

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Planning Reporting Crisis Management With Psychodiagnostic Evaluation? Think Again

Question: Our psychiatrist recently reviewed a patient for depression. He conducted a thorough history recording, completed a mental status examination, reviewed the medications the patient was currently taking, and reviewed some previous reports. During the session, the patient suddenly became irritable and began to tell our clinician that he was losing all hope and wanted to end his life, and he attempted to stab himself with a pair of scissors that he was carrying in his pocket. Our clinician then restrained the patient and calmed him. He then counseled the patient to reduce the suicidal thoughts that the patient was experiencing. Should I report the services of my psychiatrist using 90792 and 90839?

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Answer: Even though your psychiatrist performed counseling to abate suicidal thoughts that the patient was harboring, you cannot claim this service with crisis counseling code 90839 (Psychotherapy for crisis; first 60 minutes) if you are going to report 90792 for the same encounter. Code 90792 may be reported because he also performed an initial psychodiagnostic evaluation during the same session recording complete history, mental status examination, review or reports and medication management.

If you are reporting 90792 (Psychiatric diagnostic evaluation with medical services) for the session, you cannot also report 90839 for the same session. You cannot claim for these two CPT® codes for the same session because CPT® explicitly states you should not report 90839 in addition to 90792 (among other codes) and because the Correct Coding Initiative (CCI) edits bundle these two codes together accordingly.

As per the edits, the CPT® code 90839 is a column 2 code for 90792 with the modifier indicator '0,' which means that you are not allowed to report these two codes together under any circumstances. You cannot use any modifier to unbundle these two CPT® codes and report it together for the same session.

If you report these two CPT® codes for the same session, your claim for 90839 will be denied, and only reimbursement for 90792 will be paid out. As 90792 is not a time based code, you will only report one unit of 90792 for the session, irrespective of the time that your practitioner took in providing the evaluation and the management of the patient.

Reminder: Depending on what work went in for the evaluation of the patient, you can consider reporting an appropriate E/M code for the session instead of reporting the service with 90792.