

# Billing Guidelines

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. It may be necessary to contact specific insurance providers to determine their preferred billing codes for services. In general, the selected billing code will depend on who administers the test (i.e., psychologist, physician, other qualified healthcare provider, or technician). 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-2.

## **Mental Health Professionals**

Many insurance companies recognize the clinical usefulness of testing and evaluation in the diagnosis of ADHD, learning problems, or cognitive disorders. Generally, a comprehensive diagnostic evaluation for clients presenting with cognitive impairments or ADHD-type symptoms will include a review of relevant medical and social history, clinical observations, and the administration of appropriate tests.

Generally, psychologists, psychiatrists, and physicians are licensed in most states to perform neuropsychological or cognitive testing and interpret the results. Some insurance companies require cognitive testing to be pre-approved, and it may be necessary to provide documentation regarding justification for the testing. Validity and reliability studies are documented in the Research Studies section of this manual, and this information can be used to help guide the reimbursement of services. In specific instances, you may want to consult with the insurance company regarding which codes they will acknowledge and accept as appropriate.

This test administration is automated and can be validly administered by a technician or medical assistant. Generally, multiple tests are included as part of a comprehensive test battery billed at an hourly reimbursement rate (See billing code table below). Prior to testing, mental health professionals will complete a psychiatric diagnostic evaluation done with or without medical services. Comprehensive testing by the healthcare provider typically requires 2-6 units using codes 96136 when they directly conduct the testing. The code 96138 is used when testing is solely administered by a technician. Codes 96130 and 96132 can be used by mental health professionals and physicians for meeting with clients in order to review test results and discuss how they will be utilized in developing a treatment plan.

**Testing, Interpretation, and Report Preparation Billing Codes for Psychologists, Physicians, and Other Qualified Healthcare Providers\*\***

96136*	Neuropsychological testing and scoring with use of at least 2 tests administered by a psychologist, physician, or other qualified healthcare professional (first 30 minutes)
96137*	Each additional 30 minutes testing
96138*	Neuropsychological testing and scoring by technician with use of at least 2 tests (first 30 minutes)
96139*	Each additional 30 minutes testing by technician
	Testing by a technician can be done at the same time that the clinician interviews parents or other parties responsible for the patient in order to obtain relevant medical and psychosocial history important to the evaluation.
96146*	Psychological or neuropsychological testing with single automated electronic instrument
	This code is used when the patient independently completes a clinician-provided computerized psychological or neuropsychological test with automated administration and scoring.
90791	Psychiatric diagnostic evaluation done without medical services
	This code includes an integrated biopsychosocial assessment consisting of clinical history, mental status, and treatment plan. It may include communication with family or other relevant sources and the review or ordering of diagnostic studies. It cannot be used on the same day as an E/M code, testing codes 96136 or 96138, or a psychotherapy service code.

90792	Psychiatric diagnostic evaluation done with medical services
	This code includes an integrated biopsychosocial assessment consisting of clinical history, mental status, and treatment plan performed by physician or other qualified medical provider. Covered medical services would include prescription of medications, and review or ordering of laboratory or other medical diagnostic studies. It may include communication with family or other relevant sources. It cannot be used on the same day as an E/M code, testing codes 96136 or 96138, or a psychotherapy service code.
96116	Neurobehavioral status exam by a psychologist, physician, or other qualified healthcare professional (first hour)
96121	Each additional hour
	This includes an initial neurobehavioral clinical exam prior to test administration to assess cognitive functioning (e.g., judgment, attention, memory, executive functioning). A report regarding the findings must be prepared. The total time spent on the service, including time spent face-to-face with the patient and preparing the report, must be detailed in the report.
96130*	Psychological test, interpretation, and reporting by a psychologist, physician, or other qualified healthcare professional (first hour)
96131*	Each additional hour
	This comprehensive code is used for performing psychological tests as well as interpretation of results and development of a treatment plan. It includes preparing a report regarding findings and discussion of the above with the patient.

96132*	Neuropsychological testing, interpretation, and reporting by a psychologist, physician, or other qualified healthcare professional (first hour)
96133*	Each additional hour
	This comprehensive code is used for performing neuropsychological tests as well as interpretation of results and development of a treatment plan. It includes preparing a report regarding findings and discussion of the above with the patient.
96127*	Developmental/Behavioral screening and testing by physician
	This code is used when providing a brief assessment for mental health disorders such as ADHD or depression with scoring and documentation of results. This code cannot be billed on the same day as a comprehensive neuropsychological evaluation.
90832	Psychotherapy (16-37 min)
90834	Psychotherapy (38-52 min)
90837	Psychotherapy (53 min or more)
	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. Generally, these codes are not billed on the same day as testing.

\*These CPT codes can be billed on the same day as an E/M code when allowed with use of modifier codes. Physicians and other healthcare providers who use E/M codes will need to append the -25 modifier to the E/M code and the -59 modifier with number of units to the relevant CPT code.

\*\*Billing codes listed above are based on 2019 billing code updates.

**Coding Guidelines:** The above diagnostic procedures are used to help the psychologist or physician in clarifying the diagnosis and assist in forming a treatment plan. It may be necessary to obtain a prior authorization from the patient's insurance provider in advance of performing testing. The coverage for the above testing procedures is subject to documentation of medical necessity and may vary between insurance providers. Eligible providers include physicians, clinical psychologists, nurse practitioners, clinical nurse specialists, and physician assistants to the extent authorized under state scope of practice. To report any per hour code, a minimum of 31 minutes must be documented in activities performed specific to that testing procedure. To report any per 30-minute code, a minimum of 16 minutes must be documented.

**Disclaimer:** The billing information provided above is general in nature and was compiled based upon third-party sources. All billing codes are subject to change without notice due to updates in reimbursement laws, regulations, policies, and procedures. Content contained in this document is informational only and does not claim to cover all situations or all payers' policies. Medical providers assume responsibility for the determination of medical necessity and determining need for prior authorization, if applicable. BrainTrain, Inc. makes no promises or guarantees pertaining to coverage, reimbursement, or determination as to appropriateness of procedures billed. BrainTrain, Inc. specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on this information.

## **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. Physicians can bill for an initial brief assessment using the code 96127. Based on the overall evaluation and diagnosis, the physician will then need to consider whether or not to have the patient return for further testing and/or to refer the patient 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. This evaluation would include the relevant key components described above. As part of this evaluation, tests can be administered by a technician, such as a medical assistant. 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. Testing codes can also be used in the case of re-administering to track response to treatment.

Generally, it will take the physician about 35 to 45 minutes to prepare and finalize an interpretive report based on the results of tests administered. Time spent in interpretation and report preparation should be included in documentation for billing purposes and can be done using the code for neuropsychological testing with interpretation and reporting (96132, 96133). These codes can be used in combination with the E/M code for a follow-up meeting with the parents and/or patients to review the diagnosis, treatment plan, and provide a written report that can be used to obtain accommodations, if needed. More information about neuropsychological and psychological service billing codes is provided in the chart above.