

## Psychiatry Coding & Reimbursement Alert

### You Be the Coder: Planning to Use +90785 to Compensate for Extra Time? Not so Fast

**Question:** Our psychologist performed an initial evaluation of the patient. I am reporting 90791 for this service. Since our clinician spent more than four hours in the evaluation of this patient, can I report more than one unit of 90791, or can I be compensated for this extra time by using the add-on code +90785?

Washington Subscriber

**Answer:** When you are reporting 90791 (Psychiatric diagnostic evaluation) for an initial psychodiagnostic evaluation of a patient, you should remember that unlike many of the other codes that you use in psychiatric practice, this code is not a time based code. So, on any calendar date of service, irrespective of the number of hours that your clinician spends with the patient, you will only report one unit of the code.

**Remember:** Irrespective of the number of sessions that your clinician has with the patient on any calendar date of service, you will still continue to report only one unit of the 90791 for a patient on that date of service.

Although you are allowed to report the interactive complexity add-on code, +90785 (Interactive complexity [List separately in addition to the code for primary procedure]) with the psychodiagnostic evaluation code, 90791, you should not reach out to this code just because your clinician spent a long time in the evaluation of the patient.

You can report +90785 when any one of the following factors are present and increase the time that your practitioner spends on the patient:

- 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:
- Is not fluent in the same language as the physician or other qualified health care professional, or
- 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.

In your case, you cannot report +90785 with 90791 just because your clinician spent more than the typical number of hours with the patient. You can use the add-on code if the extra time spent by your clinician was due to any communication difficulties with the patient as mentioned above.