

## Psychological Testing FAQs

**Are structured interview tools such as the Child Diagnostic Interview Schedule for Children considered psychological testing (96101) or are they considered a diagnostic assessment (90801)?**

If an instrument has specific instructions, items and a specific group comparison or reference sample, it is considered a psychological test. However, most structured interview instruments lack norms and therefore would not meet the criteria of a test.

**If a technician explains the purpose of a computerized test and helps the client start taking the test, but does not stay in the same room—though may occasionally come in to answer questions or check on the client—may the psychologist bill the test as technician-administered?**

If the technician spent a reportable amount of time with the client, this time may be billed as 96102/96119. Keep in mind that only the time the technician spent with the client may be billed—not the entire time the client spent taking the test. Also remember, for any computerized test, only the computer-administered code *or* the technician-administered code may be used, *not both*.

**If the technician sat in the room with the client for the entire test, could that time be billed?**

If there was a justifiable reason why the technician needed to be in the same room, then this time may be billed. Justifiable reasons include that the technician’s presence is a requirement of the testing, behavioral observation is required, or for necessary supervision. Again, with this scenario either the computer-administered code or the technician-administered code may be used, *but not both*.

**When the psychologist stays in the room with the client during the administration of a test for a justifiable reason such as assisting the client with the use of a computer, may the psychologist perform some other billable activity, such as writing a report, and bill for each service?**

The psychologist should bill for only one service, and generally it should be the activity that takes the majority of the time.

**How are partial hours billed? For example, if a testing battery takes four hours and 45 minutes, how many hours are billed?**

When using the technician or psychologist billing code, partial hours are billed based on “rounding.” If the hourly fraction is between one and 30 minutes, the time is rounded and billed to the previous hour. If the hourly fraction is between 31 and 59 minutes, the time should be rounded and billed to the next hour. In this example, for four hours and 45 minutes of psychologist or technician-administered testing, the psychologist should bill for five hours.

In the special situation in which the **total** billable time for any testing code is between one and 30 minutes, the psychologist may bill for 30 minutes by adding the -52 modifier to the relevant CPT code. For 31 to 59 minutes, the psychologist should bill for one hour.

**Is time spent scoring reimbursable?**

A psychologist may request reimbursement for his or her time spent scoring or directly inputting information into a computerized scoring program. A technician may be reimbursed for time spent scoring only if completed while face-to-face with the client and there is a valid reason why the test needs to be scored in this fashion. Billing for computerized scoring (96103 or 96120) is not permitted unless the test itself is computer-administered. If this is the case, the computer code may only be billed once.

**A software program that scores a test also provides a report. The psychologist pays the software company for each report generated. May the psychologist bill for the cost of the report?**

No. The psychologist code is based on the time the psychologist spends on administering and interpreting the tests and report writing. CPT® codes 96101 and 96118 may not be used to bill anything other than the time the psychologist personally spends on these activities.

**Are the Gordon Diagnostic System or other assessment tools that have their own device for testing considered computer-administered?**

If the assessment tool does not require the presence of a technician or psychologist to administer and it functions similarly to a personal computer (e.g., it is electronic, uses a microprocessor, has automated scoring, etc.), then it is billed as computer-administered.

**When should the neuropsychological test codes be used and when should the general psychological test codes be used?**

On any test battery only codes 96101, 96102, and/or 96103 (general psychological testing) *or* codes 96118, 96119, and/or 96120 (neuropsychological testing) may be used. Whether to bill for general psychological testing or neuropsychological testing depends on the focus of the testing. Generally speaking, for testing to be considered neuropsychological in focus, its goal should be to determine the extent of cognitive impairment due to a known or suspected medical/neurological disorder or brain injury or aimed at differentiating between a psychiatric condition and a medical/neurological condition.

**Does a psychologist use 96101 or 96118 when testing for ADHD?**

Although many psychiatric conditions such as ADHD may impact cognitive functioning, assessing for the presence of a psychiatric disorder in it self would not normally be billed as neuropsychological testing.

**How does a psychologist bill for a session spent discussing the test results with a client?**

If the conversation focuses on how the results impact treatment, the psychologist should bill using 90806. If the session focuses exclusively on providing the client with an interpretation of the results, then it is billed as 96101 or 96118. This example is more likely to occur with neuropsychological testing than general psychological testing.

**On the APA website regarding the revised CPT® codes for psychological testing it states, “When testing is administered by a technician or a computer, the time that the psychologist spends interpreting and reporting on the individual tests is included in the technician and computer code payment.” Is this Magellan’s position as well?**

Yes. If a psychologist is just interpreting and reporting the information of a psychological test without integrating data from other sources, the time spent on interpreting and reporting is already included in the payment under the technician or computer code and cannot be billed separately. This might occur if the psychologist is asked by a treating provider to test for the presence or absence of a particular diagnosis through psychological testing and report back on the findings. However, when interpretations from individual tests are integrated with interpretations from other tests, clinical interview information, behavioral observations, and/or previous client records, the time spent on this portion of the work is billable.

**Where can I find answers to other commonly asked questions regarding billing for psychological testing?**

The APA Practice Directorate continuously updates common questions regarding billing at their website. Go to website: <http://www.apapractice.org/apo/toolkit.html#> and then click on the different links to “Q &A” regarding billing for the various codes.

Additional answers regarding psychological testing can be found on the Centers for Medicaid and Medicare Services website <http://questions.cms.hhs.gov>.

***From the Centers for Medicare and Medicaid Services (CMS):***

Below are additional questions and answers regarding psychological testing posted on the Centers for Medicaid and Medicare Services Web site at: <http://questions.cms.hhs.gov>.

**13. Who is authorized by Medicare to bill for CPT code 96125 (that was added under CPT effective January 1, 2008)?**

CPT code 96125 ( standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report) is designated under Medicare as an “always therapy” code. Physical therapists (PTs), occupational therapists (OTs), and speech language pathologists (SLPs) may bill this code for patients only when the patient is under a therapy plan of care.

(Please note that CPT Changes: An Insider’s View 2008 suggests that when testing like that performed under 96125 is performed by a physician or a psychologist, a code from the 96101-96103 or 96118-96120 series should be reported.)

**14. Do Current Procedural Terminology (CPT) codes for psychological and neuropsychological tests include tests performed by technicians and computers?**

Yes. Effective January 1, 2006, CPT codes for psychological and neuropsychological tests include tests performed by technicians and computers (CPT codes 96102, 96103, 96119 and 96120) in addition to tests performed by physicians, clinical psychologists (CPs), independently practicing psychologists (IPPs) and other qualified nonphysician practitioners (NPPs). The payment amounts for tests performed by a technician or a computer are adjusted depending upon whether the service was performed in a facility or non-facility setting.

**15. What are the supervision requirements for diagnostic psychological and neuropsychological tests?**

Under the diagnostic test provision as authorized under Medicare law at section 1861(s)(3) of the Social Security Act (the Act) and interpreted under regulations at 42 CFR 410.32, all diagnostic tests are assigned a certain level of supervision. Generally, regulations governing the provision of diagnostic tests require a physician to provide the appropriate level of supervision for such tests. That is, the physician must either provide general, direct, or personal supervision. However, for diagnostic psychological and neuropsychological tests (96101-96120), there is a regulatory exception at 42 CFR 410.32(b)(2)(iii) that allows either a clinical psychologist (CP) or a physician to provide the required general supervision for diagnostic psychological and neuropsychological tests. Moreover, nonphysician practitioners (NPPs) such as nurse practitioners (NPs) and clinical nurse specialists (CNSs) under 42 CFR 410.32(b)(2)(B)(v), and physician assistants (PAs) under 42 CFR 410.32(b)(3) who personally perform diagnostic psychological and neuropsychological tests are excluded from the supervision requirements for diagnostic tests. However, they must meet the collaboration and physician supervision practice requirements under their respective benefits.

**16. Can more than one CPT code for psychological or neuropsychological testing be billed on the same date of service for the same patient?**

Yes. If several different, clinically appropriate tests are administered on the same date to the same patient (whether by a physician/psychologist, technician or by computer), then the appropriate testing codes for psychological testing or neuropsychological testing can be billed together. More than one code can also be billed when several distinct tests are administered to the same patient on the same date of service via technician (96102/96119) or computer (96103/96120), and the physician/psychologist needs to integrate the separate interpretations and written reports for each of these tests into a comprehensive report.

**17. Can more than one CPT code for psychological or neuropsychological testing be billed together on the same date of service for the same patient if all of the testing is administered by a technician and/or computer?**

Yes. The technician-administered code (96102/96119) is billed based on the number of hours that the technician spends face-to-face with the patient. The computer-administered testing code (96103/96120) is billed once regardless of the time spent completing the tests. Note, however, that when testing is administered by a technician or a computer, the time that the physician/psychologist spends interpreting and reporting the results of each individual test is already included in each of these codes.

**18. Are expenses for diagnostic psychological and neuropsychological tests subject to the payment limitation for outpatient mental health treatment services?**

In most cases, expenses for diagnostic psychological tests and neuropsychological tests are not subject to the payment limitation on certain outpatient mental health treatment services. The outpatient mental health treatment limitation (the limitation) is the payment limitation on treatment services for mental, psychoneurotic and personality disorders as authorized under section 1833(c) of the Social Security Act. However, the limitation does apply to diagnostic psychological and neuropsychological tests when these tests are performed to evaluate a patient's progress during treatment rather than to establish or confirm the patient's diagnosis. (See section 210.1, Chapter 12 of the Medicare Claims Processing Manual, Pub.100-04).

**19. Can more than one CPT code for psychological or neuropsychological testing be billed together for services rendered to the same patient but on different dates?**

The physician/psychologist is expected to bill for the work he/she performed on that date of service. If all of the testing is conducted by a physician/psychologist, then the professional code should be billed for the time spent on test administration, interpretation and report preparation, as well as integration of previously interpreted test results into a comprehensive report (96101 or 96118). Only the appropriate technician administered or computer administered codes can be billed on the actual date of service if a physician/psychologist interprets and writes a report on individual tests administered by a technician (96102 or 96119) or computer (96103 or 96120). The interpretation and reporting of the individual test results by the physician/psychologist which may sometimes occur on a different date than the testing date are already captured in the payment for the technician and computer-administered codes.

**20. Should I bill the CPT code for computer-administered psychological (96103) or neuropsychological testing (96120) if my patient takes a paper-and-pencil test, and I use a computer to score it?**

The computer codes (96103 and 96120) can only be billed when a computer is used to administer tests. The codes cannot be billed if the computer is used only to score tests. For paper-and-pencil tests, the physician/psychologist should bill appropriately for any other service provided.