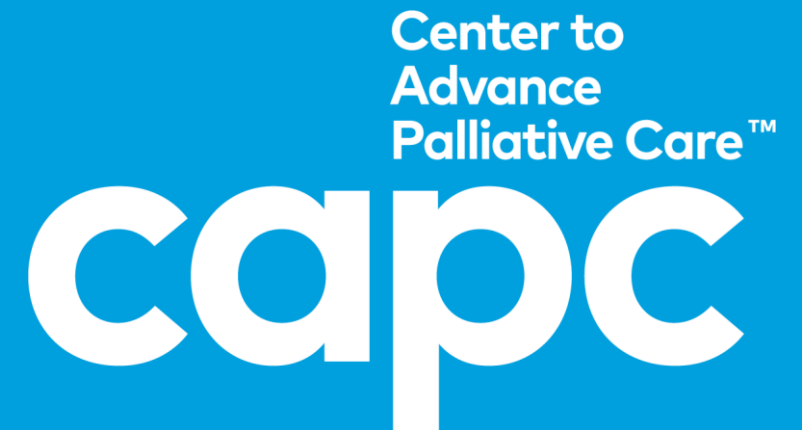


Billing and Coding for Initial Diagnostic Evaluations for Caregiver Support Programs



Diagnostic Evaluation: 90791

While there is no specific time requirement, visits are typically 60+ minutes due to the comprehensive nature of the evaluation

Includes:

- Thorough mental status examination
- Evaluation of patient's ability and capacity to respond to treatment
- Initial treatment plan

No medical services; no physical exam or prescribing, can be performed by a non-medical professional

Can be used once in a 12-month period (per Medicare rules, which most private insurers also follow)

Diagnostic Evaluation 90791: Documentation

- Chief complaint/presenting problem
- Past psychiatric history including substance use history, trauma history
- Family psychiatric history
- Social history
- Developmental history
- DSM diagnosis
- Treatment Plan

Psychiatric Diagnostic Evaluation with Medical Services: 90792

- Can only be used by a medical professional.
- If conducting a comprehensive evaluation, this is the preferred code (instead of 99204/5) because it has a higher reimbursement.
- Psychotherapy by a **separate** provider/NPI number can be billed same-day without a modifier.
- No required amount of time but typically ~60 minutes due to comprehensive nature of evaluation.
- Evaluation should include complete medical and psychiatric histories, medication review and management, a detailed mental status exam, any lab studies, and a clear treatment plan.

Psychiatric Diagnostic Evaluation with Medical Services 90792: Documentation

- Chief complaint
- History of present illness (HPI)
- Past psychiatric history including substance use history, trauma history
- Family psychiatric history
- Social history
- Developmental history
- Medication review
- Medical history (**which qualifies the encounter to be billed as 90792**)
- Risk/safety assessment
- Mental status exam
- Diagnosis, based on DSM-V criteria
- Treatment plan