

# **Correction to “Clarification: Billing for Psychological and Neuropsychological Testing Services”**

Information posted January 31, 2012

This is a correction to an article titled “Clarification: Billing for Psychological and Neuropsychological Testing Services,” which published on October 28, 2011 on this website.

The article incorrectly indicated that the number of units on the claim must reflect the time spent during face-to-face testing of the client and that time spent while scoring and interpreting the results must not be repeated separately on the claim even if scoring and interpretation are completed on a different date from the testing.

The correct information is that the claim must reflect the time spent during face-to-face testing of the client plus the time spent while scoring and interpreting the results. The units on the claim represent one hour each.

If the performance, interpretation, and reporting of the testing span more than one day, the date of service on the claim must reflect the date and the time spent for each service performed. Providers must submit only one claim for each psychological or neuropsychological testing performed even if the scoring and interpretation cannot be completed on the same date as the testing. A claim must not be submitted until testing is complete. Providers can submit one claim with multiple details on separate claims for each date of service.

The completed, corrected article is as follows:

Psychological testing (procedure code 96101) or neuropsychological testing (procedure code 96118) is limited to a total of four hours per day, and eight hours per client, per calendar year from any provider. Hours billed beyond four hours per day without prior authorization will be denied. All supporting documentation must be maintained by the provider in the client’s medical record.

Reimbursement for procedure codes 96101 and 96118 includes face-to-face testing, scoring, and interpretation of the results.

## **Claims Filing**

The claim must include the following information:

- The date of service on the claim must reflect the date and time spent for each service performed.
- The claim must reflect the time spent during face-to-face testing of the client plus the time spent while scoring and interpreting the results. The units on the claim represent one hour each.
- If the performance, interpretation, and reporting of the testing span more than one day, then the date of service on the claim must reflect the date and the time spent for each service performed. Providers must submit only one claim for each psychological or neuropsychological testing performed even if the scoring and interpretation cannot be completed on the same date as the testing. A claim must not be submitted until testing is complete. Providers can submit one claim with multiple details for each date of service.

**Example:** *A provider spends an hour of face-to-face time with the client and then spends another hour scoring and interpreting the results on a different date of service. In this case, the provider will submit the claim with two different details. One detail line would include the appropriate testing procedure code and date of service with one unit for the face-to-face testing. The second detail line would include the date of service with one unit for the additional hour spent scoring and interpreting the results.*

For more information, call the TMHP Contact Center at 1-800-925-9126.