New CPT® Codes for Psychological Testing

The information provided below is provided to alert you to the new codes. It is not provided as legal advice or as a substitute for the judgment of your coding specialist.

Effective Jan. 1, 2006 new codes have replaced Current Procedural Terminology (CPT) code 96100* for psychological testing. According to the American Psychological Association (APA), the changes result from more than 10 years of persistent advocacy and negotiation by APA with members of the American Medical Association (AMA) CPT committee and the AMAís Relative Value Scale Update (RUC) Committee, the entities responsible for shaping and assigning values to the codes.

The APA Practice Organization successfully sought the revised codes to obtain a "professional work value" for testing and assessment codes. These codes reflect a greater recognition of the value of assessment services provided by psychologists. These codes will distinguish whether a psychologist, physician, technician, or computer administers the testing:

96101 Psychological testing; per hour of the psychologistís or physicianís time, both face-to-face with the patient and time interpreting test results and preparing the report.

96102 Psychological testing; with qualified health care professional interpretation and report, administered by technician, per hour of technicianís time, face-to-face.

96103 Psychological testing; administered by computer, with qualified health care professional interpretation and report.

The new codes are published in the CPT® 2006 Professional Edition manual and is available from the AMA at 1.800.621.8335. The APA website www.apapractice.org provides a series of announcements about the new CPT codes including latest news and information, Q & A, billing examples and estimated Medicare fee schedule.

For instance, the communication entitled "Questions and Answers About the 2006 Revised CPT Testing Codes" by the Federal Regulatory Affairs Staff (http://www.apapractice.org/apo/Q_A.html#) offers the following example for billing:

If a patient completes two hours of computerized testing and a psychologist conducts two hours of testing and one hour of interpretation and reporting, he or she would bill for the computer-based code (which is a single, flat-payment rate that is not measured in units) [96103] and three units of the psychologist-based code [96101].
APA notes that it is important to properly document and bill insurers using the new codes. As noted above, the new codes specify who administers the testing (psychologist/physician, technician or computer) and for how long (hourly units for administration by professional or technician, and by a single code if the test was administered via computer)5. APA also notes that it is important to document what the Centers for Medicare and Medicaide Services calls "medical necessity," to confirm that the service being provided is necessary to improve or maintain a patient's health6.

With these codes now in effect for Medicare reimbursement, other insurance companies may adopt Medicare reimbursement policies. It may be beneficial to consult with individual insurance carriers in advance to determine if they will require these codes for reimbursement. When new codes are introduced, additional communication and education may be required between providers and payers. When using the new codes, it also may be helpful to attach a cover page indicating information about the new codes to the insurance carrier.

References
2. 2006 Revised CPT Testing Codes: The Latest News and Information from the APA Practice Directorate by Federal Regulatory Affairs and Legal and Regulatory Affairs Staff

* 96117 and 96115 for neuropsychological testing and the neurobehavioral status exam have also changed.

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