

Psychiatry Coding & Reimbursement Alert

CPT® Coding Strategies: Identify the Provider to Assign the Right Code For Psychological Tests

Hint: Don't report additional code for interpretation of technician administered tests.

When reporting a psychological test(s), you will need to look at who administered the test(s) to determine the right CPT® code that you will report for the test(s). You also need to focus on time spent face-to-face and in the interpretation of results and preparation of reports to know the exact number of units of the code that you will report for the test(s).

Report from These Two Choices For Psychological Tests

For reporting psychological tests administered either by your clinician or your technician, use one of these CPT® codes:

- 96101 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS], 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)
- 96102 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS], with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face).

To choose the appropriate code to report for psychological testing, check who administers and interprets the test(s). You can distinguish between 96101 and 96102 based on the testing and interpretation/reporting provider using these guidelines:

Use the CPT® code 96101 for testing that is administered by your psychiatrist or your psychologist. The same individual must also interpret the test results and prepare the report. Code 96101 includes the interpretation and report, and you must collate the total time spent in administering the test(s), interpreting the results, and preparing the report.

Report the CPT® code 96102 for testing that your technician administers. A qualified healthcare professional, like your psychiatrist or your psychologist, completes the interpretation and report.

Calculate Exact Time for Reporting Accurate Units of 96101 and 96102

Both 96101 and 96102 are "per hour" codes, so you report the appropriate code multiple times if the tests last more than one hour. Pay attention to how the code descriptors state you should count time:

- For code 96101, you should count the total time spent by the physician or psychologist in providing the service; this includes both face-to-face time with the patient and time interpreting the test results and preparing the report.
- For code 96102, you only count the face-to-face time with the technician. The time spent by the qualified health care professional in interpretation and report preparation is part of the service, but it is not included in the time you use to determine the number of units of 96102 that you report.

You report one unit of code 96101 or 96102 for every applicable hour. Note that, per CPT®, a minimum of 31 minutes must be provided to report any per hour code. Thus, code 96101 (or 96102) covers 31 to 90 minutes of such testing. At

91 minutes, you can report a second unit of 96101 (or 96102).

Since these codes are time based codes, you will need to document the exact time that your clinician (or your technician) spends face-to-face with the patient and, in the case of 96101, that your clinician spends interpreting the results and preparing the report. Also, time spent face-to-face and in interpretation and report preparation should be documented separately, so the payer will know how much of the time was spent with the patient and how much on the interpretation and report of the tests.

Usually, the tests will take about 4-8 hours, which includes administration, scoring, interpretation, and report writing. If the evaluation is performed over several days, the time should be combined and reported all on the last day of service.

Check if Other Qualified Persons Can Administer the Test(s)

Your physician may not necessarily be the one performing the procedure or even supervising the procedure. For instance, your nurse practitioner (NP) may be authorized to perform psychological testing under State scope of practice laws.

When a non-physician practitioner, such as an NP, performs the testing, you should use 96102. Don't make the mistake of coding the services provided by your nurse practitioner with 96101. "The CPT® descriptor of 96101 explicitly says it is for psychological testing administered by a physician or a clinical psychologist only," points out **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "NPs are neither physicians nor psychologists, so you must use 96102 when an NP administers the testing," Moore adds.

It is important to note that non-physician practitioners such as NPs, clinical nurse specialists (CNSs), and physician practitioners (PAs) are exempted from having to perform psychological tests under the general supervision of a physician or a clinical psychologist. However, as described by section 1861(aa)(6) of the Social Security Act, which is the basic Medicare statute, nurse practitioners and clinical nurse specialists should perform these services in collaboration with a physician.

Caveat: Medicare does not pay for services represented by 96102 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 physician, clinical psychologist, nurse practitioner, clinical nurse specialist, or physician assistant from performing and being paid for the psychological testing under 96102.

Don't Report 96101 for Interpretation of Technician Administered Tests

When your technician administers a psychological test(s), these tests need to be interpreted by a qualified health care professional, such as your psychiatrist or your clinical psychologist, who should provide a detailed report covering the interpretation of the tests. However, when reporting 96102, you should not factor in the time spent in interpretation of the tests and in the preparation of the reports to calculate the number of units of the code to report. As noted above and as referenced in the code descriptor, the number of units of 96102 depends entirely on the face-to-face time spent by the technician.

"Although you cannot count the qualified health care professional's time in interpretation and report toward the time used to determine the units of service of 96102, that time and work is still part of the service of 96102," Moore observes. The resource-based relative value scale used in the Medicare Physician Fee Schedule and other payers' fee schedules values physician interpretation and report in the nonphysician codes. The technician CPT® code, 96102, for psychological tests includes practice expense, malpractice expense, and professional work relative value units (RVUs), and those work RVUs include the qualified health care professional's time and effort to interpret and report on the testing results. For this reason, you should not use CPT® code 96101 to claim the interpretation and report of the same tests or services performed under test code 96102. "CPT® guidelines explicitly say not to report 96101 for the interpretation and

report of 96102," Moore adds.

Watch CCI When Reporting Different Provider Tests

You might be assuming that you cannot report psychological tests provided by different providers together. You might end up losing deserved pay if you fail to see when and how you can report tests administered by different providers.

If two different clinicians in your practice administered the tests, you may report the appropriate number of units of 96101 for each of the clinicians who administered the tests and interpreted the results. If the two clinicians normally bill their services separately, you will have to submit independent claims under each clinician's individual national provider identifier (NPI). This will enable the payer to know that the services were rendered by two different clinicians and allow for separate payments.

However, if both the clinicians are part of a group practice and report using the same group NPI, you will have to report the services as one claim and collate the total number of hours spent by both the clinicians in the administration of the tests and the interpretation of the test results.

You should not report the CPT® codes 96101 and 96102 for the same test provided to the same patient on the same date by a given provider or technician. As noted above, it is inappropriate to report the code 96101 for the interpretation and report part of testing otherwise coded as 96102. Additionally, Correct Coding Initiative (CCI) edits prevent payment for both 96101 and 96102 provided to the same patient on the same date, absent an appropriate modifier.

But, if your clinician and technician are administering different tests, you can report 96101 for the tests administered and interpreted by your clinician, and you report appropriate units of 96102 for face-to-face time with the technician. To appropriately circumvent the CCI edits in this scenario, you would append a relevant modifier to 96102, since it is a column 2 code for 96101. The edits carry the modifier indicator '1,' so you can unbundle the codes by using a modifier with 96102. You will append modifier 59 (Distinct procedural service) to 96102.