

## *Changes to CPT Codes – 1/1/13*

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As you know there will be major changes to the CPT codes for psychotherapy services on January 1, 2013. This article is a complete summary of the codes that apply to individual psychotherapy.

### *CPT Code Changes*

- The code for a diagnostic interview, previously 90801, has been changed to 90791.
- A code for crisis psychotherapy has been created, 90839 for 60 minutes. Every half hour in addition to initial hour can be billed under the code 90840.
- The codes for psychotherapy listed in my last post are detailed here:

90832 (30 minutes – time range allowed 16 - 37 minutes)

90834 (45 minutes – time range allowed 38 – 52 minutes)

90837 (60 minutes – time range allowed anything beyond 53 minutes)

A summary of the changes in CPT codes created by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry can be found at

[http://www.aacap.org/galleries/default-file/Psychiatric\\_Services\\_crosswalk.pdf](http://www.aacap.org/galleries/default-file/Psychiatric_Services_crosswalk.pdf)

In addition to the changes to codes that we generally use, there is a new category of codes called “interactive complexity” which refers to four “communication factors” that may complicate psychotherapy and be billed for as a result. *These codes must be used for psychotherapy that is complicated at the time of service delivery.* They apply to communication with guardians of minors; translators; guardians of adults with disabilities; and involvement with representatives of agencies which oversee the welfare of a patient, i.e., child welfare agencies, parole officers, probation officers, or school officials. As you can see, the application of interactive complexity will primarily apply to child and adolescent patients. Please note that the additional code may be used when there is increased *intensity* of treatment, not increased time.

When the above conditions are met the code which will apply for reimbursement is **+90785** (the “+” sign must be used). Here is a summary of the way that the interactive complexity concept will be used – at least one of the following conditions must be present:

1. 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 (may be used with 90791, 90832, 90834, or 90837.)
2. Caregiver emotions/behavior that interfere with implementation of the treatment plan (care (may be used with 90791, 90832, 90834, or 90837.)
3. Evidence/disclosure of a sentinel event and mandated report to a 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 care (may be used with 90791, 90832, 90834, or 90837.)
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language (care (may be used with 90791, 90832, 90834, or 90837.)

Some examples of when +90785 may be used include conditions on the autistic spectrum; conflictual family/caregiver relationships; involvement of state agencies; when caretakers or patient has English as a second language; and when mandated reporting is required. The code +90785 may NOT be used for crisis psychotherapy, which has its own interactive complexity code, +90840, or for family psychotherapy codes, i.e., 90846, 90847, and 90849.

Much of the information in this article was developed by the American Academy of Child and Adolescent Psychiatry at [http://www.cphs.org/pdf/CPTCodes/Interactive\\_Complexity\\_Guide.pdf](http://www.cphs.org/pdf/CPTCodes/Interactive_Complexity_Guide.pdf) .

I have received many questions about how these changes will affect the reimbursement that clinicians receive. There is no way of knowing at this time and the decision by CMS on whether to increase the RVUs for psychotherapy, which will be announced on November 2, will affect the situation. I will provide more information on this important topic as it becomes available.