

December 4, 2009

Montana Healthcare Programs Notice

Psychologists, Physicians, Social Workers, Licensed Clinical Professional Counselors, Mental Health Centers, Psychiatrists

Billing and Code Clarification for Psychological Testing and Request to Adjust Claims by December 31, 2009

On July 1, 2009, the Department updated the fee schedules for professional services reimbursed by the Resource Based Relative Value Scale System (RBRVS) which uses national standard weights or RVUs for establishing the psychological testing code reimbursement rates. The Department discontinued using a policy adjustor to enhance payment for these services. This change resulted in significant rate reductions for psychological testing for the following CPT codes: 96101-96103 and 96118-96120. In follow-up discussions with psychologists, the Department learned some providers may be billing only for face-to-face (versus non-face-to-face) time for testing services. In order to support appropriate billing and estimate the possible impact of making future changes, the Department is:

- Providing a description of psychological testing codes along with clinical examples of what psychological testing activities can be billed for these codes. **See attachment: Description and Clinical Examples for CPT Codes 96101-96103, 96118-96120, 90801 and 98002.**
- Requesting psychologists adjust and/or resubmit claims on services (if necessary) for which they have already provided back to July 1, 2009, by making use of the above guidance.
- Providing notice to licensed clinical professional counselors that they will no longer be able to bill code 96101, because it can only be provided by a physician or psychologist.
- Answering some common questions about psychological testing codes.
- Clarifying that psychologists, licensed clinical social workers, and licensed clinical professional counselors cannot bill for case management and consultation activities.
- Reminding providers of medical necessity and documentation requirements per Medicaid Montana Administrative Rules.

Adjust Prior Claims Back to July 1, 2009, by December 30, 2009

If this notice and/or attachment on psychological testing codes results in a provider determining they need to adjust their claims, please follow the Department's instructions on how to adjust a claim on the www.mtmedicaid.org website, under *General Information for Providers*, "Resources by Provider Type," "Medicaid and other Medical Assistance Programs" on pages 3.5-3.8.

Please remember: When adjustments are made to previously paid claims, the Department first recovers the original payment and then issues appropriate repayment. Claims that have not been submitted or have been denied can be resubmitted.

Adjustment example: If a psychologist previously billed code 96118 for 8 units of face-to-face time but did not originally bill for the 3 units for integrating results, the adjustment would need to include both the original 8 hours billed plus the 3 hours adjusted for a total of 11 hours billed.

LCPCs May Not Bill Code 96101

The following code descriptions, scenarios and interpretive guidelines are from the American Medical Association's, "Central Nervous System Assessments and Tests," *CPT® Assistant*, Vol. 16, Issue 11, November 2006, p. 15.

Licensed clinical professional counselors cannot bill code 96101. Code 96101 may only be billed for the psychological tests administered by the physician or psychologist.

Questions and Answers for Billing Psychological Testing Codes 96101, 96118, 96119 and 96120

The following questions and answers are from the Centers for Medicare and Medicaid Services website, "Medicare Fee-for-Service Payment—Fee Schedules General Information," posted June 17, 2008, http://www.cms.hhs.gov/PhysicianFeeSched/40_Psych_and_Neuropsych_Tests.asp#TopOfPage.

Question 1: Can more than one CPT code for psychological or neuropsychological testing be billed on the same date of service for the same patient?

Answer: Yes. Codes 96118, 96119 and 96120 can all be billed for the same recipient on the same date of service as long as the psychologist is not duplicating services, such as duplicating tests or duplicating the interpretation and reporting the same results. Because codes 96119 and 96120 include interpretation and reporting (I&R), as described in the description of the code and the valuation built into the RVU under the professional expense, the I&R cannot be billed using code 96118 unless the psychologist is integrating these results into the reporting of code 96118 or billing for separate tests and I&Rs. Integrating means taking prior clinical interviews, behavioral observations, and review of medical and/or psychological and/or related records and/or tests and compiling it with results of the psychologist-administered tests.

Example: If several different, clinically appropriate tests are administered on the same date to the same patient (whether by a physician/psychologist, technician or by computer), then the appropriate testing codes for psychological testing or neuropsychological testing can be billed together (see billing example 1). More than one code can also be billed when several distinct tests are administered to the same patient on the same date of service via technician (96102/96119) or computer (96103/96120), and the physician/psychologist needs to integrate the separate interpre-

tations and written reports for each of these tests into a comprehensive report (see billing example 2).

- **Billing Example 1:**
Same Date of Service: A recipient spends 2 hours of face-to-face time with a technician, as well as 2 hours of face-to-face time with a psychologist who is administering a separate battery of tests, and 1 hour compiling a report, the following codes and units would be billed:
 - 96118 – 3 units of service – Includes the 2 hour face-to-face time and 1 hour interpreting and reporting the test results he/she performed.
 - 96119 (modifier 59) – 2 units of service – The unit count is based on the face-to-face time with recipient as the I&R is built into the RVU payment of the code.
- **Billing Example 2:**
Same Date of Service: A recipient spends 2 hours of face-to-face time with a technician, as well as 2 hours of face-to-face time with a psychologist who is administering a separate battery of tests, and 1 hour compiling a report and integrating results from other tests.
 - 96118 – 3 units of service – Includes the 2 hour face-to-face time and 1 hour interpreting and reporting the test results he/she performed as well integrating other test results.
 - 96119 (modifier 59) – 2 units of service – Can only bill for the face-to-face time with the recipient. The interpretation and reporting is built into this code and cannot be added to the code 96118. The only service that can be added to code 96118 is the integration of these results.

Question 2: Can more than one CPT code for psychological or neuropsychological testing be billed together on the same date of service for the same patient if all of the testing is administered by a technician and/or computer?

Answer: Yes. The technician-administered code (96102/96119) is billed based on the number of hours that the technician spends face-to-face with the patient (see billing example 3). The computer-administered testing code (96103/96120) is billed once regardless of the time spent completing the tests. Note, however, that when testing is administered by a technician or a computer, the time that the physician/psychologist spends interpreting and reporting the results of each individual test is already included in each of these codes (see billing example 4).

- **Billing Example 3**
A recipient spends 2 hours with a technician on April 1 and the psychologist interprets and reports the results on April 15.
 - DOS 4-1-2009, code 96119 – 2 units of service – The date of the face-to-face administration is the date of service even if the psychologist interpreted and reported the results on April 15. The provider cannot bill for code 96118 because the I&R are built into the RVUs for code 96119.

- **Billing Example 4**
The psychological test is administered by the computer on April 1 and it takes the patient two hours to complete the test. The psychologist rendered the interpretation and report on April 15.
- DOS 4-1-2009, code 96120 – 1 unit of service.

Question 3: Can more than one CPT code for psychological or neuropsychological testing be billed together for services rendered to the same patient but on different dates?

Answer: The physician/psychologist is expected to bill for the work he/she performed on that date of service. If all of the testing is conducted by a physician/psychologist, then the professional code should be billed for the time spent on test administration, interpretation and report preparation, as well as integration of previously interpreted test results into a comprehensive report (96101 or 96118).

Only the appropriate technician-administered or computer-administered codes can be billed on the actual date of service if a physician/psychologist interprets and writes a report on individual tests administered by a technician (96102 or 96119) or computer (96103 or 96120). The interpretation and reporting of the individual test results by the physician/psychologist which may sometimes occur on a different date than the testing date are already captured in the payment for the technician- and computer-administered codes (see billing examples 3 and 4 listed above).

LCPCs, LCSW and Psychologists May Not Bill for Consultation or Case Management Services

CPT consult codes are 99241-9924 and codes 99251-99255 are not open to be billed by LCPCs, LCSWs or psychologists. The Department will continue to look at the use of these codes in the future.

Targeted Case Management codes T1016 (HA) and (HB) cannot be billed by LCPCs, LCSWs or psychologists per ARM 37.87.823 TARGETED CASE MANAGEMENT SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, PROVIDER REQUIREMENTS. Targeted case management services for youth with SED must be provided by a licensed mental health center.

Medical Necessity and Documentation Requirements

Remember all services provided to Medicaid recipients must be medically necessary per ARM 37.82.102 (18). “Medically necessary service” means a service or item reimbursable under the Montana Medicaid program, as provided in these rules:

- (a) Which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which:
 - (i) endanger life;
 - (ii) cause suffering or pain;
 - (iii) result in illness or infirmity;
 - (iv) threaten to cause or aggravate a handicap; or

- (v) cause physical deformity or malfunction.
- (b) A service or item is not medically necessary if there is another service or item for the recipient that is equally safe and effective and substantially less costly including, when appropriate, no treatment at all.

Per ARM 37.85.414, providers must maintain records which fully demonstrate the extent, nature and medical necessity of services provided to Medicaid recipients and support the fee charged or payment sought for the services. The records that support a claim for a service provided must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. Also, remember when reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Please refer to section 37.85.4 of the General Medicaid section of ARM for provider participation requirements.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>

Attachment to Provider Notice Titled "Billing and Code Clarification for Psychological Testing and Request to Adjust Claims by December 31, 2009"

Description and Clinical Examples for CPT Codes 96101-96103, 96118-96120, 90801 and 90802

The following code descriptions, scenarios and interpretive guidelines are from the American Medical Association, "Central Nervous System Assessments and Test," *CPT® Assistant*, Vol. 16, Issue 11, November 2006, p. 15.

Code 96101

Overview: 96101

Code 96101 is reported for the psychological test administration by the physician or psychologist with subsequent interpretation and report by the physician or psychologist. Also, it is reported for the integration of information obtained from other sources that is incorporated into the interpretation and report of tests administered by a technician and/or computer. This provides the meaning of the test results in the context of all the testing and assessments. The potentially confusing aspect of this code is that when the physician or psychologist performs the tests personally, the test-specific scoring and interpretation is counted as part of the time of 96101.

Clinical Example: 96101

A 36-year-old woman is referred by her primary care physician to a psychologist due to depressed affect and peculiarities of thinking and perception for the purpose of a mental health diagnosis. She is the mother of three, does not work, and reports feeling depressed and isolated for the last six months. A medical examination fails to reveal a physical etiology. Antidepressants have had limited benefit and she has been resistant to psychotherapy. The clinical diagnosis is suggestive of borderline personality disorder and depression. She is being referred to address her depression and possible personality disorder. A series of tests (standardized and/or projective) is administered to evaluate emotionality, intellectual abilities, personality, and psychopathology. The psychologist has previously interviewed the patient and conducted a psychiatric diagnostic interview exam. Upon completion of the testing, the results are interpreted using this previously obtained information and a report is written. The psychologist spends two hours on test administration and an additional hour on interpreting and preparing the report. The psychologist reports three hours of 96101.

Description of Procedure: 96101

A physician or psychologist administers and/or scores a series of tests (standardized and/or projective) to evaluate emotionality, intellectual abilities, personality, and psychopathology in a patient exhibiting signs of depression, personality disorder, and schizophrenic spectrum disorder.

Then the physician or psychologist summarizes and interprets the tests in the context of the other assessments and prepares a report.

Code 96102

Overview: 96102

Code 96102 is reported for the technician-administered testing with the subsequent interpretation and report of specific tests by the physician, psychologist, or other qualified health care professional. The technician is supervised by the physician, psychologist, or other qualified health care professional. This code is used for the time the technician spends face-to-face with the patient administering the tests.

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

Note: *Qualified health care professional* is defined as a health professional whose training and licensure allow for the provision of these services as defined per state licensure requirements. A technician is also defined as a person permitted by state requirements, if any, to perform such testing.

Clinical Example: 96102

A 35-year-old woman is referred by her primary care physician due to significant changes in behavior. A series of tests (standardized and/or projective) is administered to evaluate emotionality, intellectual abilities, personality, and psychopathology. The administration of the tests is completed by a technician for the purposes of a mental health diagnosis.

Description of Procedure: 96102

The qualified health care professional has met previously with the patient and conducted a diagnostic interview. The test instruments to be used by the technician under the supervision of the professional have been selected. The qualified health care professional introduces the patient to the technician who conducts the remainder of the assessment. The qualified health care professional meets again with the patient in order to answer any final questions about the procedures and to inform him or her about the timetable for the results.

Code 96103

Overview: 96103

Code 96103 is reported for the computer-administered testing with the subsequent interpretation and report of specific tests by the physician, psychologist, or other qualified health care profes-

sional. This should be reserved for situations where computerized testing is unassisted by a provider or a technician other than basic installation of the test and checking to be sure the patient is completing the test appropriately. If greater levels of interaction are required, though the test may be computer administered, then the appropriate physician or psychologist (96101) or technician code (96102) should be used.

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report.

Clinical Example: 96103

A 35-year-old woman is referred by her primary care physician due to significant changes in behavior. A series of tests (standardized and/or projective) is administered to evaluate emotionality, intellectual abilities, personality, and psychopathology. The administration of the tests is completed by a computer but is overseen by the qualified health care professional.

Description of Procedure: 96103

The qualified health care professional has met previously with the patient and conducted an interview. On the basis of the information gathered from the interview, the professional has selected test instruments that may be administered by a computer.

The qualified health care professional installs the computer program or test and instructs the patient on the use of the test. The qualified health professional frequently checks the patient to ensure that he or she is completing the test correctly. The professional installs the next instrument and continues as before until all tests are completed.

The qualified health care professional meets again with the patient in order to answer any final questions about the procedures and to inform him or her about the timetable for the results.

*Coding Tip

Codes 96101-96103 include interpretation and report by the physician, psychologist, or other qualified health care professional. All three codes can be reported on one patient as part of one assessment. Other qualified health care professionals cannot bill 96101 however.

Code 96118

Overview: 96118

Code 96118 is reported for the neuropsychological test administration by the physician or psychologist only with subsequent interpretation and report by the physician or psychologist. It is reported also for the integration of information obtained from other sources, which is incorporated into the more comprehensive interpretation of the meaning of the test results in the context of all

the testing and assessments. This code allows psychologists or physicians to bill for: 1) face-to-face time with the patient; 2) time interpreting test results; and 3) time preparing the report.

Clinical Example: 96118

A 23-year-old man is referred by his neurologist due to post concussion symptoms secondary to a motor vehicle accident. A series of neuropsychological tests is administered by a physician or psychologist for the purpose of making a medical diagnosis.

Description of Procedure: 96118

Standardized test procedures are administered by a physician or psychologist. These include observation of test-taking behavior and recording observations and creating a record of patient responses to test questions and procedures. A report of the test interpretation in the context of the prior clinical assessment is prepared.

Code 96119

Overview: 96119

Code 96119 is reported for the technician-administered neuropsychological testing with subsequent interpretation and reporting of the specific tests by the physician, psychologist, or other qualified health care professional. The technician is supervised by the physician, psychologist, or other qualified health care professional. The administration of the tests is completed by a technician for the purposes of a physical health diagnosis.

96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.

Clinical Example: 96119

A 23-year-old man is referred by his neurologist due to post concussion symptoms secondary to a motor vehicle accident. A series of neuropsychological tests is administered by a technician for the purpose of making a medical diagnosis.

Description of Procedure: 96119

The qualified health care professional has previously gathered information from the patient about the nature of the complaint and the history of the presenting problems. Based on the clinical history, a final selection of tests to be administered is made. The procedures are explained to the patient, and the patient is introduced to the technician, who administers the tests. During testing, the qualified health care professional frequently checks with the technician to monitor the patient's performance and make any necessary modifications to the test battery or assessment

plan. When all tests have been administered, the qualified health care professional meets with the patient again to answer any questions.

Code 96120

Overview: 96120

Code 96120 is reported for the computer-administered neuropsychological testing, with subsequent interpretation and report of the specific tests by the physician, psychologist, or other qualified health care professional. This should be reserved for situations where the computerized testing is unassisted by a provider or a technician other than the installation of programs or tests 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 administered, then the appropriate physician or psychologist (96118) or technician code (96119) should be used.

96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.

Clinical Example: 96120

A 23-year-old man is referred by his neurologist due to post concussion symptoms secondary to a motor vehicle accident. A series of individualized neuropsychological tests is administered by a computer for the purpose of making a medical diagnosis.

Description of Procedure: 96120

The patient has previously met with the qualified health care professional who conducts a comprehensive clinical interview and review of the presenting complaints. The qualified health care professional now explains the computerized testing procedures as part of a more comprehensive test battery that also includes face-to-face testing. The computer test is explained to the patient, and a practice trial is administered to ensure adequate understanding of the test and response requirements. The computer test is administered under the supervision of the qualified health care professional who monitors performance to ensure continued engagement in the task. Upon completion, the next test is introduced and the procedures are repeated until all tests are administered.

Codes 90801-02

Overview: 90801-02

Code 90801 is a time limited code. Reimbursement is flat rate. Codes 90801, Psychiatric diagnostic interview examination, and code 90802, Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication, are most often performed during the initial phase of treatment, as the goal of the examination is to establish a diagnosis and treatment protocol for the patient.

Clinical Example: 90801-2

An evaluation session of a 24-year-old male is performed in the office. The man says he heard voices coming out of the wall and was threatening to harm the neighbors.

Pre-service work depends on how the patient was referred. At a minimum, the work includes a telephone discussion with the person who initiated the referral (eg, physician, family, law enforcement agent, employer). May include review of records from referral source and lab or consultation reports.

Intra-service work includes a complete psychiatric history including present illness; past history, family history, complete mental status examination; selected physical examination; arrangements for laboratory tests; establishing a definitive diagnosis or a narrow enough differential diagnosis to warrant a treatment plan; decision-making concerning need for degree of supervision (eg, hospitalization); and counseling the patient regarding diagnosis and options for treatment.

Post-service work includes arranging further studies and further care, a report or discussion with referral source, arranging to obtain additional information, and dictating the results of the examination. Frequently, additional communication is required with the patient and/or family after results of studies are known or due to side effects of instituted treatment. A report and consultation with the third party utilization manager are completed to arrange for payment and funding for proposed treatment. The interactive psychiatric diagnostic interview examination (90802) is typically used with children. The examination involves the use of physical aids and nonverbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she uses ordinary adult language to communicate. The language interpreter referenced in the code descriptor refers to a foreign language or sign language interpreter to help the therapist communicate with the patient.

Description of Procedure: 90801-2

A psychiatric diagnostic interview examination (90801) includes a history, mental status exam, and a disposition, as well as ordering and medical interpretation of laboratory or other medical diagnostic studies. The diagnostic interview may include communication with family or other sources, and, in certain circumstances, other informants will be seen in lieu of the patient. The psychiatrist obtains a complete medical and psychiatric history from the patient and/or family and establishes a tentative diagnosis. The patient's capacity to work psychotherapeutically is also evaluated to determine how willing he or she is to work toward a positive solution to the problem. The patient's condition determines the extent of the mental status examination during the diagnostic interview. The psychiatrist is looking for symptoms of psychopathology in the patient's general appearance, attitude toward the examiner, and overall behavior. In addition, the speech and stream of talk, emotional reaction and mood, perception and thought content, and cognition may be evaluated. The interactive psychiatric diagnostic interview examination (90802) is typically used with children. See clinical example on previous page for procedure description.