

APA provides responses to the most commonly asked questions by psychologists on the changes to the neuropsychological and psychological testing codes effective January 1, 2019.

How are students or postdoctoral trainees who provide test administration and/or scoring services while supervised by licensed psychologists treated in the new coding structure?

Specific guidance for assessment provided by unlicensed trainees under the supervision of licensed psychologists and neuropsychologists is not addressed by the new coding structure. This is something that is decided by Medicare, Medicaid and other third-party payers.

The Centers for Medicare and Medicaid Services (CMS) has specifically stated that under the Medicare Physician Fee Schedule there is no payment for services performed by students or trainees. Accordingly, Medicare does not pay for services represented by CPT codes 96102 and 96119 (the current technician codes) when performed by a student or a trainee. This position will not change with implementation of the new testing codes.

Are these the procedure codes to use for all insurance companies?

Yes. Beginning Jan. 1, 2019, Medicare and private insurers will provide reimbursement for testing services utilizing the new coding structure. Because the codes are new, we expect some delays in processing of claims that use the new codes.

How should we handle testing cases that are being scheduled or are already scheduled for the end of 2018?

We strongly recommended completing all work on 2018 cases by Dec. 31, 2018. If 2018 work is not completed, any patient authorized for services will need to be re-authorized in 2019 because of the entirely new coding structure.

Can interactive feedback be conducted over the phone or are the codes for face-to-face use only?

Interactive feedback should be billed using the evaluation services codes and only when the service is provided face-to-face.

If both the psychologist and the technician (under the supervision of the psychologist) provide test administration and scoring services during the evaluation, can both *Test Administration and Scoring* codes 96136-96139 be used to document the time spent by each?

It is a common practice for both psychologist test administration and technician test administration to occur in the same patient. Even when utilizing testing technicians, many psychologists and neuropsychologists have incorporated test administration of at least several tests into their evaluation protocol. Therefore, both the psychologist and technician *test administration and scoring* codes can be used together.

How should we bill for services that take place over multiple days?

It is typical for psychologists to provide *Testing Evaluation Services* 96130-96133 and/or *Test Administration and Scoring* services 96136-96139 across multiple dates of service. This could include multiple testing sessions with test scoring, non-face to face time engaged in professional services, and interactive feedback sessions. When a service is spread out over multiple visits, it is recommended that all codes be billed together on the last date of service when the evaluation process is completed. Additionally, a base code should only be submitted for the first unit of service of the evaluation process, and only add-on codes be used to capture the services provided during subsequent days of service.

If an institution, agency, or practice requires that a bill be submitted prior to completion of the entire evaluation process, then it is recommended that a note be submitted on the date of each service that indicates the number of hours of service provided and billed on that day “with evaluation ongoing and report to follow”. Final report documentation should include all dates billed corresponding to services provided.

What about the scenario where you complete the testing but can't meet with the family for feedback for a few weeks? Would they bill everything except for the feedback session and then bill it later? If so, what if my agency requires billing within 10 days of service?

Using the methodology described in the second paragraph of #4 above, billing and report would not have to wait for the feedback session, which would be billed as an add-on code and documented separately with a note indicating that feedback is tied to the original evaluation.

What is the recommended way to track how testing time is accumulated? For example - if you ultimately bill 3 hours for evaluative services, those may happen 30 mins planning the battery and reviewing records and referral question, 45 mins interpreting data one afternoon, and 1 hour 45 minutes of interpretation and report writing on another day. How is the clinician to track these cumulative minutes?

It is absolutely essential that all of the *Testing Evaluation Services* and *Test Administration and Scoring* services provided by the psychologist/neuropsychologist and technician are documented in a comprehensive and transparent way. This should include a table within the report listing dates and total times for each activity, (including scoring and clinical decision making), as well as a log sheet with clear start/stop times in the clinical chart.

Just to clarify, in order to use the Testing Evaluation Services codes (96130-96133), must the psychologist first perform Test Administration and Scoring services (96136-96139)?

No, some elements of test evaluation services will always be performed by the professional prior to test administration. Indeed, the “pre-service work” associated with test evaluation service codes includes things such as preliminary test selection and clarifying the referral question. These would be standard activities that would occur before test administration and scoring services would take place. Therefore, test evaluation services must be performed by the professional prior to test administration, but this includes preliminary activities typical to the practice of psychologist when conducting testing.

What if we administer only one test? What if it has many subtests like the Wechsler Intelligence scales?

The psychologist is required to give 2 or more tests in order to utilize the *Test Administration and Scoring* codes 96136-96139. A single standalone test, even a multifaceted one, would not represent a neuropsychological evaluation or psychological evaluation service.

For 96146, do you bill this code twice if you give more than 1 automated test?

No. The bill code can only be used one time.

Could you provide any examples of what types of testing would typically be considered billed under 96116 and 96121?

96116 and 96121 are the CPT codes for Neurobehavioral Status Exam. The neurobehavioral status exam is a clinical interview examination that might include use of some briefer behavioral measures to determine the individual's mental status. It typically does not involve administration of formal neuropsychological tests which would be subsumed under the testing codes.

Could you explain the difference between 90791 and 96116?

When conducting a psychological evaluation, it would be typical to utilize 90791 for the psychiatric diagnostic interview portion of the comprehensive *psychological* evaluation process. Depending on the referral question, when conducting a neuropsychological evaluation, it would be appropriate to use 96116/96121 for the neurobehavioral status examination/clinical interview that typically accompanies *neuropsychological* testing.

I administer/interpret both the WAIS and Wechsler Memory Scale, so could be both psychological test evaluation services (96130) and neuropsychological test evaluation services (96132). How does this affect coding the time for interactive feedback?

When administering these measures in the context of a psychological evaluation, then use the add-on code 96131 to capture the interactive feedback portion of the evaluation services provided by the psychologist. Similarly, you would use the add-on code 96133 for interactive feedback provided in the context of a neuropsychological evaluation.

If a first test (e.g., MMPI-2) is invalid and a second administration of that test is needed, can the repeat administration be billed as a new test?

The time the psychologist and/or technician spends engaging in test administration and scoring services of psychological/neuropsychological tests is captured by new codes (96136-96139) that are separate and distinct from the delivery of psychologist evaluation services (96130-96133).

If a patient's performance renders a test invalid, the psychologist or technician has still engaged in test administration and scoring services. If there is a clinical justification for doing so, then

any time spent administering and scoring the same test again should also be captured along with clear documentation as to why the test was given again. Regardless of test results, evaluation services by the psychologist (96130-96133) would still be required for test interpretation, integration of clinical and test data and report creation.

If a clinic double-scores test protocols for accuracy, can the time for the second score be billed?

No. The professional or the technician can be paid only one time for scoring services.

Can you bill more than one unit of 90791?

No. 90791 is not a time-based code. It is an event code that is billed one time.

How would I code the administration of the Rorschach alone?

This test would be coded as 96136/96137, as long as there is at least one more test administered by the psychologist which is required in order to utilize the Test Evaluation Service codes for interpretation/integration/report creation (96130/96131).

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Please note: The answers contained in the FAQ represent our understanding of how the Medicine/Central Nervous System Assessments/Tests subsection of the Current Procedural Terminology (CPT®) 2019 code set will be processed based on information available in November 2018 and is subject to change. It is always recommended that you contact your provider representatives for payer policies and consult the CPT® manual regarding all billing matters.

APA will continue to keep members apprised of related developments. Visit the Reimbursement section of the Practice Central web site and check our biweekly PracticeUpdate e-newsletter for the latest information. APA members can email practice@apa.org with any questions regarding the testing codes and we will make sure they get to our coding and billing experts.