



December 2022

**Subject: Claims analysis of psychiatric diagnostic evaluation frequency**

Dear Provider:

Anthem Blue Cross and Blue Shield embraces opportunities to foster collaborative efforts with providers to help ensure proper coding and payment of claims. To this end, we regularly review the Indiana Health Coverage Programs *Provider Reference Modules* to ensure we are processing claims in a way that is consistent with state guidance.

This letter is sent as a reminder that per the *Provider References Module for Behavioral Health Services* and in accordance with *405 IAC 5-20-8 (14)*, reimbursement is available without prior authorization for one unit of psychiatric diagnostic evaluation interview examinations per member, per provider, per rolling 12-month period when billed under the CPT® codes:

- 90791 – Psychiatric diagnostic evaluation  
or
- 90792 – Psychiatric diagnostic evaluation with medical services

The exception to this limitation is made when two units of either 90791 or 90792 are allowed per rendering provider NPI, per rolling 12-month period when the member is separately evaluated by both of the following:

- A physician or HSPP
- Another behavioral health practitioner identified in the *Behavioral Health Practitioners Qualifications* section of the *Provider References Module for Behavioral Health Services*

Additional units of psychiatric diagnostic evaluation require prior authorization. Also, these codes may not be billed on the same day as an evaluation and management service performed by the same individual for the same patient. Psychotherapy services, including crisis, may not be billed on the same day as CPT codes 90791 and 90792. Billing these codes outside of these parameters will result in the denial of the associated claim.

We are grateful for your care of our members and look forward to continued collaboration.

Sincerely,  
Behavioral Health Utilization Management  
Anthem Blue Cross and Blue Shield

<https://providers.anthem.com/in>

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