

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Clear Confusion Over Reporting Different Psychological Tests Together

Question: If two different clinicians (a psychiatrist and a psychologist) performed psychological testing, can both the services be reported? If so, should they be reported separately or should they be treated as one and reported? Also, let me know what happens when testing is performed by a psychiatrist (or a psychologist) and a technician?

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Answer: You can report the psychological testing performed by different clinicians using appropriate units of 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). You will use one unit of 96101 for every hour of time spent by your clinician in administering the test, interpretation of the test results and report preparations. Note that, per CPT®, a minimum of 31 minutes must be provided to report any per hour code, such as 96101. Thus, code 96101 covers 31 to 90 minutes of such testing. At 91 minutes, a second unit of 96101 would be reportable.

Since services were provided by different clinicians, 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.

When testing is performed by your clinician and by a technician, you are allowed to report 96101 for the services of your clinician. For the technician administered test, you will have to report the appropriate number of units of 96102 (Psychological testing...with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face) depending on the amount of time spent by the technician for the tests.

But, according to Correct Coding Initiative (CCI) edits, 96102 is a column 2 code for 96101. Since the edits carry the modifier indicator '1,' you can unbundle the codes by using a modifier with 96102. You will append modifier 59 (Distinct procedural service) to 96102.

Note: Any interpretation that is provided by your clinician for tests administered by your technician is not separately reportable with additional units of 96101. Such interpretation is otherwise part of code 96102, since the descriptor for that code includes the phrase "with qualified health care professional interpretation and report."