

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Clubbing Evaluation Codes With Psychotherapy? Not so Fast

Question: We recently billed 90792 for a patient as our psychiatrist performed another evaluation of the patient for change in mental status as the patient was not conforming to her regular medication prescriptions. Since he also conducted the patient's regular psychotherapy session for another 30 minutes, we billed the add-on code +90833 to it. The insurance provider is denying us the payment for the session conducted? What are we doing wrong?

New Jersey Subscriber

Answer: The psychotherapy code, +90833 (Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service [List separately in addition to the code for primary procedure]) and the other add-on psychotherapy codes, +90836 (...45 minutes...) and +90838 (...60 minutes...) are add-on codes that have to be used with an appropriate E/M code in the code ranges, 99201-99255, 99304-99337, and 99341-99350.

You are not allowed to use these add-on codes with psychodiagnostic evaluation codes, 90791 (Psychiatric diagnostic evaluation) or 90792 (...with medical services). If you look at CMS guidelines for 90791 and 90792, it clearly states that these codes "cannot be reported with a psychotherapy service code on the same day." CPT® guidelines also prohibit reporting psychodiagnostic evaluations and psychotherapy on the same day. CPT® guidelines preceding codes 90791 and 90792 state, "Psychotherapy services, including for crisis, may not be reported on the same day." Also, according to Correct Coding Initiative (CCI) edits, 90791 and 90792 are bundled into psychotherapy codes with the modifier indicator '0.' This modifier indicator tells you that you cannot report either of these two codes with psychotherapy codes under any circumstances. If you report either of these two codes with psychotherapy codes, the claim for 90791/90792 will be denied, and only the psychotherapy code will be reimbursed.

Since your psychiatrist is allowed to report E/M codes, you can report the evaluation of the patient with an appropriate E/M code (such as 99213, Office or other outpatient visit for the evaluation and management of an established patient...) and then report the appropriate add-on psychotherapy code depending on the time spent for the psychotherapy session. For more information on coverage criteria for 90791/90792, check the CMS link at:
<http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30489&ContrId=265>.