

## Part B Insider (Multispecialty) Coding Alert

### NEUROLOGY: Physicians Can't Bill For Tests Performed By A Technician

#### You can't use separate code for mini mental status exams

You may be used to the one-size-fits-all code for neurobehavioral status exams: 96117. But CPT Codes 2006 will force you to tailor your exam coding based on the type of exam.

CPT 2006 deletes 96117 and replaces it with three different codes for neuropsychological testing:

- 96118 (...per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report)
- 96119 (...administered by technician, per hour of technician time, face-to-face)
- 96120 (...administered by a computer, with qualified health care professional interpretation and report)

**Note:** Both 96118 and 96119 require you to keep track of the time the physician or technician spends on the neurological testing and bill one unit per hour. Because 96120 involves a test administered by computer, it doesn't matter how long the test takes.

Introducing these more specific codes is "a good way to identify who provided the service," says **Shirlene Guikema** with **Pine Rest Christian Mental Health Services** in Grand Rapids, MI. Previously, you couldn't tell who performed the tests unless the physician documented it.

With these new codes, the physician can no longer bill for test interpretation that a technician performed, explains **Quinten Buechner** with **ProActive Consulting** in Cumberland, WI. When a technician performs the tests, the physician should only count the time he or she spent interpreting them and coming to conclusions.

There are no national requirements for the type of technician who can administer the tests and bill 96119, but the physician must supervise the tests, says Guikema. That means the physician must be nearby in the office suite.

#### Kiss 96115 Goodbye

Separately, CPT 2006 deletes neurobehavioral status exam code 96115 and replaces it with 96116. The main difference between the two codes is that the explanatory text for 96116 makes it even clearer that you can't use it to bill for a mini mental status exam (MMSE). You should bill for an MMSE using an evaluation and management code, says Buechner.

The descriptor for 96116 is the same as that of 96115, except that it mentions "planning and problem solving" among the things that the physician could be testing. It also mentions that the one-hour unit includes "both face-to-face time with the patient and time interpreting test results and preparing the report." This addition is a big help in clarifying what this code covers, says **Joan Gilhooly**, president of **Medical Business Resources** in Deer Park, IL.

**Why the change:** Providers other than mental health professionals were abusing 96115 so commonly that the only way to salvage the legitimate service was to replace the code, says Buechner. Besides using it to bill for MMSEs, some physicians would use it to bill for simple pencil-and-paper depression tests consisting of a few questions, he adds.

The explanatory text for 96116 also specifies that only psychologists or psychiatrists should bill this code, notes Gilhooly. So primary care physicians who were billing 96115 will be out of luck.



When the worst offenders start receiving denials for the deleted 96115, they may look at the descriptor for the new code and realize they should be billing for their MMSEs using E/M codes, Buechner hopes.