



Questions and Answers About Carrier Implementation of the Codes

Q: Do all insurance carriers reimburse psychologists for using the 2006 CPT® testing codes?

A: Medicare carriers throughout the country are reimbursing for the psychologist-based testing codes. As of late January 2006, some local Medicare carriers had not yet begun to pay for the technician and computer-based codes. (For a description of the various codes, see the document in this toolkit entitled, "Summary of Changes to the Testing Codes for 2006.") The APA Practice Organization is working to have Medicare carriers cover and pay for all of the 2006 psychological and neuropsychological testing codes.

It is up to individual private health insurance companies to decide if they will cover and pay for services billed using the 2006 testing codes. The APA Practice Organization also is working to help educate private carriers about the codes and to encourage their widespread acceptance by private health insurers.

Q: Are there standard reimbursement rates for the codes?

A: For Medicare services, the federal Centers for Medicare and Medicaid Services (CMS) annually sets a final fee schedule. Actual Medicare payments are based on the fee schedule with geographic adjustments applied in each region. (The average Medicare reimbursement rates for these codes are included in this toolkit as part of the document entitled, "Practice Directorate Gains Increased Medicare Payments for Testing Services in 2006.")

Private insurers often follow the rates set by Medicare, but they are not required to do so. Further, unlike Medicare, which implements its new fee schedule every January 1, some private insurers may review and adjust their payment rates at various times during the year.

Q: What should I do if my claim for the codes is denied?

A: First, review the claim that you submitted and the denial you received as part of the explanation of benefits to make sure the carrier has the information it requires to process the claim, including:

- The date of service
- Your provider type
- The patient's information
- The CPT and diagnosis codes

If the carrier is missing any of these items, contact the company to find out if you can simply supply the missing information or if you must resubmit the entire claim.

If your claim is complete, your next step is to check with the carrier's provider relations department for more information about why the claim was denied. Record the name of the person you spoke with and, if necessary, talk with that person's supervisor.

If you find that the claim was denied because the service is not covered, take the steps outlined below.

Q: My carrier does not accept one or more of the testing codes. What steps should I take?

A: If you are experiencing problems with your local Medicare carrier regarding the codes, contact the APA Practice Directorate's Government Relations Department at pracgovt@apa.org or (202) 336-5889.

If a private insurance carrier claims that one or more of the 2006 testing codes is not a covered service:

Continued on next page

- Provide the carrier with the letters and policy statements contained in this 2006 Testing Codes Toolkit to advocate for coverage of the CPT testing codes.
- Notify the APA Practice Directorate (at pracgovt@apa.org or 202-336-5889) and your state psychological association that you are working to change a carrier's policy regarding use of the CPT testing codes.

Current Procedural Terminology ©2005 American Medical Association. All Rights Reserved.

January 2006