

Billing and Coding Guidelines

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302,
05402, 52280

Contractor Type

Carrier
Fiscal Intermediary A
MAC A
MAC B

Effective Date:

CMS National Coverage Policy:

Section 1833(c) of the Social Security Act.
Section 1861(s)(2)(C) of the Social Security Act
Section 1861(s)(3) of the Social Security Act
Section 1842(b)(2)(A) of the Social Security Act
Chapter 15, 80.2 of the Benefits Policy Manual, Pub. 100-02 Transmittal: 55
Chapter 15, 80.2 of the Benefits Policy Manual, Pub. 100-02 Transmittal: 85
Chapter 15, section 160 of the Benefits Policy Manual, Pub. 100-02.
Chapter 15, section 200 of the Benefits Policy Manual, Pub. 100-02.
Chapter 15, section 210 of the Benefits Policy Manual, Pub. 100-02.
Chapter 15, section 190 of the Benefits Policy Manual, Pub. 100-02.
Final physician fee schedule regulation at 70 FR 70279 and 70280 under Table 29: AMA, RUC and HCPAC Recommendations and CMS Decisions for New and Revised 2006 CPT Codes

General Coding

1. Psychological Testing and Neuropsychological Testing

Psychiatric tests and Neuropsychological tests are diagnostic procedures and therefore incident to provisions do not apply. The person described in the CPT code must perform the psychiatric test. The time spend on the interpretation and report performed by a technician or computer must be billed using an appropriate CPT code and may not be added to any other CPT code.

Under the diagnostic tests provision, all diagnostic tests are assigned a certain level of supervision. Generally, regulations governing the diagnostic tests provision require that only physicians can provide the assigned level of supervision for diagnostic tests.

However, there is a regulatory exception to the supervision requirement for diagnostic psychological and neuropsychological tests in terms of who can provide the supervision.

That is, regulations allow a clinical psychologist (CP) or a physician to perform the general supervision assigned to diagnostic psychological and neuropsychological tests.

In addition, nonphysician practitioners such as nurse practitioners (NPs), clinical nurse specialists (CNSs) and physician assistants (PAs) who personally perform diagnostic psychological and neuropsychological tests are excluded from having to perform these tests under the general supervision of a physician or a CP. Rather, NPs and CNSs must perform such tests under the requirements of their respective benefit instead of the requirements for diagnostic psychological and neuropsychological tests. Accordingly, NPs and CNSs must perform tests in collaboration (as defined under Medicare law at section 1861(aa)(6) of the Act) with a physician. PAs perform tests under the general supervision of a physician as required for services furnished under the PA benefit.

Furthermore, physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) are authorized to bill three test codes as “sometimes therapy” codes. Specifically, CPT codes 96105, 96110 and 96111 may be performed by these therapists. However, when PTs, OTs and SLPs perform these three tests, they must be performed under the general supervision of a physician or a CP.

Who May Bill for Diagnostic Psychological and Neuropsychological Tests

- CPs – see qualifications under chapter 15, section 160 of the Benefits Policy Manual, Pub. 100-02.
- NPs –to the extent authorized under State scope of practice. See qualifications under chapter 15, section 200 of the Benefits Policy Manual, Pub. 100-02.
- CNSs –to the extent authorized under State scope of practice. See qualifications under chapter 15, section 210 of the Benefits Policy Manual, Pub. 100-02.
- PAs – to the extent authorized under State scope of practice. See qualifications under chapter 15, section 190 of the Benefits Policy Manual, Pub. 100-02.
- Independently Practicing Psychologists (IPPs), agency, or physician’s office are covered when a physician orders such tests.
- PTs, OTs and SLPs – see qualifications under chapter 15, sections 220-230.6 of the Benefits Policy Manual, Pub. 100-02.

Physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) are authorized to bill three test codes as “sometimes therapy” codes. Specifically, CPT codes 96105, 96110 and 96111 may be performed by these therapists. However, when PTs, OTs and SLPs perform these three tests, they must be performed under the general supervision of a physician or a CP.

CPT code 96125 is used by OTs or SLP. Other providers should use the appropriate code CPT code from the 96101-96103 or 96118-96120.

NOTE: Independent Psychologist

When diagnostic psychological tests are performed by a psychologist who is not practicing independently, but is on the staff of an institution, agency, or clinic, that entity bills for the psychological tests. Psychologists are considered to be practicing independently when they render services on their own responsibility, free of the administrative and professional control of an employer such as a physician, institution or agency; the persons they treat are their own patients; have the right to bill directly, collect and retain the fee for their services.

2. Alzheimer's disease

Neuropsychological Testing are diagnostic procedures that must be used as an important tool in making specific diagnoses or prognoses to aid in treatment planning and to address questions regarding treatment goals, efficacy, and patient disposition. Diagnostic procedures that have no impact on a patient's plan of care or have no effect on treatment are not medically necessary. Patients with FAST Scale of stage three or more Alzheimer's disease would not benefit from Psychological or Neuropsychological Testing.

FAST Scale Stage	Characteristics
1. Normal Adult	No functional decline.
2. Normal Older Adult	Personal awareness of some functional decline.
3. Early Alzheimer's Disease	Noticeable deficits in demanding job situations.
4. Mild Alzheimer's	Requires assistance in complicated tasks such as handling finances, planning parties, etc.
5. Moderate Alzheimer's	Requires assistance in choosing proper attire.
6. Moderately severe Alzheimer's	Requires assistance dressing, bathing, and toileting. Experiences urinary and fecal incontinence.
7. Severe Alzheimer's	Speech ability declines to about a half-dozen intelligible words. Progressive loss of abilities to walk, sit up, smile, and hold head up.

3. CPT codes 96101 - 96125

Medicare Part B coverage of psychological tests and neuropsychological tests is authorized under section 1861(s)(3) of the Social Security Act. Payment for psychological and neuropsychological tests is authorized under section 1842(b)(2)(A) of the Social Security Act. The payment amounts for the new psychological and neuropsychological tests (CPT codes 96102, 96103, 96119 and 96120) that are effective January 1, 2006, and are billed for tests administered by a technician or a computer reflect a site of service payment differential for the facility and non-facility settings. Additionally, there is no authorization for payment for diagnostic tests when performed on an "incident to" basis. (Pub. 100-02 Transmittal: 85; Rev. 85, Issued: 02-29-08, Effective: 01-01-06, Implementation: 12-28-06)

a. Payment for Diagnostic Psychological and Neuropsychological Tests

Expenses for diagnostic psychological and neuropsychological tests are not subject to the outpatient mental health treatment limitation, that is, the payment limitation on treatment services for mental, psychoneurotic and personality disorders as authorized under Section 1833(c) of the Act. The payment amount for the new psychological and neuropsychological tests (CPT codes 96102, 96103, 96119 and 96120) that are billed for tests performed by a technician or a computer reflect a site of service payment differential for the facility and non-facility settings. CPs, NPs, CNSs and PAs are required by law to accept assigned payment for psychological and neuropsychological tests. However, while IPPs are not required by law to accept assigned payment for these tests, they must report the name and address of the physician who ordered the test on the claim form when billing for tests.

- b. ***CPT Codes for Diagnostic Psychological and Neuropsychological Tests***
CPT codes 96101, 96102, 96103, 96105, 96110, and 96111 are appropriate for use when billing for psychological tests. CPT codes 96116, 96118, 96119 and 96120 are appropriate for use when billing for neuropsychological tests. All of the tests under this CPT code range 96101-96120 are indicated as active codes under the physician fee schedule database and are covered if medically necessary.
- c. ***Payment and Billing Guidelines for Psychological and Neuropsychological Tests***
The technician and computer CPT codes for psychological and neuropsychological tests include practice expense, malpractice expense and professional work relative value units. Accordingly, CPT psychological test code 96101 should not be paid when billed for the same tests or services performed under psychological test codes 96102 or 96103. CPT neuropsychological test code 96118 should not be paid when billed for the same tests or services performed under neuropsychological test codes 96119 or 96120. However, CPT codes 96101 and 96118 can be paid separately on the rare occasion when billed on the same date of service for different and separate tests from 96102, 96103, 96119 and 96120. Under the physician fee schedule, there is no payment for services performed by students or trainees. Accordingly, Medicare does not pay for services represented by CPT codes 96102 and 96119 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, CP, IPP, NP, CNS or PA from performing and being paid for the psychological test under 96102 or the neuropsychological test under 96119.
- d. ***Payment and Billing Guidelines for Psychological and Neuropsychological Tests***
 Occupational therapists and speech language pathologists uses CPT code 96125 when they perform test on patients who have compromised functioning abilities due to acute neurological events such as traumatic brain injury or cerebrovascular accident (CVA) and must undergo assessment to determine if function abilities such as orientation, memory and high-level language function have been compromised and to what extent

 For psychological and neuropsychological testing by a physician or psychologist, see 96101-96103, 96118-96120.
- e. Reading of the report is included in the office time or floor time in the hospital and, is not considered a separate service when performed by the treating provider.
- f. CPT code 96101, 96102, 96105, 96110, 96111, 96116, 96118 or 96119, is reported as one unit per hour. If 30 - 1 hr of time is spent performing the test, interpretation and report one unit of time should be billed. If the psychological testing, interpretation and report takes less than 30 minutes, the definition of the CPT code has not been met and the testing may not be billed.

4. CPT codes 96101, 96118 and 96125

- a. CPT codes 96101, 96118 and 96125 are used to bill, in hourly units, the provider's time both face-to-face with the patient and the time spent interpreting test results and preparing the report.

- b. The codes may not be used to bill for the interpretation of tests administered by a technician or computer.
 - c. When a provider performs some tests and a technician or computer performs other tests, documentation must demonstrate medical necessity for all tests. The provider time spent on the interpretation of the tests performed by the technician/computer may not be added to the units billed under CPT code 96101 or 96118.
 - d. Medicare will not pay twice for the same test or the interpretation of tests.
- 5. CPT codes 96102, 96119**
- a. CPT codes 96102 and 96119 include both the face-to-face technician time and the qualified health care provider's time for the interpretation and report.
 - b. The provider who interprets the report must be available to furnish assistance and direction to the technician administering the test.
 - c. Add the time the provider spends interpreting and reporting the test to the time the technician spends administering the tests.
- 6. CPT codes 96103, 96120**
- a. CPT codes 96103 and 96120 describe tests administered by a computer and the interpretation and report performed by a qualified health care professional.
 - b. Billed one service regardless of the number of tests taken by the patient
 - c. The provider who interprets the report must be available during the time the patient is taking the test.
 - d. The interpretation of the test is included in the codes and is not separately billable.
 - e. These codes may not be billed for scoring of tests
- 7. Tests General Issues**
- a. When performed by a provider, procedures such as the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), rating scales (e.g., the Hamilton Depression Rating Scale), or projective techniques (e.g., the Rorschach or Thematic Apperception Test [TAT]), are intended for psychological testing and should be reported as CPT code 96101
 - b. The Folstein Mini Mental Status Exam, in isolation, should not be classified separately as neuropsychological testing since it is typically part of a more general clinical exam.
 - c. There is no "feedback" billed by the person who performed psychological and neuropsychological testing. Medicare payment for the test includes the test and the report. The report goes to the person who ordered the test. The feedback of the test to the beneficiary should come from the provider who ordered the test. If the person who ordered the test is the same person who performed the test the feedback is a separate service. The feedback of the test(s) is included in the appropriate therapy service.
 - d. When a provider and a technician administer different medically necessary tests, the interpretation must be allocated to the appropriate CPT code. Computerized tests are billed once and include the interpretation and report.
 - e. Typically, the total time for all tests (regardless who performs them) will be 5-7 hours including administration, scoring and interpretation. If the testing is done over several days, the testing time should be combined and reported on the last date of service. If the testing time exceeds 8 hours, to determine the medical necessity for the extended testing, a copy of the test report may be requested.

Published/Website:

Revision History: