

Primary Care Coding Alert

CPT® Updates: Use These 2019 CPT® Codes for Primary Care Psych Tests

Current codes make way for extensive updates.

Last month, we looked at changes in the 2019 CPT® codes for chronic care management and biopsies. This month, we examine another group of changes that may well affect your primary care practice in the new year.

Before your provider administers or interprets psychological tests or neurobehavioral exams to your patients, or provides care based on the results of those tests, be sure to look at these updates and get your coding up to speed before the changes take effect beginning on Jan. 1, 2019.

Changing Times, Changing Codes

CPT® deleted several tests that primary care providers may well have been using to assess such things as a patient's personality or intellectual abilities. As of January 1, you will no longer be able to use 96101-96103 (Psychological testing ...) when your provider, a technician, or a computer administers, and a qualified healthcare professional interprets and provides a report, on patient scoring on tests such as the Minnesota Multiphasic Personality Inventory(MMPI), Rorschach, or Wechsler Adult Intelligence Scale(WAIS).

"The codes were deleted as part of extensive revisions to the Medicine/Central Nervous System Assessments/Tests subsection of CPT® 2019 to better reflect current practice," according to **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

In place of 96101-96103, CPT® has introduced two new sets of codes, which were "developed by the American Psychological Association in an attempt to modernize the coding structure and describe the technical and professional services along with the multiple hours of work involved in providing them," affirms **Mary I. Falbo, MBA, CPC**, CEO of Millennium Healthcare Consulting Inc. in Lansdale, Pennsylvania.

New Codes Delineate Test Administration, Evaluation ...

This first set of new codes more precisely describes testing administration and scoring than the deleted codes; "they better allow for differentiating between tests administered by a physician or qualified health care professional [QHP] on one hand or by clinical staff on the other, and distinguishing between stand-alone, single-computer screening tests and other psychological and neuropsychological testing," Moore notes.

The codes are:

- 96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
- +96137 - ... each additional 30 minutes (List separately in addition to code for primary procedure)
- 96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
- +96139 - ... each additional 30 minutes (List separately in addition to code for primary procedure)
- 96146 - Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.

"These new codes allow the same services to be reported but in a different way," Moore notes. "For one thing, test administration [96136-+96139/96146] is separated from evaluation (interpretation and report) [96130/+96131]. Also, in

the case of 96136-+96139, additional time is reported with add-on codes rather than multiple units of a single code," Moore observes.

The inclusion of neuropsychological testing allows primary care providers to establish diagnoses such as vascular dementia or Alzheimer's disease; to assess patients with Parkinson's disease, multiple sclerosis, traumatic brain injury, or concussion; and to help determine competence, particularly with patients who may pose future risks operating motor vehicles.

... and Add Decision Making, Treatment

CPT® has also introduced a second set of psychological testing codes that will allow you to describe the services your physician provides beyond the testing to incorporate care planning and treatment:

- 96130 - Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
- +96131 - ... each additional hour (List separately in addition to code for primary procedure)
- 96132 - Neuropsychological testing evaluation services ...; first hour
- +96133 - ... each additional hour (List separately in addition to code for primary procedure).

Coding alert: "You can report codes for administration and scoring on the same day even when the services are performed on different days," says Falbo. However, as there are time components to 96130/+96131 and 96136-+96139, "you will need to make sure you separate time spent on evaluation and time spent on administration and scoring services. This will be especially important when the same provider administers the test and then evaluates it," Falbo warns.

Also Note This 1 Revision

CPT® 2019 features a revision to 96116, which now reads: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour. Previously, the code only referred to a "psychologist's" or physician's time. The words "other qualified health care professional" have been added, showing the AMA's further commitment rather than solely for psychiatric specialties.

Also, the code was previously a "per hour" code; now, it only describes the first hour. To capture time beyond that, you will need to use another new code: +96121 (... each additional hour (List separately in addition to code for primary procedure)).