

Billing Suggestions

General guidelines for billing for healthcare services using this test are provided below. The approval for payments for specific services will vary by insurance carrier and state. Both mental health care professionals and physicians can bill for the evaluation, testing time, and interpretation pertaining to the assessment of ADHD using the IVA-AE2. Information is provided below for helping clinicians make decisions for how to appropriately bill for professional services involving the use of this test.

Mental Health Professionals

Many insurance companies recognize the clinical usefulness of testing and evaluation in the diagnosis of ADHD. Recently, Medscape recommended the inclusion of the IVA CPT in its comprehensive guidelines for diagnosing ADHD. Generally, a comprehensive diagnostic evaluation for clients presenting with ADHD-type symptoms will include a review of relevant medical and social history, clinical observations, the utilization of parent and teacher rating scales, and the administration of tests, including CPTs.

Generally, psychologists, psychiatrists, and physicians are licensed in most states to perform continuous performance tests and to interpret the results. Some insurance companies require any psychological testing to be pre-approved, and it may be necessary to provide documentation regarding the reasons for the testing. If testing using the IVA-AE2 is questioned, IVA-AE2 validity and reliability studies are documented in the Research Studies section of this manual, and permission is granted to registered users to copy these studies for obtaining reimbursement of services. Abstracts of other IVA research can be found at www.braintrain.com/iva-research. In specific instances, you may want to consult with the insurance company regarding which codes they will acknowledge and accept as appropriate.

The IVA-AE2 is an automated test that can be validly administered by a technician (Code 96102). Generally, this test will be included as part of a comprehensive test battery. Prior to testing, mental health professionals will complete a psychiatric diagnostic evaluation done with or without medical services. Testing by mental health professionals typically requires 2-6 units using codes 96101 and/or 96102. If a clinician only administers the IVA-AE2, it will take about 30 to 45 minutes to evaluate test results and create a written report using the IVA-AE2 report writer. Codes 90832, 90834, and 90837 can be used by mental health professionals for meeting with clients about treatment plan to discuss test results and how they will be utilized in developing a plan which will be implemented as part of that therapy session.

Testing, Interpretation, and Report Preparation Billing Codes for Mental Health Professionals

96116	Neurocognitive status exam by a psychologist or physician (per hour)
	Includes a neurobehavioral status exam to assess judgment, attention, memory, executive functioning, and other cognitive skills. Report regarding the findings must be prepared. Total time spent on the service, including time spent face-to-face with the patient, interpreting test results, and preparing the report, must be mentioned explicitly in the report. Round to the nearest hour. For less than 31 minutes, include the -52 modifier to bill for half a unit.
96101	Psychological testing by a psychologist or physician (per hour)
	The amount of time used to interpret and write the report can be billed for on a separate date from testing without patient present. May be able to bill 96101 and 96102 on same date, but cannot bill 96116 with this code. For less than 31 minutes, include the -52 modifier to bill for half of a unit.
96102	Psychological testing by technician (per hour)
	Testing by technician can be done at same time that the mental health professional interviews parents or other parties responsible for the patient to obtain relevant medical and psychosocial history important to the evaluation. The technician can also guide the parents or individual in filling out ADHD rating scale forms online or score offline forms. For less than 31 minutes, include the -52 modifier to bill for half of a unit.
90791	Psychiatric diagnostic evaluation done without medical services
	Includes an integrated biopsychosocial assessment, including history, mental status, and recommendations. May include communication with family or other sources and review/ordering of diagnostic studies. Cannot be reported same day as an E/M code, as code 96101 or 96102, or as a psychotherapy service code.

90792	Psychiatric diagnostic evaluation done with medical services
	Includes an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. May include communication with family or other sources, prescription of medications, and review/ordering of laboratory or other medical diagnostic studies. Cannot be reported same day as an E/M code, as code 96101 or 96102, or as a psychotherapy service code.
90832	Psychotherapy (30 min)
90834	Psychotherapy (45 min)
90837	Psychotherapy (60 min)
	Any of the above psychotherapy codes can be applied to meeting with patients to discuss test results and how results will be utilized in developing a treatment plan implemented as part of that therapy session.

Physician Guidelines

In many cases, individuals will initially see their primary care physicians for an evaluation of ADHD-type symptoms. An evaluation by a physician for patients presenting with ADHD-type symptoms will include three key components: (1) a review of relevant medical and psychosocial history, (2) an examination, and (3) medical decision-making. Recently, Medscape recommended the inclusion of the IVA CPT in its comprehensive guidelines for diagnosing ADHD. Historically, ADHD rating scales, along with a diagnostic evaluation, have been used in the medical decision-making process pertaining to ADHD. The IVA-AE2 CPT can be included and evaluated in conjunction with rating scales in order to provide both subjective and objective data to aid physicians in their diagnostic evaluations. Based on the overall evaluation and diagnosis, the physician will then need to consider whether or not to refer for additional clinical services.

For medical doctors in general or family practice, there are a number of different billing codes that they can use for the specific services provided. Most often, physicians will bill based on the face-to-face time it takes to complete an ADHD evaluation using E/M codes 99204 or 99215. This evaluation would include the relevant key components described above. As part of this evaluation, the IVA-AE2 can be administered by a technician or the physician. If administered by a technician, physicians can interview parents or other responsible parties during testing to obtain relevant medical and psychosocial history important for their medical decision-making process. These codes can also be used in the case of re-administering the test.

The initial report draft can be prepared by a technician for review and editing by the clinician. Generally it will take the physician 30 to 45 minutes to prepare and finalize an IVA-AE2 diagnostic report. This interpretation and report preparation time can be billed using the code for the neurocognitive status exam (96116) in addition to the E/M code. Physicians can then schedule a follow-up meeting with the parents and/or patients using an E/M code such as 99214 to review the diagnosis, treatment plan, and provide a written report that can be used to obtain accommodations, if needed.

Evaluation and Management (E/M) Billing Codes Most Likely to be Utilized for Evaluating ADHD or Reviewing Testing Results

New Patients, 3 out of 3 components required

99203	Detailed psychosocial and medical history, detailed exam, low level of problem severity and medical decision-making (Typically 30 minutes face-to-face time)
99204	Comprehensive psychosocial and medical history, comprehensive exam, moderate level of problem severity and medical decision-making (Typically 45 minutes face-to-face time)
99205	Comprehensive psychosocial and medical history, comprehensive exam, high level of problem severity and medical decision-making (Typically 60 minutes face-to-face time)

Established Patients, 2 out of 3 components required

99213	Expanded problem-focused history, expanded problem-focused exam, low level of problem severity and medical decision-making (Typically 15 minutes face-to-face time)
99214	Detailed problem-focused history, detailed problem-focused exam, moderate level of problem severity and medical decision-making (Typically 25 minutes face-to-face time)
99215	Comprehensive problem-focused history, comprehensive problem-focused exam, high level of problem severity and medical decision making (Typically 40 minutes face-to-face time)

Testing, Interpretation, and Report Preparation Billing Codes for Physicians	
96116	Neurocognitive status exam by a physician or psychologist (per hour)
	A physician should use this code when doing an extended neurobehavioral exam on a patient to assess judgment, attention, memory, executive functioning, and other cognitive skills. Can generally be billed on the same day as an E/M code; however, the reports need to be separate or in separate portions of a combined E/M Neurobehavioral testing report. Total time spent on the service, including time spent face-to-face with the patient, interpreting test results, and preparing the report, must be mentioned explicitly in the report. Round to the nearest hour. For less than 31 minutes, include the -52 modifier to bill for half a unit.
96101	Psychological testing by a psychologist or physician (per hour)
	The amount of time used to interpret and write the report can be billed for on a separate date from testing without patient present. May be able to bill 96101 and 96102 on same date, but cannot bill 96116 with this code. For less than 31 minutes, include the -52 modifier to bill for half of a unit.
96102	Psychological testing by technician (per hour)
	Testing by technician can be done at same time that the mental health professional interviews parents or other parties responsible for the patient to obtain relevant medical and psychosocial history important to the evaluation. The technician can also guide the parents or individual in filling out ADHD rating scale forms online or score offline forms. For less than 31 minutes, include the -52 modifier to bill for half of a unit.

In some cases, primary care physicians may decide to use psychological testing service codes in diagnosing ADHD. The physician's time can be billed using code 96101 to cover for the amount of time that he or she spends interpreting the test data and preparing the report. They can use 96102 if a technician administers the IVA-AE2 test and helps collect and score the rating scales. In this case, they would not bill for a neurocognitive status examination. In addition, they may need to obtain pre-authorization from the patient's insurance company for the number of testing units needed. More information about psychological service billing codes is provided below.