

Psychiatry Coding & Reimbursement Alert

CPT® 2013 Strategies: Get Paid Higher When Interactive Complexity Complicates Psychiatry Services

Hint: The add-on code for interactive complexity is not a time-based code.

When your clinician experiences specific communication issues that complicate performance of selected psychiatric diagnostic or therapeutic services, you'll need to factor in an add-on CPT® code, namely +90785, to reimburse for the extra time that your practitioner spent with the patient.

Coding scenario: Your psychiatrist uses play equipment to evaluate a 6-year-old male patient for autism. Since the patient has communication disabilities, your clinician spends a considerable amount of time with him to complete his evaluation.

What to report: Since your clinician performed an evaluation of the patient that included a complete history, complete mental status examination, complete psychiatric and medical history of the patient and family, a review of systems, and ordering and interpreting diagnostic tests, neurobehavioral tests, and other evaluation questionnaires, you'll use 90792 (Psychiatric diagnostic evaluation with medical services). Since there were communication difficulties during evaluation of the child, you also report +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) with 90792.

RVU factor: 90792 has 3.65 total non-facility RVUs with a Medicare payment of \$124.18. +90785 has 0.14 total non-facility RVUs with a Medicare payment of \$4.76. When an interactive complexity component is reported with 90792, you get paid \$128.94 instead of \$124.18.

Know When to Add up Interactive Complexity to Psychiatry Services

You can report +90785 when any of the following factors is present and increases the time that your practitioner spends on the patient, according to CPT®:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
- Evidence or disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who:
 1. Is not fluent in the same language as the physician or other qualified health care professional, or
 2. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

Caveat: You cannot use +90785 solely for any translation or interpretation services that your clinician might use during the delivery of a psychiatric service, according to CMS, as doing so amounts to higher beneficiary payments and copayments on the basis of ethnicity or disability that could implicate Title VI of the Civil Rights Act of 1964 or section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, respectively.

Be Aware of Services That May Include an Interactive Component

You'll need to be aware of what psychiatry services your clinician provides that may warrant you to report +90785 when it involves communication difficulties. The services that allow you to report an interactive component include the following:

- Initial psychiatric diagnostic evaluation that you report with 90791 (Psychiatric diagnostic evaluation) and 90792;
- Psychotherapy codes you report with 90832 (Psychotherapy, 30 minutes with patient and/or family member), 90834 (Psychotherapy, 45 minutes...) and 90837 (Psychotherapy, 60 minutes...);
- Psychotherapy codes that you will report with an E/M service, namely, +90833 (Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service [List separately in addition to the code for primary procedure]), +90836 (Psychotherapy, 45 minutes...) and +90838 (Psychotherapy, 60 minutes...);
- Group psychotherapy code that you will report with 90853 (Group psychotherapy [other than of a multiple-family group])

Don't forget: You will need to include documentation supporting your claim for +90785. This documentation should clearly explain the nature of the interactive complexity involved in the delivery of the psychiatric procedure.

Report Only One Unit of 90785 Per Session

Even though +90785 is reported to reflect the additional time your psychiatrist spends due to communication issues while providing a psychiatric service, keep in mind that this CPT® add-on code is not a time-based service, and you'll only report one unit of the code for a session that is performed in a day.

When you report +90785 with a time-based service such as a psychotherapy service, the additional time that your clinician spent due to interactive complexity is reflected in the time spent in providing the timed service in total.

Example: Your psychiatrist typically conducts psychotherapy sessions for 30 minutes. When providing psychotherapy to a child suffering from Asperger's syndrome, your psychiatrist spends 45 minutes in the delivery of the psychotherapy session owing to communication challenges and due to the use of play equipment.

What to report: You'll report 90834 for the session, as your psychiatrist spent a total of 45 minutes for the psychotherapy session instead of the usual time of 30 minutes, which you would have reported with 90832. You'll also report +90785 as an add-on code to 90834. Since +90785 is not a time-based code, you'll just add up the extra time spent by your clinician owing to interactive complexity to the time spent on psychotherapy to calculate the time spent during the entire session.

Note: "When reporting +90785 with a psychotherapy add-on code performed with an E/M service (i.e. +90833, +90836, or +90838), the amount of time spent providing interactive complexity services must relate to the psychotherapy service only," points out **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "In general, interactive complexity is not a factor for E/M services selection," adds Moore.

Don't Report 90785 With These Psychiatry Services

You should be aware that not all psychiatry services will include a separately reportable interactive component that can be reported with the add-on code +90785. The services that don't have a separately reportable interactive component include the following:

- The newly introduced psychotherapy for crisis 90839 (Psychotherapy for crisis; first 60 minutes) and +90840 (Psychotherapy for crisis; each additional 30 minutes [List separately in addition to code for primary service]) cannot be reported with +90785, as interactive complexity is inherent to these codes.
- You cannot report +90785 with an E/M code if no psychotherapy service is also reported. If your clinician provides psychotherapy in addition to an E/M service, you will capture the interactive complexity as a part of the psychotherapy aspect of the service and not for the E/M part of the service, advises Moore.
- Family psychotherapy codes that you will report with 90846 (Family psychotherapy [without the patient present]),

- 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]), and 90849 (Multiple-family group psychotherapy).
- Psychoanalysis (code 90845)