

Diagnostic Psychological and Neuropsychological Tests

FAQs

ID: 9176

Q: Do Current Procedural Terminology (CPT) codes for psychological and neuropsychological tests include tests performed by technicians and computers?

A: Yes. The CPT codes, 96138, 96139 and 96146 that fall under the CPT “Psychological and Neuropsychological Tests code range, 96105-96146, describe tests performed by technicians and computers.

ID: 9177

Q: What are the supervision requirements for diagnostic psychological and neuropsychological tests?

A: Under the diagnostic tests provision as authorized by Medicare law at section 1861(s)(3) of the Social Security Act (the Act) and interpreted under regulations at 42 CFR 410.32, all diagnostic tests are assigned a certain level of supervision. Effective January 1, 2001, this basic rule at 42 CFR 410.32(b)(1) that previously authorized only physicians to supervise the performance of diagnostic tests was changed to also allow nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), physician assistants (PAs), and certified registered nurse anesthetists (CRNAs) to supervise the performance of diagnostic tests in accordance with their scope of practice and applicable State law.

Diagnostic psychological and neuropsychological tests are excepted from this basic rule for supervision of these tests. In which case, 42 CFR 410.32(b)(2)(iii)(B) authorizes only physicians or clinical psychologists to perform general supervision for diagnostic psychological and neuropsychological tests. Moreover, when NPs, CNSs (42 CFR 410.32(b)(2)(B)(v), and PAs (42 CFR 410.32(b)(2)(B)(ix) personally perform diagnostic psychological and neuropsychological tests, the supervision of their tests must be in accordance with the collaboration and supervision requirements under their respective benefit category.

ID: 9179

Q: Are expenses for diagnostic psychological and neuropsychological tests subject to the payment limitation for outpatient mental health treatment services?

A: The outpatient mental health treatment limitation (the limitation) was a payment reduction that applied to outpatient mental health services as authorized under Medicare law at section 1833(c) of the Social Security Act. Generally, this limitation resulted in Medicare payment at 50% of the approved amount for claims for the treatment of mental, psychoneurotic, and personality disorders. Prior to January 1, 2014, this limitation applied to diagnostic psychological and neuropsychological tests only in the case when these tests were performed to evaluate a patient’s progress during treatment rather than to establish or confirm the patient’s diagnosis.

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(See section 210.1, Chapter 12 of the Medicare Claims Processing Manual, Pub.100-04). Effective January 1, 2014, the limitation was eliminated, and it no longer applies to outpatient mental health treatment services or, diagnostic psychological and neuropsychological tests that are performed to evaluate a patient's progress during treatment.

ID: 9180

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

A: Yes. 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. 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 (96138/96139) or computer (96146), and the physician/psychologist needs to integrate the separate interpretations and written reports for each of these tests into a comprehensive report.

ID: 9181

Q: 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 the testing is administered by a technician and/or computer?

A: Yes. The technician-administered codes (96138/96139) are billed based on the number of hours that the technician spends face-to-face with the patient. The computer-administered code (96146) is billed once regardless of the time spent completing the tests.

ID: 9182

Q: 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?

A: The physician/psychologist is expected to bill for the work he/she performed on that date of service. If all the testing is conducted by a physician/psychologist, then the professional CPT code/s (96116, 96121, 96130, 96131, 96132, 96133, and 96125) 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. For tests billed under these codes, the total time should be reported at the completion of the entire episode of evaluation.