

# Interactive Complexity



**Definition** A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **+90785**.

**Code Type** Add-on codes are identified by a "+" prefix and may be reported in conjunction with other, specified codes, "primary procedures." Add-on codes may never be reported alone.

**Replaces** Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

**Use in Conjunction With**

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, +90833, +90836, +90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (+90785) relates only to the increased work *intensity* of the psychotherapy service, and does *not* change the *time* for the psychotherapy service.

**May Not Report With**

- Psychotherapy for crisis (90839, +90840)
- E/M services NOT reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

**Typical Patients**

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

**Report +90785**

**When at least one of the following communication factors is 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.
2. Caregiver emotions/behavior that interfere with implementation of the treatment plan.
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.
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.