Psychiatry Coding & Reimbursement Alert

Reader Question: Reporting 99212 For Every Pharma Management? Think Again

Question: When I looked through the kind of work that our psychiatrist does, he mostly does an evaluation of the patient in the initial visit and, in most cases, performs medication management and psychotherapy in the following visits. The person prior to me was mostly reporting 90792 for the evaluation of the patient, 90834 for the succeeding visits, and 99212 for the medication management. Should I continue to report the same codes for all the patients that our clinician sees?

Washington Subscriber

Answer: Don't just routinely bill the same codes for the initial and subsequent visits that your clinician performs. Although it might be justifiable to use 90792 (Psychiatric diagnostic evaluation with medical services) for the initial evaluation of the patient, you can also look at instances where you can report an E/M code instead.

You report 90792 when your clinician performs 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. An E/M service will constitute history, examination (which may include mental status), medical decision making, and counseling and/or coordination of care.

So, you will choose 90792 when your clinician's main focus of evaluation is the "integrated biopsychosocial and medical assessment," while you choose to report an appropriate E/M code when your clinician's evaluation is more medically or physically oriented although psychosocial issues may also be factored in.

So, you will need to report the appropriate code for the initial evaluation based on the components and the focus of the evaluation performed by your clinician.

Again, for the succeeding visits, you have mentioned that 90834 (Psychotherapy, 45 minutes with patient) and 99212 (Office or other outpatient visit for the evaluation and management of an established patient...) were being reported for the psychotherapy and pharmacological management of the patient.

Since you are reporting an E/M code with psychotherapy, you will need to report an appropriate add-on code for the psychotherapy aspect instead of reporting 90834. If your clinician is typically spending 38-52 minutes in performing psychotherapy for a patient, you will need to report +90836 (Psychotherapy, 45 minutes with patient when performed with an evaluation and management service [List separately in addition to the code for primary procedure]) instead of 90834. If the time component of the psychotherapy session varies, report other add-on codes (based on time) rather than routinely reporting one code for all the patients.

Again, when reporting pharmacological management, you will need to look into what your clinician evaluated and then choose an apt E/M code rather than only reporting 99212 for every situation. You will choose 99212 when your clinician

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only filled the prescription and did not perform any other assessments of the patient. When your clinician assessed the patient for adverse effects of the medication or performed adjustments to the dosage, you can look at reporting higher levels of the E/M code. In any case, the level of E/M service reported should reflect the level of history, exam, and medical decision making documented by the clinician.

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