

## Psychiatry Coding & Reimbursement Alert

### You Be the Coder: Focus on Elements and Not Time When Reporting Psychodiagnostic Evaluation

**Question:** According to CPT® guidelines, for time based codes, a minimum amount of time has to be spent to allow reporting of these codes. For instance, to report a psychotherapy service, a minimum of 16 minutes performing this service is the necessity. Is such a minimum time requirement needed when we are reporting non-time based codes such as 90791 or 90792?

Atlanta Subscriber

**Answer:** As you have mentioned, for time based codes, a minimum amount of time has to be spent to allow reporting of the codes. According to these requirements, for a code that has a descriptor mentioning 30 minutes of service provided, a minimum of 16 minutes providing the service is needed to allow you to report the code. These time requirements hold good for all the time based codes that you use in your psychiatry practice.

However, such guidelines do not exist for codes that are not time based. Both the psychodiagnostic evaluation codes, 90791 (Psychiatric diagnostic evaluation) and 90792 (...with medical services) are not time based codes and there is no need to account the amount of time spent face-to-face with the patient. You can only report one unit of these codes on one calendar date of service irrespective of the time your clinician spent with the patient performing these services.

Instead of focusing on the amount of time your clinician spent with the patient, you will need to focus on whether or not your clinician managed to complete all the elements of the psychodiagnostic evaluation that will allow you to report this service.

The scope of services covered under 90791 include:

- History and mental status examination
- Review and order of diagnostic studies as needed
- Recommendations (including communication with family or other sources).

If in addition to the above, any medical services are performed, the encounter should be reported with 90792 rather than 90791. "Medical services" in this context includes such things as:

- an extended physical examination,
- review of systems (ROS),
- checking vital signs,
- assessment of the patient's condition,
- prescription of psychiatric medication (as needed),
- assessing the patient for any adverse effect of drugs,
- ordering and interpreting lab tests and other imaging studies, and
- assessment of other medications that the patient is currently on and as well as possible drug interactions.

So, as long as your clinician performed all the elements of the psychodiagnostic evaluation, you can claim for 90791 or 90792, as appropriate, irrespective of the time spent with the patient although it is not very practical to think that your clinician will be able to complete all the elements of the evaluation in a short span of time.

