

## Frequently Asked Questions about Medicare CPT Codes and Testing:

(From the Center for Medicare Services website below)

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1.

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

### Answer

CPT code 96125 (standardized cognitive performance testing (eg, 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.)

2.

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

### Answer

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.

## Medicare CPT Codes and Testing FAQ, continued:

3.

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

### Answer

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.

4.

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

### Answer

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.

## Medicare CPT Codes and Testing FAQ, continued

5.

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?

### Answer

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.

6.

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

### Answer

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).

## Medicare CPT Codes and Testing FAQ, continued

7.

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?

### Answer

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.

8.

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?

### Answer

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.

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