

## Billing Guide for Psychological Screening and Testing – 2023

### Quick Reference

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| Type                | Performed By | Code  | Conditions | Minimum Time |
|---------------------|--------------|-------|------------|--------------|
| Screening           | Any          | 96127 | 1-4        | NA           |
| Test Administration | Provider     | 96136 | 2+         | 16 Minutes   |
| Test Administration | Technician   | 96138 | 2+         | 16 Minutes   |
| Test Evaluation     | Provider     | 96130 | 1+         | 31 Minutes   |

### QUALIFYING TIME

CMS finalized a list of activities that could count toward total time. These activities can count when time is used to select an E/M visit level, regardless of whether they involve direct patient contact. This list is not applicable to critical care services, which will have a different listing of qualifying activities.

- Preparing to see the patient (for example, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/ family/caregiver
- Care coordination (not separately reported)

Practitioners would not count time spent on the following:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient

## Documentation Guidelines According to the APA

The patient's medical record should contain documentation that supports the medical necessity for testing or other services performed, and examination results. When appropriate, documentation includes the following information:

- Referral question and referral diagnosis
- Relevant medical history
- Relevant psychosocial history
- Sources of information (*e.g.*, patient interview, record review, behavioral observations)
- Procedures administered
- Clinical decision making
- Interpretation of test data and other clinical information (*e.g.*, test results)
- Integration of sources of information (*e.g.*, summary and impressions)
- Diagnosis
- Treatment planning and recommendations
- Document time

## Test Administration

Once the potential for a mental health condition has been established by either screening or the presence of a comorbid condition, testing is used to determine the presence or absence of that mental health condition. For the purpose of billing, test administration requires "medical necessity" and must be justified by a related ICD-10 code. Test administration can be performed by either a physician or qualified healthcare professional, or a technician under the supervision of a physician or qualified healthcare professional, **using the method allowed for each code.**

## Test Administration Codes

| Code type: | CMS Definition:  |
|------------|--|
| CPT 96136  | Psychological or neuropsychological test administration and scoring by <b><u>physician</u></b> or other qualified healthcare professional, <b><u>two or more tests, any method</u></b> , first 30 minutes.<br>Note: For each additional 30 minutes use CPT code 96137. |
| CPT 96138  | Psychological or neuropsychological test administration and scoring by <b><u>technician, two or more tests, any method</u></b> ; first 30 minutes.<br>Note: For each additional 30 minutes use CPT code 96139.   |
| CPT 96146  | Psychological or neuropsychological test administration, with single automated instrument <b><u>via electronic platform</u></b> , with automated result <b><u>only</u></b> .   |

|             |  |
|-------------|--|
| ICD10 codes | <p><b>Medicare:</b> Medicare requires mental health related ICD10 codes (codes beginning in F) or codes for conditions/ symptoms comorbid to mental health conditions - refer to the latest Medicare Billing and Coding <a href="#">Articles</a> for the exact covered codes.</p> <p><b>Major Medical:</b> Depending on the specific coverage for mental health in a patient's plan there are 2 approaches to choosing ICD-10 codes.</p> <ol style="list-style-type: none"> <li>1. If the billing provider is a behavioral health provider and/ or the plan covers mental health, then bill using mental health related ICD10 codes (codes beginning in F).</li> <li>2. If the billing provider is NOT a behavioral health provider and/ or the plan does not cover mental health, bill using ICD10 codes for conditions/ symptoms comorbid to mental health. For example, depression and anxiety are comorbid to diabetes, and it is the standard of care to test for both when treating diabetes. The ICD10 code for diabetes should justify the administration in most circumstances.</li> </ol> <p><b>Note to Non-behavioral health providers:</b> Most commercial insurance companies separate their behavioral health claims. If the mental health tests were used to determine whether or not mental health was affecting the physical health of the patient, the claim should be processed by the physical medicine side. ICD10 codes related to physical medicine can avoid the complexities generated by behavioral health coverage.</p> |
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### Test Evaluation Services

Test evaluation services are designed to cover the physician or qualified healthcare professional's time in evaluating the results of a patient's mental health tests and determining a plan of action.

### Test Evaluation Codes

| Code type: | CMS Definition:  |
|------------|--|
| CPT 96130  | Psychological testing evaluation services by <b>physician</b> or other qualified healthcare professional, including integration of patient data, interpretation of standardized test <b>results</b> and clinical data, clinical <b>decision making</b> , treatment <b>planning</b> and <b>report</b> , and interactive <b>feedback</b> to the patient, family member(s) or caregiver(s), when performed; first hour Note: For each additional one-hour use CPT code 96131. |

### Additional Billable Codes

Additional billable services are available below that cover codes for Medicare and Medicaid annual wellness visits, and annual substance use counseling.

|                                      |   |
|--------------------------------------|---|
| G0442 - Medicare<br>H0049 - Medicaid | Alcohol and/or substance use (other than tobacco) screening and brief intervention services, <b>between 15-30 minutes</b> Note: May use up to once per year |
| G codes for Medicare                 | G0444 (96127)   |

|              |  |
|--------------|--|
| ICD10 codes: | <p><b>Medicare:</b> Medicare requires mental health related ICD10 codes (codes beginning in F) or codes for conditions/ symptoms comorbid to mental health conditions - refer to the latest Medicare Billing and Coding <a href="#">Articles</a> for the exact covered codes.</p> <p><b>Major Medical:</b> Depending on the specific coverage for mental health in a patient's plan there are 2 approaches to choosing ICD-10 codes.</p> <ol style="list-style-type: none"> <li>1. If the billing provider is a behavioral health provider and/ or the plan covers mental health, then bill using mental health related ICD10 codes (codes beginning in F).</li> <li>2. If the billing provider is NOT a behavioral health provider and/ or the plan does not cover mental health, bill using ICD10 codes for conditions/ symptoms comorbid to mental health. For example, depression and anxiety are comorbid to diabetes, and it is the standard of care to test for both when treating diabetes. The ICD10 code for diabetes should justify the administration in most circumstances.</li> </ol> <p><b>Note to Non-behavioral health providers:</b> Most commercial insurance companies separate their behavioral health claims. If the mental health tests were used to determine whether or not mental health was affecting the physical health of the patient, the claim should be processed by the physical medicine side. ICD10 codes related to physical medicine can avoid the complexities generated by behavioral health coverage.</p> |
|--------------|--|

## NCCI Guidelines

|             |  |
|-------------|--|
| NCCI - 2021 | <p>The psychiatric diagnostic interview examination (CPT codes 90791, 90792), psychological/ neuropsychological testing (CPT codes 96136-96146), and psychological/ neuropsychological evaluation services (CPT codes 96130-96133) <b>must be distinct services</b> if reported on the same date of service. "CPT Manual" instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133. Since the procedures described by CPT codes 96130-96139 are timed procedures, physicians <b>shall not report time for duplicating information</b> (collection or interpretation) included in the psychiatric diagnostic interview examination and/or psychological/ neuropsychological evaluation services or test administration and scoring. (CPT codes 96101 and 96118 were deleted January 1, 2019.)</p> |
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## Screening

Mental health screening is an assessment to determine the presence of symptoms of any kind of mental health disorder. The gathered data from a mental health screening test is used to diagnose which type of mental health disorder is present, the changes in personality, and what is the proper treatment needed.

## Screening Codes

|              |  |
|--------------|--|
| <b>Code:</b> | <b>CMS Definition:</b>   |
| CPT 96127    | <b>Brief</b> emotional/behavioral assessment with scoring and documentation, per standardized instrument.  |
| Note:        | <p>Most insurances allow the 96127 CPT code to be billed up to <b>4 times per year</b> with up to 4 Units. Make sure if multiple screenings are run, CPT code 96127 is on the CMS form only 1 time. The additional screenings are added to the units section of the CMS line; 1 unit for each assessment.</p> <p>Most insurance, including Medicare, will not allow the use of 96127 in addition to CPT 96136 - 96146.</p> |

|              |   |
|--------------|---|
| ICD10 codes: | <b>Medicare:</b> Medicare requires the use of G0444 rather than 96127 if screening during the annual wellness visit, and should be justified with the annual wellness ICD-10 code. 96127 may be used for screening at any other time. |
|--------------|---|

**Additional Notes:**

- 96127 should not be billed with 96130, 96136, 96138, or 96146
- 96136 OR 96138 can be billed with 96130 as long as the time for each service is counted separately
- If time is used to calculate your E&M then it must be separate from the time spent for either 96130, 96136, or 96138

**Psychiatrists Only:**

- You cannot bill 90792 along with 96130, 96136, or 96138, as they are essentially for the same services.

**Psychologists:**

- 90791 is the code designed to cover psychological screening, testing, and evaluation without medical services

**LSW, LPC Etc Only:**

- LSW, LPC, and equivalent are not typically able to bill any codes on this billing guide