Practicing psychologists continue to raise questions about the new psychotherapy CPT® codes for 2013. Building on a question-and-answer set included in the Fall 2012 special issue of Good Practice, this article provides answers to several common inquiries from practitioners.

When do I use the interactive complexity add-on code, 90785?

The 2013 psychotherapy codes include new “add-on” codes for specific services that can be provided only in combination with other diagnostic evaluation, individual psychotherapy and group psychotherapy services. The new add-on codes may not be used in conjunction with the family psychotherapy codes 90846 and 90847. Add-on codes identify an additional part of the treatment above and beyond the principal service.

Interactive complexity, the new add-on code 90785, refers to specific communications factors that add to the difficulty of service delivery and increase the intensity of effort required of the health care professional in a particular treatment session. This code is intended to reflect added intensity, not added time, involved with delivering a service. Practitioners should not assume that they can bill 90785 for each session they have with a “difficult” patient.

In situations where 90785 may be billed, patients typically have others legally responsible for their care or require the involvement of third parties such as schools or probation officers.

As reflected in the CPT manual, one of the following must occur in order for a practitioner to use the interactive complexity add-on code for that treatment session:

1. The need to manage maladaptive communication – for example, high reactivity or disagreement among family members
2. Emotions or behavior by the caregiver that impede implementation of the treatment plan
3. Mandated reporting such as in situations involving abuse or neglect
4. Use of play equipment or other physical devices, or an interpreter or translator, required because of the patient’s lack of fluency or undeveloped verbal skills

As related to the fourth item above, the Centers for Medicare and Medicaid Services (CMS) has stated that the interactive complexity add-on code 90785 should not be billed to Medicare solely for the purpose of translation or interpretation services. If 90785 were used for this purpose, it would result in higher patient co-payments for the psychotherapy service for a beneficiary who requires a translator compared to a patient who does not need a translator. According to CMS, this scenario violates federal laws that prohibit discrimination on the basis of a beneficiary’s disability or ethnicity.

How do I indicate the add-on code for interactive complexity on my billing form?

Both the principal service code and add-on code should be listed on the billing form. See the illustration on page 3 showing how to bill for the add-on interactive complexity code 90785 in connection with the code for a 45-minute psychotherapy session using the CMS 1500 form.
My psychotherapy session runs a different length of time than the one specified in the three timed psychotherapy codes for 2013 (30 minutes for 90832, 45 minutes for 90834 and 60 minutes for 90837). How do I decide what code to bill?

These psychotherapy services are considered face-to-face services with the patient and/or family member, with the patient present for some or all of the service. The specific amount of time associated with these three code titles may well differ from the actual amount of time you provided psychotherapy. In general, you should select the code that most closely matches the actual time you spent. The CPT manual provides for flexibility by identifying time ranges in the descriptions of the three codes, as follows:

- 90832: 16 to 37 minutes
- 90834: 38 to 52 minutes
- 90837: 53 minutes or longer

The psychotherapy codes should not be billed for any sessions lasting less than 16 minutes.

An important insurance-related pointer: As part of adequate documentation of patient encounters in the record, be sure to note start and stop times for every session of psychotherapy you provide. From an insurance company's standpoint, if you don't record these details, you didn't deliver the service.

I often have additional work outside of the time spent face-to-face with my patients, such as arranging for services, providing reports and communicating with my patient's primary care providers. Do I include the time spent doing these activities when deciding which psychotherapy code to use?

No, the time spent arranging for services, providing reports and communicating with other health care professionals is not included in the length of the psychotherapy session. Such activity is considered part of the post-service work already built into the psychotherapy codes. This is not something new for 2013, as these activities were considered post-service work under the psychotherapy codes in effect for 2012.
More detailed descriptions of pre- and post-service work for the 2013 psychotherapy codes 90832, 90834 and 90837 appear below.

**Pre-service work:** Prepare to see patient and/or family member. Review record. Communicate with other professionals and significant others such as guardians, caretakers and family members.

**Post-service work:** Arrange for further services. Coordinate care in writing or by telephone with patient, family and other professionals such as a primary care provider. Document intra-service and post-service work activities. Provide written or telephone reports to third-party payers.

What distinguishes the psychotherapy with patient and/or family member present codes (90832, 90834 or 90837) from family psychotherapy codes (90846 and 90847)?

With the 30-, 45- and 60-minute psychotherapy codes, the focus of the service delivered is on the individual patient (even though the CPT code titles for 2013 no longer include the word “individual” before “psychotherapy”). The codes can be used with the occasional involvement of family members.

With the family psychotherapy codes, the focus of the service delivery is on family dynamics or interactions – or a subset of the family such as parents or children – though the treatment is still intended for the benefit of the patient.

Will Medicare and insurance companies place limits on how frequently a provider can bill the 60-minute psychotherapy code 90837 versus the 45-minute psychotherapy code 90834?

Medicare Administrative Contractors will issue Local Coverage Determinations (LCDs) and commercial carriers will establish coverage policies for private sector health plans related to use of the new psychotherapy codes for 2013. Check your MAC website (see list below) for LCDs if you are a Medicare provider, and look for coverage policies on the websites of any private insurance plans with which you are affiliated.

**MEDICARE ADMINISTRATIVE CONTRACTOR WEBSITES**

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Many of my patients are distressed during their psychotherapy sessions. Under what circumstances do I use the new crisis code rather than a psychotherapy code?

The new crisis code, 90839, requires that the patient be in high distress under complex or life-threatening circumstances that require urgent and immediate attention. One example: a psychotherapy session where you find the patient is suicidal and you must arrange for the patient to be hospitalized immediately.

To use the crisis code, the psychotherapy session must last for at least 30 minutes. If the session lasts for 75 minutes or more, you would use both 90839 and the add-on code 90840 when billing patients and filing claims.

NOTE: This question-and-answer set was prepared based on information available early in December 2012 and is subject to change as the new codes are implemented. For more questions and answers about the 2013 psychotherapy codes, along with additional information and resources for practitioners, visit our Practice Central website at apapracticecentral.org/codes.