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Addendum to the Insurance Billing Standards and Guidelines

In the past, we recommended billing only CPT 96103 and 96120 with the CANS-MCI. In January 2019, these codes and other psychological/neuropsychological codes were eliminated and new codes were added. Changes made in the structure of the new CPT psychological/neuropsychological codes now allow for multiple codes to be used together. Although there are no direct replacements from the old codes to the new codes because of this restructuring, there are several new codes that are appropriate to bill with the CANS-MCI - 96136, 96137 and 96132. **Please refer to the Insurance Billing Standards and Guidelines document for further detail on CPT 96136/96137 and 96132/96133.** As a courtesy, the other codes that were eliminated and their possible replacements are listed below. Also attached at the bottom of this addendum are the full CMS descriptions of each new code. Consult with your biller/billing department for further advice.

Psychological/Neuropsychological Testing - OLD CPT codes
96101, 96102, 96118, 96119

Psychological/Neuropsychological Testing - NEW CPT codes
96130 & 96131/96132 & 96133 (professional codes), 96138 & 96139 (technician codes)

If both the psychologist and the technician (under the supervision of the psychologist) provide test administration and scoring services during the evaluation, can both Test Administration and Scoring codes 96136-96139 be used to document the time spent by each?

It is a common practice for both psychologist test administration and technician test administration to occur in the same patient. Even when utilizing testing technicians, many psychologists and neuropsychologists have incorporated test administration of at least several tests into their evaluation protocol. Therefore, both the psychologist and technician test administration and scoring codes can be used together. <https://www.apaservices.org/practice/reimbursement/health-codes/testing>

Per *Psychological and Neuropsychological Testing CPT Codes, Descriptions and Total RVUs*, effective October, 2022 the codes referenced above have the following Medicare reimbursement fees:

96130 - Psychological testing evaluation services by physician or other qualified health care professional, first hour*

\$120.30 (Total NF RVU Value of 3.55 x 2023 Conversion Factor 33.8872)

96131 - add-on code to 96130 to report each additional hour* that a physician or other qualified healthcare professional spends evaluating psychological tests

\$86.75 (Total NF RVU Value of 2.56 x 2023 Conversion Factor 33.8872)

96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, first hour*

\$130.13 (Total NF RVU Value of 3.83 x 2023 Conversion Factor 33.8872)

96133 - add-on code to 96132 to report each additional hour* that a physician or other qualified healthcare professional spends evaluating neuropsychological tests

\$98.95 (Total NF RVU Value of 2.92 x 2023 Conversion Factor 33.8872)

96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes*

\$34.23 (Total NF RVU Value of 1.01 x 2023 Conversion Factor 33.8872)

96139 - add-on code to 96138, each additional 30 minutes* (List separately in addition to code for primary procedure)

\$35.24 (Total NF RVU Value of 1.04 x 2023 Conversion Factor 33.8872)

* 30 minute codes require a minimum of 16 minutes; 1 hour codes require a minimum of 31 minutes.

Disclaimer

Screen offers this coding information for your convenience. While it is our intention to provide you accurate and reliable information, it is ultimately the provider's responsibility to determine coverage, and submit appropriate codes, modifiers and charges for the services rendered.

Screen makes no representation, guarantee or warranty, expressed or implied that the information compiled here is error-free or that the use of this information will prevent differences of opinion or disputes with Medicare or other third-party payers, and will bear no responsibility or liability for the results or consequences of its use.

Codes, coverage and reimbursement levels can change over time and interpretations of whether a code is properly used in a particular situation are often subject to medical policy interpretation and judgment.

The key in all coding and billing is to be truthful and not misleading, and to make full disclosures when seeking reimbursement for a product and/or service.

CPT® Code 96130

Code Descriptor

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

2019 Advice

The 2019 CPT® code set adds 96130 to report the first hour of psychological testing evaluation services by a physician or other qualified healthcare professional and 96131 for each additional hour (List separately in addition to code for primary procedure). Report 96130 for evaluation of psychological testing that incorporates patient data, clinical data, and standardized test result interpretation, and includes clinical decision-making, a treatment plan and report as well as explaining the results to patient, family, and/or caregiver, and answering questions. Report 96131 for each additional hour that the provider is engaged in performing these services. Psychological tests include but are not limited to personality tests, attitude tests, IQ tests, and achievement tests.

Of note, several other new codes have been added to report administration and/or scoring of psychological or neuropsychological tests, without the added services described in 96130. They include the following: 96136, Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes; 96137, ... each additional 30 minutes (List separately in addition to code for primary procedure); 96138, Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method? first 30 minutes; 96139, ... each additional 30 minutes (List separately in addition to code for primary procedure); and 96146, Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.

Lay Term

The provider, physician or other qualified healthcare professional, administers standardized psychological tests to a patient, interprets the results, establishes a treatment plan, and prepares a report. This code covers the first hour of this service and includes discussion of results and treatment plan with the patient and family member(s) or caregiver(s), when performed.

Clinical Responsibility

The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests in writing or orally. He administers standardized tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests in person. This code covers up to the first hour of psychological testing, interpretation of results, and preparing a report. It also includes arriving at a diagnosis and course of treatment. The provider may discuss the test results, diagnosis and treatment plan with the patient and/or parents or guardian.

Tips

See 96131 for each additional hour of this same psychological testing service.

CPT® Code 96131

Code Descriptor

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Report With

This code can be reported with code(s): 96130

2019 Advice

The 2019 CPT® code set adds +96131 as an add-on code to report each additional hour that a physician or other qualified healthcare professional spends evaluating psychological tests; the service includes evaluation of psychological testing that incorporates patient data, clinical data, and standardized test result interpretation, and includes clinical decision-making, a treatment plan and report as well as explaining the results to patient, family, and/or caregiver, and answering questions. Report +96131 with 96130 for the first hour that the provider is engaged in performing these services.

Lay Term

The provider, physician or other qualified healthcare professional, administers standardized psychological tests to a patient, interprets the results, establishes a treatment plan, and prepares a report. Report this code for each additional hour of psychological testing with the primary code (96130) for the first hour of service.

Clinical Responsibility

The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests in writing or orally. He administers standardized tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests in person. This code covers each additional hour of psychological testing, interpretation of results, and preparing a report. It also includes arriving at a diagnosis and course of treatment. The provider may discuss the test results, diagnosis and treatment plan with the patient and/or parents or guardian.

CPT® Code 96132

Code Descriptor

Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

2019 Advice

The 2019 CPT® code set adds 96132 to report the first hour of neuropsychological testing evaluation services and 96133 for each additional hour to replace deleted codes 96118, 96119, and 96120. While

these new codes do not list the tests specified in the deleted codes, they appear to replace them. The new codes also expand on the services performed, specify time limits, and redefine the type of provider who can report these services. Report [96132](#) for the first hour that a physician or other qualified healthcare professional spends evaluating neuropsychological tests; the service includes evaluation of neuropsychological testing that incorporates patient data, clinical data, and standardized test result interpretation, and includes clinical decision-making, a treatment plan and report as well as explaining the results to patient, family, and/or caregiver, and answering questions, and [96133](#) for each additional hour. Neuropsychological tests measure a psychological function known to be linked to a particular brain structure or pathway.

Of note, several other new codes have been added that do not name specific tests but may be reported for administration and/or scoring of psychological or neuropsychological tests, without the added services described in [96132](#). They include the following: [96136](#), Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes; [96137](#), ... each additional 30 minutes (List separately in addition to code for primary procedure); [96138](#), Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method? first 30 minutes; [96139](#), ... each additional 30 minutes (List separately in addition to code for primary procedure); and [96146](#), Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.

Lay Term

The provider, a physician or other qualified healthcare professional, spends up to one hour administering neuropsychological tests, which includes time spent face-to-face with the patient in performing the tests, interpretation of the outcome, and preparation of the report. The code includes time spent in discussion of the outcome with the patient and family members or caregivers.

Clinical Responsibility

The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests in writing or orally. He administers neuropsychological tests which are specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He administers these tests to a single patient in a quiet office environment, free from distractions. Using standardized tests, the provider conducts a thorough assessment of a patient's cognitive and behavioral changes following trauma or illness affecting the nervous system. He performs a battery of tests to measure the patient's mental abilities in terms of short- and long-term memory, logical reasoning, language skills, visual-motor coordination, problem-solving ability, attention and concentration, and learning ability. He interprets the test results in the context of the patient's clinical condition, arrives at a diagnosis, and formulates a treatment plan. He may discuss all this with the patient and family members or caregivers.

Tests used for neuropsychological assessment may include but are not limited to Boston Naming Test,

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California Verbal Learning Test, Cognitive Assessment Screening Instrument, Dementia Rating Scale, Halstead-Reitan Neuropsychological Battery, Hooper Visual Organization Test, Kaufman Functional Academic Skills Test, Luria-Nebraska Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test.

Tips

See [96133](#) for each additional hour spent in neuropsychological testing.

CPT® Code **96133**

Code Descriptor

Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Report With

This code can be reported with code(s): [96132](#)

2019 Advice

The 2019 CPT® code set adds [+96133](#) as an add-on code to report each additional hour that a physician or other qualified healthcare professional spends evaluating neuropsychological tests; the service includes evaluation of neuropsychological testing that incorporates patient data, clinical data, and standardized test result interpretation, and includes clinical decision-making, a treatment plan and report as well as explaining the results to patient, family, and/or caregiver, and answering questions. Report [+96133](#) with [96132](#) for the first hour that the provider is engaged in performing these services.

Lay Term

The provider, a physician or other qualified healthcare professional, administers neuropsychological tests, face-to-face with the patient. Report this code in addition to the primary code ([96132](#)) for each additional hour the provider spends administering the tests, interpreting the results, and preparing the report, including time spent in discussion with the patient and family members or caregivers.

Clinical Responsibility

The provider spends additional time administering neuropsychological tests which are specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He administers these tests to a single patient in a quiet office environment, free from distractions. Using standardized tests, the provider conducts a thorough assessment of a patient's cognitive and behavioral changes following trauma or illness affecting the nervous system. He performs a battery of tests to measure the patient's mental abilities in terms of short- and long-term memory, logical reasoning, language skills, visual-motor coordination, problem-solving ability, attention and concentration, and learning ability. He interprets the test results in the context of the patient's clinical condition, arrives at a diagnosis, and formulates a treatment plan. He may discuss all this with the patient and family members or caregivers.

Tests used for neuropsychological assessment may include but are not limited to Boston Naming Test, California Verbal Learning Test, Cognitive Assessment Screening Instrument, Dementia Rating Scale, Halstead-Reitan Neuropsychological Battery, Hooper Visual Organization Test, Kaufman Functional

Academic Skills Test, Luria-Nebraska Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test.

CPT® Code 96138

Code Descriptor

Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes

2019 Advice

The 2019 CPT® code set adds 96138 to report the first 30 minutes of any method for administration and scoring of two or more psychological or neuropsychological tests by a technician. The 2019 code set also adds +96139 as an add-on code to report with 96138 for each additional 30 minutes (List separately in addition to code for primary procedure). Psychological tests include but are not limited to personality tests, attitude tests, IQ tests, and achievement tests. Neuropsychological tests measure a psychological function known to be linked to a particular brain structure or pathway.

Of note, the 2019 code set also adds primary code 96136 and add-on +96137 for the same services performed by a physician or other qualified healthcare professional.

Lay Term

A technician administers two or more psychological or neuropsychological tests and scores them. Report this code for the first 30 minutes of administration and scoring by any method.

Clinical Responsibility

The technician explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests by any method. He administers standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He scores the tests.

Tips

Report 96139 each additional 30 minutes in addition to the primary code.

CPT® Code 96139

Code Descriptor

Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

Notes:

(96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)

(For 96136, 96137, 96138, 96139, do not include time for evaluation services [eg, integration of patient data or interpretation of test results]. This time is included in 96130, 96131, 96132, 96133)

Report With

This code can be reported with code(s): 96130, 96131, 96132, 96133

2019 Advice

The 2019 CPT® code set adds +96139 to report with primary code 96138 for each additional 30 minutes of administration and scoring by any method of two or more psychological or neuropsychological tests by a technician. Psychological tests include but are not limited to personality tests, attitude tests, IQ tests, and achievement tests. Neuropsychological tests measure a psychological function known to be linked to a particular brain structure or pathway.

Of note, the 2019 code set also adds primary code 96136 and add-on +96137 for the same services performed by a physician or other qualified healthcare professional.

Lay Term

A technician administers two or more psychological or neuropsychological tests and scores them requiring an additional 30 minutes beyond the initial 30 minutes.

Clinical Responsibility

The technician spends an additional 30 minutes administering and scoring standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway.

Tips

Report +96139 with primary code 96138 for each additional 30 minutes of administration and scoring of psychological or neuropsychological tests by any method by a technician.

Modifier -25 Details

Modifier Descriptor

Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

Lay Term

Append modifier 25 to an E/M service when the provider renders an E/M to the patient on the same day as another service or procedure.

Modifier Explanation

The medical documentation has to justify performing the separate E/M service. The patient's condition may warrant the same provider performing a separate E/M service and another service or procedure on the same day.

A provider may also render two E/M services to the same patient on the same day. Append modifier 25 to the second E/M service to prove that it was separate from the first E/M.

Tips

When using modifier 25, you should remember this maxim: If you don't have a HEM, you can't bill an E/M. Here, HEM stands for history, exam and medical decision-making. All procedures include some service related to patient evaluation and management, but a separate E/M should include its own HEM. In other words, the physician needs to determine whether the problem is significant enough to require additional work to perform the key components of the problem-oriented E/M service.

Although the news that all procedures contain a minor related E/M service might surprise you, you probably know that modifier 25 submissions require a minimum of two codes. However, auditors tell the Insider that not all coders are aware of this, and that they occasionally see modifier 25 on claims when an E/M visit was the only service reported. Without an accompanying initial service or procedure, you can't have a significant, separately identifiable service, experts say. When submitting claims consisting solely of an E/M code, make sure you don't include modifier 25.

According to CMS, physicians and qualified nonphysician practitioners (NPP) should use modifier 25 to designate a significant, separately identifiable E/M service provided by the same physician/qualified NPP to the same patient on the same day as another procedure or other service with a global fee period. In other words, you should not use modifier 25 when the procedure that occurred on the same day as a procedure that has no global days. The CMS definition, which is spelled out in MLN Matters article MM502, is still commonly misunderstood by many practices. Because many commonly billed procedures, such as EKGs, don't have a global period, modifier 25 should not be necessary for many claims. However, some payers do require the modifier

even in these circumstances, so you should check with your payer to see whether you should include modifier 25.

Section Specific Guideline

This list includes all of the modifiers applicable to CPT 2020 codes.

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers also enable health care professionals to effectively respond to payment policy requirements.

Modifier -59 Details

Modifier Descriptor

Distinct Procedural Service

Lay Term

Append modifier 59 to identify a procedure that is distinct or independent from other non-E/M services that the provider performs on the same day.

Modifier Explanation

Modifier 59 applies to procedures or services not typically reported together but are appropriate in specific situations. Modifier 59 tells the payer that the same provider does not ordinarily perform one procedure with another procedure for the same patient, on the same day. The procedures would not normally be reported together. In order to report modifier 59, the provider's documentation must support a:

- Different encounter or session
- Different surgery or procedure
- Different organ system or body site
- Separate incision or excision
- Separate lesion
- Separate injury

Append modifier 59 only if there is no more appropriate modifier to explain the circumstances. Documentation must support the use of the modifier.

Do not append modifier 59 to E/M services.

Warning: Do not use modifier 59 when another already established modifier is appropriate.

Tips

Watch out for code descriptors: Some code descriptors include the words "separate procedure," which tells you that the procedure is separate from other procedures performed on the same patient, and that it is appropriate to append modifier 59. Other code descriptors include multiple procedures, a primary procedure with additional procedures, bundled under one code. Do not append modifier 59 to these codes.

NCCI code pair edits will show which procedures you should not report together for the same patient. However, if the provider performs these two procedures together, and the documentation supports the rationale for performing them, you can append modifier 59 to the second procedure.

Become familiar with the difference between modifier 59 and modifier 51 for multiple procedures (i.e., While you should not expect modifier 51 to affect whether or not the payer reimburses, modifier 59 can actually affect how a payer reimburses a claim. Modifier 59 tips off the payer that certain performed services are not normally done together, but an exception, as noted above, is appropriate in a particular case.

Section Specific Guideline

This list includes all of the modifiers applicable to CPT 2020 codes.

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers also enable healthcare professionals to effectively respond to payment policy requirements.