

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Know if 96127 Can be Reported Only For Interpretations

**Question:** If someone like the parent or a teacher of the patient administers an assessment, performs the scoring, records results, and sends it to our clinician, can we report 96127, or should it be that our clinician should be the one to be performing the assessment to report this code? Also, if two or more different assessments were performed, can these be reported separately or should I report only one unit of the code?

New Hampshire Subscriber

**Answer:** You can report 96127 (Brief emotional/behavioral assessment [e.g., depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument) when your clinician administers a standardized behavioral and emotional assessment instrument, such as a depression inventory or ADHD scale. The assessment service helps identify previously-undetected emotional and behavioral conditions in any age of patients.

Using the interpretations of these instruments, your clinician will assess the emotions and behavior of a patient with mental health disorders such as depression or attention deficit hyperactivity disorder, which mostly affects children who exhibit problems like inattention, hyperactivity, or impulsive behavior.

Some of the assessments for which you can report 96127 include (but are not limited to) the Patient Health Questionnaire (PHQ-2 or PHQ-9) and the Beck Youth Inventory.

In general, code 96127 includes administration of the instrument as well its scoring and documentation. However, you can report 96127 if your clinician is performing interpretations of an assessment that was administered by another individual such as a teacher or a parent of the person who is being assessed. So, it is not necessary that your clinician should be the one who administers the assessment. Since the code descriptor explicitly references scoring and documenting the result, be cautious about reporting 96127 if the physician or someone else in the practice does not provide that part of the service. At a minimum, the physician reporting the service should be the one who is interpreting the results of the assessment in order for you to report 96127.

If you look at the descriptor to 96127, you will see the term "per standardized instrument." So, you will have to report one unit of 96127 for one assessment that your clinician performs. You will report more than one unit of 96127 if your clinician administers more than one assessment for the individual. However, you will need to check with the payer to see if you will only need to just report separate units of 96127 or add a modifier such as 59 (Distinct procedural service) appended to the additional units of 96127 that you are reporting.