Use of Alternative Medications for Sleep in the Elderly

Sir: The recent article by McCall[1] is a thorough and well-written review of sleep in the elderly. An important aspect of the assessment and treatment of insomnia in the elderly is the use of alternative medications including herbal products. The use of alternative medications is increasingly popular, and the elderly population is no exception.[2] Alternative agents such as melatonin, valerian, passionflower, and chamomile are commonly used to treat insomnia. Although they are widely used, their use is controversial due to the fact that few studies have documented their efficacy.[3]

It is important for clinicians to inquire about use of alternative medications, as they may elicit changes in mood, behavior, and thinking[4] that may all contribute to the sleep complaint for which the patient is seeking help. Alternative medications may also have interactions with more conventional treatments, with potentially harmful outcomes. Clinicians should inquire about, document the use of, and be familiar with alternative medications to enhance the care of their patients.

Dr. Berigan has been a speakers/advisory board member for Sanofi Synthelabo.

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CPT Coding for Mental Illness Diagnoses

Sir: The recent article[1] in the *Companion* on billing for psychiatric services in primary care appropriately describes the fact that most payers will not reimburse primary care physicians for 908xx Current Procedural Terminology (CPT) codes. In addition to this restriction, my experience is that many commercial payers (especially those with "carve-out" plans for mental health services) will not reimburse a primary care physician for a traditional evaluation and management (E&M) CPT code if the primary ICD-9 diagnosis is within the domain of mental health.

For example, a primary care physician coding 99234 with an ICD-9 diagnosis of 309.0 (adjustment disorder with depressed mood) may not be paid, while a physician who submits 99234 with a primary ICD-9 diagnosis of 780.7 (malaise and fatigue) and a secondary ICD-9 diagnosis of 309.0 would be appropriately compensated.

While this strategy could be construed as "gaming the system" by reporting a physical diagnosis or symptom as the primary problem, I have found that it is an appropriate and necessary method of assuring adequate compensation for the valuable services we provide to our patients.

Dr. Reider reports no financial affiliation or other relationship relevant to the subject matter of this letter.

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