

# Psychiatry Coding & Reimbursement Alert

## Mythbuster: Debunk These Interactive Complexity Myths That Could Be Costing You

**Watch out when trying to use them with E/M codes.**

When your psychiatrist undertakes a psychodiagnostic evaluation or performs psychotherapy, you might be losing out on deserved reimbursement if you are not watching for opportunities to claim interactive complexity.

Bust these three myths that will help you cue into successful claims while reporting the interactive complexity add-on code, +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) and help you understand when you can or cannot report this code.

### **Myth 1: Interactive Complexity Can be Claimed With Every Psychiatry Code**

**Reality:** The add-on code +90785 has been created with the intention of providing additional reimbursement to help compensate for the extra time that your clinician had to spend due to communication difficulties. Although this code has been created only for use with psychiatry codes, you cannot use the interactive complexity code for every psychiatry related code that you will report.

Typically, you will use the interactive complexity add-on code with the primary psychodiagnostic evaluation codes (90791, Psychiatric diagnostic evaluation and 90792, ... with medical services). In addition, it is commonly used with psychotherapy codes when communication barriers make it difficult for your clinician to provide treatment.

However, you are not allowed to use this add-on code with crisis psychotherapy codes, 90839 (Psychotherapy for crisis; first 60 minutes) and +90840 (...each additional 30 minutes [List separately in addition to code for primary service]). The explanation provided to this is that the interactive complexity component is inherent to these codes and hence cannot be claimed for separately.

You are also not allowed to report this interactive complexity code with family psychotherapy codes, 90846 (Family psychotherapy [without the patient present]) and 90847 (Family psychotherapy [conjoint psychotherapy] [with patient present]). As with the crisis psychotherapy codes interactive complexity is assumed to be inherent in family psychotherapy and thus not separately reportable. "Per CPT®, common factors associated with interactive complexity include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients," notes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

"CPT® also says that typical patients requiring interactive complexity are those who have third parties, such as parents, guardians, or other family members, involved in their psychiatric care. This would seem to also be typical, if not inherent, in family psychotherapy."

**Reminder:** As per guidelines found in the vol.77, no.222 of the Federal Register, you cannot use +90785 solely for any translation or interpretation services that your clinician might use during the delivery of a psychiatric service as it 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.

### **Myth 2: You Can Report +90785 With E/M Codes**

**Reality:** There will be many situations in which you will be reporting E/M codes (for instance office visit codes such as

99212, Office or other outpatient visit for the evaluation and management of an established patient...) for evaluation of the patient or for pharmacological management and reporting an add-on psychotherapy code such as +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 (...45 minutes...) or +90838 (...60 minutes...) for the psychotherapy part of the visit.

When there is a difficulty in communicating with the patient, you can report +90785 with these above mentioned codes. However, if your psychiatrist only performs an evaluation management service for a patient on a calendar date of service and does not provide psychotherapy, you will not be allowed to report the interactive complexity code in addition to just an E/M code, even in situations where your clinician encountered communication issues.

In such a case, you can consider reporting a prolonged services code such as +99354 (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour [List separately in addition to code for office or other outpatient Evaluation and Management service]) to compensate for the additional time spent with the patient to overcome communication issues.

**Key:** Any prolonged E/M service code is not reportable if the prolonged service is less than 30 minutes. In other words, your provider has to spend 30 minutes or more than the typical time associated with the base E/M code before the prolonged services codes apply. So once the time with the patient goes over the threshold time, you can use a prolonged service code. If, however, the physician spends less than 30 extra minutes with a patient, you will not use a prolonged services code such as +99354.

### **Myth 3: You Can Only Use +90785 Once With Group Psychotherapy Codes**

**Reality:** Like other psychiatry related codes, you are able to report +90785 when your clinician encounters communication difficulties when performing group psychotherapy (90853, Group psychotherapy [other than of a multiple-family group]).

However, a common question that is encountered is to understand whether to report +90785 with each unit of 90853 reported for each patient in the group or reported only once for the entire group.

Since the group psychotherapy code is reported for each individual patient in the group, you have to report +90785 for the interactive complexity encountered for each patient that needed the extra time and effort to be spent by your clinician.

**Coding tip:** If communication difficulties are not encountered for every patient in the group, you can still report the interactive complexity add-on code with each patient with whom your clinician had issues with interaction.

**Example:** Your clinician conducts a group psychotherapy session for eight patients and had to communicate using play equipment with five of them due to communication issues. You can report 90853 and +90785 for each of the five patients with whom your clinician used play equipment and report only 90853 for each of the other three patients.