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BY AAPC

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Psychiatric Evaluation For Visits Without The Patient

Question: In our practice, some of our clinicians are sometimes seeing family members of the patient (mainly, parents of young patients) prior to seeing the patient during another visit. Can I report both the visits or should I report only the visit with the patient? I know that evaluation services can be reported more than once for a patient, but can I report the service when the patient is not present during the visit?

California Subscriber

Answer: You are right that psychiatric diagnostic evaluation can be reported more than once for a particular patient and both these services will be payable. So, depending on the services provided and the clinician involved, you can report either 90791 (Psychiatric diagnostic evaluation) or 90792 (...with medical services)twice for a patient. However, these codes face edits according to Correct Coding Initiative (CCI) with the modifier indicator '0,' which means you cannot report these services together for the same person on the same calendar date of service. So, if both the visits were to occur on the same day, you will only be reporting one unit of 90791 or 90792.

If you see the scope of services for these diagnostic evaluation codes, you will see that this involves evaluation through communication with "family members or other sources." So, even though your clinician did not see the patient in one visit and saw the patient in the next visit, you can still report the services for the first visit using the appropriate psychiatric diagnostic evaluation CPT® code.

If your psychiatrist were to be seeing the patient, you can report the first visit with 90792. Even though the thought might arise that there is no physical examination of the patient in order to qualify for "medical services," you can still use this CPT® code as this incorporates services related to "medical decision making." The scope of services under "medical decision making" includes review of medication, pharmacological management, review of diagnostic test results, and consideration of a differential diagnosis.

In the case scenario that you have described, depending on the clinician providing the services and the evaluation involved, you can report either two units of 90791 or 90792 even though the patient was not physically present for one of the visits.