

Reimbursement Policy

Diagnostic Evaluations 90791/90792

Reimbursement Policy – Claims Editing

Optum is implementing claim processing edits that may impact claim payment. This notice provides information about use of diagnostic evaluation codes on the same date of service. Reimbursement policies establish processes to ensure accurate and appropriate claim processing in accordance with industry standards. These processes serve to identify potentially inappropriate billing and/or utilization of services. Requests for medical records may be made for administrative review (not based or used for Medical Necessity). Record requests outline what is to be submitted; please provide requested records within defined time-frames. Optum provides education and support as a component of our process.

As new processes are developed further Alerts will be made in an effort to keep providers informed.

Psychiatric Diagnostic Evaluation 90791

Psychiatric Diagnostic Evaluation with Medical Services 90792

The American Medical Association (AMA) Current Procedural Terminology (CPT) Manual defines these codes. For CPT Code 90791 a psychiatric diagnostic evaluation is performed, which includes the assessment of the patient's psychosocial history, current mental status, review, and ordering of diagnostic studies followed by appropriate treatment recommendations. In 90792, additional medical services such as physical examination and prescription of pharmaceuticals are provided in addition to the diagnostic evaluation. Interviews and communication with family members or other sources are included in these codes

CPT Codes 90791 and 90792 may be billed once per day. However, only one code may be billed by the same provider daily. If 90792 and 90791 are billed on the same day, by the same individual provider, 90791 will be denied. Additionally, evaluation and management, psychotherapy, and crisis management services may not be billed by the same provider on the same day as a psychiatric diagnostic evaluation. Claim submissions not in compliance with this rule will be denied.

Based upon the 2014 CPT Manual the following CPT Codes, noted below, may not be billed in conjunction with CPT Code 90791 and CPT Code 90792 by a single provider on the same date of service:

CPT Code Range	Description
90832 - 90838	Psychotherapy
90839 - 90840	Psychotherapy for Crisis
99201 - 99337	Evaluation and Management
99341 - 99350	Evaluation and Management Home Services
99366 - 99368	Evaluation and Management Medical Team Conference
99401 - 99444	Evaluation and Management Counseling Risk Factor Reduction and Behavior Change Intervention

Resources

- American Psychiatric Association CPT Changes for 2013: <http://www.psych.org/cptcodingchanges>
- American Medical Association (AMA) Current Procedural Terminology (CPT) Manual.