Psychiatry Coding & Reimbursement Alert

You Be the Coder: Know When You can Bill More Than one Unit of 90791 or 90792

Question: Our psychiatrist will sometimes perform initial psychiatric diagnostic evaluations in more than one session for a patient. In such a case, can we bill for more than one unit of 90791 or 90792 as the case may be or should we bill a psychiatric diagnostic evaluation only once per patient?

Alabama Subscriber

Answer: When your psychiatrist performs an initial psychiatric diagnostic evaluation of a patient, you'll have to report his services either with 90791 (Psychiatric diagnostic evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services). These codes are billed only once per day regardless of the time or number of sessions that your psychiatrist will spend with the patient that day, as these services are not time bound.

In the past, most payers would allow you to only report one unit of psychiatric diagnostic evaluation code per patient. Now, guidelines have been revised and payers will allow you to claim for more than one unit of 90791 or 90792 if the initial psychiatric diagnostic evaluations extended beyond one session, as long as the sessions are on different dates. An example of this extended evaluation would be when your psychiatrist is evaluating a child and will see the child with the parents and in another session evaluate the child independently. So, depending on medical necessity you can claim for more than one unit of 90791 or 90792 when your psychiatrist performs the evaluation in more than one session spread over more than one day.

When billing for Medicare, you'll have to remember that CMS will allow only one claim of 90791 or 90792 in a year. However, in some cases, depending on medical necessity, Medicare might allow reimbursement for more than one unit of 90791 or 90792. You can also report these codes when your psychiatrist is seeing the patient after a span of three years.

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