

Physician Guidelines

In many cases, individuals will initially see their primary care physicians for an evaluation of cognitive impairments, memory problems, or ADHD-type symptoms. An evaluation by a physician for patients presenting with these types of symptoms will include three key components: (1) a review of relevant medical and psychosocial history, (2) an examination, and (3) medical decision-making. 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 a cognitive functioning, memory impairment, or ADHD evaluation using E/M codes 99204 or 99215. This evaluation would include the relevant key components described above. As part of this evaluation, this test 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 about 30 minutes to prepare and finalize an interpretive report based on the results of this test. 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 evaluating the types of problems that are assessed using this test. 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 test. 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 above.