

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Ace Neuropsychological Test Reporting With These Useful Tips

Don't separately report technician test interpretation with another code.

When reporting neuropsychological tests, you will need to focus on who performs the test, who interprets and reports the test results, and what tests are involved. These factors are very important as they will help you in zeroing in on the right code to report for the test administered.

Understand All About the Test

Typically, neuropsychological tests are ordered on any patient with a memory or behavioral difficulty in an attempt to sort out or correlate it to the area of brain involved. For instance, your psychiatrist might order a neuropsychological test on a patient with cerebrovascular disease or dementia or for a patient with epilepsy and cognitive involvement.

In addition, your clinician might perform the tests on patients with known or suspected developmental or acquired brain damage/dysfunction. Your psychiatrist will use these tests to identify the proper treatment options, monitor the patient's progress in treatment, and predict the patient's recovery from his or her neuropsychological condition.

Do Assign 96118-96119 Based on Provider

For reporting neuropsychological tests, use one of these CPT® codes:

- 96118 -- Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96119 -- Neuropsychological testing ... with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.

To choose the appropriate code, check who performs and interprets the test. You can distinguish between 96118 and 96119 based on the testing and interpretation/reporting provider using these guidelines:

Use 96118 for a test administered by your psychiatrist, your psychologist or your neuropsychologist. The same individual must also interpret the test results and prepare the report. Code 96118 includes the interpretation and report and you must collate the total time spent in administering the test, interpreting the results and preparing the report.

Report the CPT® code 96119 for a test that your technician administers. Another qualified healthcare professional like your psychiatrist or your psychologist completes the interpretation and report.

Remember: Both 96118 and 96119 are "per hour" codes, so you report the appropriate code multiple times if the test(s) last more than one hour. Pay attention to how the code descriptors state you should count time:

- Code 96118 includes both face-to-face time administering tests to the patient and time interpreting the test results and preparing the report.
- Code 96119 only represents face-to-face time with the technician. The time spent in interpretation and report preparation is not counted for purposes of calculating the length of 96119 even though the interpretation and

report is included in the service.

Understand if Other Qualified Persons Can Administer The Test

As noted, your physician or psychologist may not necessarily be the one administering the tests or even supervising the procedure. When a non-physician practitioner, such as a nurse practitioner (NP), performs the testing, you can use 96119. Your non-physician practitioner (e.g. NP, clinical nurse specialist, or physician assistant) may be authorized to perform neuropsychological testing to the extent authorized under State scope of practice laws.

Don't make the mistake of coding the services provided by your nurse practitioner with 96118 as you need to use this code when the neuropsychological tests are performed by a physician or a clinical psychologist only. "The CPT® descriptor for code 96118 is very explicit that this code is per hour of the 'psychologist's or physician's' time," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

Caveat: Medicare does not pay for services represented by 96119 when performed by a student or a trainee. However, the presence of a student or a trainee while the test is being administered does not prevent a qualified health care professional from reporting and being paid for the neuropsychological test under 96119.

Don't Mix Up Codes When Interpreting Only

There was some confusion about whether 96118 should be reported for the interpretation and reporting of the neuropsychological tests described by 96119. Per the CPT® parenthetical note, the answer is "NO," 96118 should not be reported for the interpretation and report of neuropsychological testing administered by a technician (96119).

Why: The Medicare Physician Fee Schedule valued physician interpretation and report in the non-physician codes. The technician CPT® code, 96119 for neuropsychological tests includes practice expense, malpractice expense, and professional work relative value units. "If you look at the component relative value units (RVUs) for 96119, you will see it has 0.55 work RVUs representing a total of 23 minutes of physician (or other qualified health care professional) time. That time and work encompasses the interpretation and report that is part of 96119," adds Moore. CPT® neuropsychological test code 96118 should not be paid when billed for the same tests or services performed under neuropsychological test codes 96119.

Do Code for Separate Tests

If you assume you can report only one neuropsychological testing code per claim, you may give up allowed charges. To ethically maximize your coding, ask, "Are the performed tests the same or different?"

When the tests conducted by your technician and your clinician are the same, report the code only for one test. If you try to report the CPT® code 96118 and 96119 for the same test, you will not be paid for both.

Also, Correct Coding Initiative (CCI) edits are in place if you try reporting 96118 and 96119 together. According to these edits, you will face bundling if you report 96118 with 96119. So, when your clinician is performing the same test as your technician, report only the test that your clinician performs because 96118 is the column 1 code in the edit with 96119. If your clinician is only interpreting the test, report only 96119.

On the other hand, if your clinician and technician are performing completely different tests, you can report both these tests separately. As the modifier indicator to the CCI edit is 1, you can break the edit by using a suitable modifier in such an instance. The modifier that you will use is 59 (Distinct procedural service). You will have to append the modifier to 96119 as this is the column 2 code in the edit with 96118. Provide sufficient documentation to the payer to let them know that separate tests were performed by your clinician and your technician, so there is no denial for the claim.

