

Psychiatry Coding & Reimbursement Alert

Reader Question: 90792 or an E/M? Don't Get Confused

Question: When our psychiatrist sees a new patient and performs a psychodiagnostic evaluation, is it appropriate to report the services with 90792 always or can an evaluation and management code be used instead. If an E/M code can be used, when should 90792 be used and when should an E/M code be used? Please do let me know as I am getting confused.

Massachusetts Subscriber

Answer:

As noted, your psychiatrist can use evaluation and management codes (E/M) codes (e.g., 99201-99205) when he sees and evaluates a new patient. However, as you pointed out, there is also a new code 90792 (Psychiatric diagnostic evaluation with medical services) that has now replaced the old psychodiagnostic evaluation codes, 90801 and 90802, when the diagnostic evaluation contains medical services.

To determine whether to report the encounter with an E/M code or 90792, you will have to assess the nature of the encounter and work that went into it.

Per 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."

Compare that with the CPT® elements of a new patient E/M code in the office or other outpatient setting. They include a history, examination (which may include mental status), medical decision making, and counseling and/or coordination of care. When you do, 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.

Given the similarities in the services, your confusion is understandable. However, CPT® instructs users to "select the name of the service or procedure that accurately identifies the service performed." As such, you may have to rely on your psychiatrist to help you identify whether a particular encounter is accurately described as just an E/M service or is, in fact, a psychiatric diagnostic evaluation with medical services.