

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Get Thorough with Computer Administered Neuropsychological Test Reporting

Hint: Watch CCI edits when reporting multiple tests together.

When reporting a computer administered neuropsychological test, you need to focus on the amount of involvement of your psychiatrist (or technician) and also check on what other tests were administered on the same calendar date of service.

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.

Report Appropriate Codes Based on Provider

The neuropsychological tests might be administered by your psychiatrist, your technician, or a computer. Based on who is administering the tests, you will have to report one of the following 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.
- 96120 -- Neuropsychological testing [e.g., Wisconsin Card Sorting Test], administered by a computer, with qualified health care professional interpretation and report.

Since neuropsychological tests reported with CPT® codes 96118 and 96119 were covered in the previous issue of the Psychiatry Coding and Reimbursement Alert, we will focus more on computer administered neuropsychological tests reported with 96120 in this issue.

Code 96120 should be reserved for situations where the computerized testing is unassisted by your clinician or a technician other than for the installation of the programs or tests, explanation to the patient to ensure adequate understanding of the test and response requirements, and checking to ensure the patient is able to complete the tests. If greater levels of interaction are required, though the test may be computer-based, then the psychologist/physician administered code (96118) or the technician code (96119) should be used. "In other words, the involvement of a qualified health care professional or technician does not automatically negate reporting 96120; it is their level of involvement that decides whether you should report 96120 or one of the other two codes," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

Unlike 96118 and 96119, which are "per hour" codes that you may report multiple times for the time needed to administer the test(s) and prepare the corresponding interpretation and report, 96120 is not a time based code and will only be reported once for a session on one calendar date of service.

Know if Interpretation Warrants a Separate Code

When a neuropsychological test(s) is administered by a computer, your psychiatrist or any other qualified health care professional will perform the interpretation of the test(s) and prepare a report. So, while reporting the computer administered test with 96120, you may think that you will have to report the interpretation and preparation of the report separately with another CPT® code, such as 96118.

However, you are not allowed to do this. If you look at the descriptor to 96120 it includes the terms "with qualified health care professional interpretation and report." The inclusion of these terms in the descriptor indicates that the work component of interpretation provided by your psychiatrist and report preparation is included in the relative value units assigned to 96120 and should not be reported separately. "This position is consistent with the parenthetical that appears after code 96118," Moore adds. "That parenthetical states, '(Do not report 96118 for the interpretation and report of 96119 or 96120)'."

Don't Forget to Report Separate Tests

If you are thinking you can report only one neuropsychological testing code on one claim for a patient, you maybe giving up on deserved payment. To ethically maximize your coding, ask, "Are the performed tests the same or different?"

When the tests administered by the computer and administered by your psychiatrist are the same, report the code only for one test to avoid billing twice for the same test. If you try to report the CPT® code 96120 and 96118 for the same test, you may not be paid for both.

Also, Correct Coding Initiative (CCI) edits are in place if you try reporting 96120 and 96118 (or 96119) together. According to these edits, you will face bundling if you report 96120 with 96118 (or 96119). So, when your clinician is repeating the same test that was administered through the computer, report only the test that your clinician performs, because 96118 is the column 1 code in the edit with 96120. If your clinician is only interpreting the test administered by the computer, report only 96120.

On the other hand, if your psychiatrist (or technician) administers a test(s) that is completely different from the test(s) administered through the computer, 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 96120 as this is the column 2 code in the edit with 96118 (and 96119).

Remember: Provide sufficient documentation to the payer to let them know that the tests that were performed by your clinician (or technician) were different from the test(s) that was computer administered, so there is no denial for the claim.

Example: Your psychiatrist orders a patient to have WISCIV Digit Symbol Coding that a computer administers and that a qualified health care professional interprets and reports. Based on these findings, your clinician then performs DKEFS verbal fluency. He interprets and reports the results. Since the tests are different, you report both 96120 and 96118 and append modifier 59 to 96120 to indicate the distinct nature of the two procedures.

Understand if Same Day E/M Can be Reported

If your psychiatrist performs an evaluation of the patient and, on the same day, decides to administer a computer based

neuropsychological test, you will have to know whether or not you can report an E/M code with 96120 for the same session. You will face bundling edits if you try to report both an E/M and 96120 for the same calendar date of service.

However, since the modifier indicator to this bundling edit is '1,' you can overcome the edit by using a suitable modifier. Since 96120 is the column 2 code in the edit with an E/M code, you will have to append the modifier to 96120. The modifier that you will have to use is 59 (Distinct procedural service).