

## 2019 CPT® Coding Changes for Psychological and Neuropsychological Testing Background and Frequently Asked Questions

### BACKGROUND

The American Medical Association (AMA) issued extensive changes to the family of CPT® codes\* used for psychological and neuropsychological testing for dates of service on and after Jan. 1, 2019. This impacts both payers and providers. The AMA modernized the coding structure to separate *evaluation services* from *testing and administration services only*. The changes will more accurately describe the work performed when multiple hours of technical and professional are required.

### KEY POINTS

- Coding changes impact psychiatrists and psychologists who perform psychological and neuropsychological testing services.
- Implementation of the new CPT codes are mandatory; non-compliance is a HIPAA violation.
- The existing psychological testing CPT codes (96101-96103) and neuropsychological testing CPT codes (96118-96120) will be retired, to be replaced with the following codes, effective Jan. 1, 2019:
  - *psychological and neuropsychological testing evaluation services by physicians or other qualified health care professionals* (96130 and +96131)
  - *psychological and neuropsychological test admin and scoring by physicians or other qualified health care professionals* (96136 and +96137)
  - *psychological and neuropsychological test admin and scoring by technicians* (96138 and +96139)
  - *psychological and neuropsychological test admin and scoring via standardized instrument via electronic platform* (96146).
- The switch to the new codes is based on the date of service, not the date the claim is submitted.
  - **For dates of service on or after Jan. 1, 2019:** Providers must bill with new CPT codes, or the claim will deny. This includes paper and electronic claims. The AMA does not allow for a transition period.
  - **For dates of service before Jan. 1, 2019:** Providers can bill with the old codes, and the claim will pay. Timely filing limits apply.

### FREQUENTLY ASKED QUESTIONS

QUESTION:	ANSWER:
Why have the CPT codes for psychological and neuropsychological testing services changed?	Changes to CPT code sets are made annually by AMA under contract with the Centers for Medicare and Medicaid Services (CMS). The AMA has modernized the coding structure to separate <i>evaluation services</i> , which includes all aspects of testing, from <i>testing and administration services only</i> . The changes will more accurately describe the work performed when multiple hours of technical and professional services are required.

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QUESTION:	ANSWER:
Who is affected by these CPT code changes?	Code changes affect psychiatrists and psychologists who perform psychological and neuropsychological testing services.
When do these CPT code changes go into effect?	<p>The effective date is <b>Jan. 1, 2019</b>. The AMA does not allow for a transition period.</p> <ul style="list-style-type: none"> <li>• <b>For dates of service <i>on or after</i> Jan. 1, 2019:</b> You must bill with the new CPT codes, or the claim will deny. This applies to paper and electronic claims.</li> <li>• <b>For dates of service <i>before</i> Jan. 1, 2019:</b> You still can bill with the old codes, and the claim will pay. Timely filing limits apply.</li> </ul>
Will I be able to begin using the new codes <b>prior</b> to Jan. 1, 2019?	No. You should submit claims for services rendered <b>prior</b> to Jan. 1, 2019 using the old codes. If you use new codes for services rendered prior to January 1, your claims will deny.
If I submit a claim with the new CPT codes and receive a denial or rejection, will the denial or rejection code explain why?	<p>Yes. You will receive the following denial message due to an invalid CPT code:</p> <p><i>“The procedure code billed on this claim is invalid. Please submit this date of service with a valid procedure code. If there is information that documents that the claim should be processed as originally submitted, please submit that information for consideration as outlined in the appeal section of this notice. A copy of our guideline will be provided free of charge upon request.”</i></p>
Have my rates changed?	Magellan has mapped the rate amounts from current codes to the new codes based on the time spent and complexity of the service so that in almost all situations identical amounts will be paid for the same service. See the <i>Magellan CPT Code Crosswalk for Psychological and Neuropsychological Testing</i> . However, there may be changes in how a service now represented by the new CPT codes is billed, which could impact the amount the provider is paid for a particular service.
When can I expect to receive a copy of my revised Magellan reimbursement schedule(s)?	The <i>Magellan CPT Code Crosswalk for Psychological and Neuropsychological Testing</i> serves as notice of the new rates for the new codes. Magellan has begun updating our current reimbursement schedules and will make those available sometime after Jan. 1, 2019.
Will I need a new contract with Magellan?	No, the amendment you receive(d) amends your current Magellan agreement.
There are deleted codes listed in the <i>Magellan CPT Code Crosswalk</i> that are not listed on my reimbursement schedule(s). Does this mean that these codes are now included in my reimbursement schedule(s)?	No. You may see codes on the crosswalk for which you are not contracted. Nothing in the <i>Magellan CPT Code Crosswalk for Psychological and Neuropsychological Testing</i> should be construed as altering your currently contracted services. Also, keep in mind that the codes on your reimbursement schedules may vary by state or health plan.

QUESTION:	ANSWER:
Am I required to accept the new codes?	<p>Yes. You are required to comply with the new CPT code changes by the Transaction and Code Set Rule of the Health Insurance Portability and Accountability Act (HIPAA). The amendment to your agreement and all reimbursement schedules that you currently hold with Magellan reflect these changes. As they are federally mandated, they are not negotiable. If you have any concerns or objections to these new codes, you must submit them in writing within 33 days of the date of this letter to:</p> <p style="text-align: center;">Magellan Healthcare, Inc. Attn: CPT Code Changes – MO14 14100 Magellan Plaza Maryland Heights, MO 63043</p>
How do I bill for the new add-on codes?	Add-on codes should be reflected as a separate claim row on your CMS 1500 or electronic claim submission. Be sure to include all required elements on the claim row that reflects the add-on code. NOTE: Add-on codes may not be billed without a primary related CPT code.
Can I bill for CPT codes with time units of “per hour” if I have spent less than 60 minutes time on the service?	A minimum of 31 minutes must be provided to report any per hour code.
When do I bill the new CPT code 96146 psychological/neuropsychological automated single test with automated result?	<p>This code represents a single automated or neuropsychological instrument that is administered via electronic platform (e.g., computer) and formulates in an automated result. This code does not cross-walk on a one-to-one basis with the deleted codes.</p> <ul style="list-style-type: none"> <li>• Bill this code for a single test administered via electronic platform.</li> <li>• Do not bill this code for administration of two or more tests.</li> <li>• Do not bill this code if test administration is performed by a psychiatrist/psychologist or a technician.</li> </ul>
Will the new codes need to be authorized?	Yes, if a new code was mapped from an old code that required authorization, the new code also will require authorization.
How should I bill if my authorization is for one of the deleted codes, but I provide the service after Jan. 1, 2019? Do I need to obtain a new authorization reflecting the new codes, or will the authorization be automatically updated?	You should bill the new codes for services rendered on or after Jan. 1, 2019. If you obtained an authorization for the appropriate code previously, and the authorization is still valid for the date of service, you will not need to request a new authorization. The old code will be mapped to the new one in Magellan’s systems.

QUESTION:	ANSWER:
Where can I find out more information about the new CPT codes?	<p>The AMA administers CPT codes and owns the official descriptions.</p> <ul style="list-style-type: none"> <li>• For more information about CPT codes, please consult the AMA website at <a href="http://www.ama-assn.org">http://www.ama-assn.org</a>.</li> <li>• Providers can purchase a copy of the 2019 CPT code book from the AMA’s website or by calling the AMA at 1-800-621-8335.</li> <li>• Providers can also purchase a downloadable copy of 2019 CPT codes: <a href="https://catalog.ama-assn.org/Catalog">https://catalog.ama-assn.org/Catalog</a> and searching for “CPT 2019 Data File.”</li> <li>• Additional resources on the psychological testing CPT code changes can be found by contacting the American Psychological Association.</li> </ul>
What if I have additional questions regarding these CPT code changes?	<p>Magellan will post updates to this FAQ, as well as a link to the crosswalk at <a href="http://MagellanProvider.com">MagellanProvider.com</a>. From the <i>Getting Paid</i> tab, select <i>HIPAA Coding</i>.</p> <p>If you have other questions about how these coding changes will affect administrative services with Magellan, contact your area field network representative, email <a href="mailto:MPComSupport@MagellanHealth.com">MPComSupport@MagellanHealth.com</a> or call the Magellan Provider Services Line at 1-800-788-4005.</p> <p>For authorizations, call the phone number on the back of the member’s ID card.</p>
How long can I bill the existing CPT codes for psychological testing (96101-96103) and neuropsychological testing (96118-96120) for services rendered in 2018 and still get paid?	<p>Magellan will continue to accept the existing codes on electronic or paper claim forms for dates of service prior to Jan. 1, 2019 when you submit them on or after Jan. 1, 2019. Timely filing limits apply. Most Magellan provider contracts require claims to be submitted within 60 days of the provision of covered services.</p>
If I can’t get my billing system updated with the new codes by Jan. 1, 2019, what should I do?	<p>Magellan encourages all providers to work with their vendors to update billing systems with new codes. If you are unable to update your billing systems with the new codes (for services performed on or after Jan. 1, 2019), you should include the new codes on paper claims.</p>