more medically or physically oriented (although psychosocial issues may certainly be considered), while 90792 has a much stronger emphasis on biopsychosocial and medical integration.

If you still are not sure about what services were rendered during the visit and whether to choose 9072 or an E/M code, query your psychiatrist so that you can decide on the appropriate code to report.