



PSYCHOLOGICAL TESTING

Updates to Psychological Testing Codes as of January 1, 2019

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Purpose & Objectives

- ▶ 1. Identify the role of KEPRO
- ▶ 2. Discuss medical necessity criteria
- ▶ 3. Review Staff Qualifications for Psychological Testing
- ▶ 4. Introduce 2019 CPT[®] Psychological Testing Code Changes
- ▶ 5. Review CPT[®] Psychological Testing Definitions
- ▶ 6. Discuss Documentation Requirements
- ▶ 6. Review KEPRO Consultation Scoring Tool for Psychological Testing



KEPRO

- ▶ KEPRO is an Administrative Service Organization contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):
 - Bureau for Medical Services (BMS)
 - Bureau for Children and Families (BCF)
 - Bureau for Behavioral Health (BBH)

 - KEPRO, in conjunction with the Bureau for Medical Services, is conducting this webinar training for fee-for-service providers.
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MEDICAL NECESSITY CRITERIA

- Medical Necessity is services that are:
 - ① Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
 - ② Provided for the diagnosis or direct care of an illness;
 - ③ Within the standards of good practice;
 - ④ Not primarily for the convenience of the member or provider; and
 - ⑤ The most appropriate level of care that can safely be provided.



PSYCHOLOGICAL TESTING CREDENTIALING REQUIREMENTS

Psychological Testing Credentialing Requirements

- ▶ Must be performed by a West Virginia licensed psychologist in good standing with WV Board of Examiners of Psychology, a Supervised Psychologist who is supervised by a Board approved Supervisor, a physician or physician extender.
- ▶ Supervised Psychologist must possess Master's Degree or Doctorate Degree and a Gold Card issued by the WV Board of Examiners of Psychologists.

PSYCHOLOGICAL TESTING CODE CHANGES

Psychological Testing Code Changes

- ▶ As of January 1, 2019, several CPT® codes were replaced with new codes.
- ▶ Utilization of the new codes is mandatory.
- ▶ Overall, documentation requirements remain the same.
- ▶ All Psychological Testing codes require prior authorization.
- ▶ Tier 1 data elements are required with Tier 2 for additional units.
- ▶ Psychological Testing Services will continue to be covered by WV Medicaid equal to the previous benefit.

96130, 96131, 96136, 96137

- Psychological Testing Evaluation, First Hour
 - Psychological Testing Evaluation, Additional Hour
- Psychological or Neuropsychological Test Administration and Scoring, First 30 Min.
- Psychological or Neuropsychological Test Administration and Scoring, Addt'l 30 Min.

96101 Psychological Testing Code Changes

Previous Code	2019 CPT Code	Duration & Auth Requirements
96101– Psychological Testing with Interpretation and report	96130– Psychological Testing Evaluation Services by Professional	Unit = 1 Hour; 1 Unit authorized.
	96131– Psychological Testing Evaluation Services by Professional, additional hour	Unit = 1 Hour; 2 Units authorized. Must be authorized concurrent or after 96130.
	96136– Psychological or Neuropsychological Test Administration & Scoring Professional, first 30 min.	Unit = 30 Minutes, 1 Unit Authorized.
	96137– Psychological or Neuropsychological Test Administration & Scoring by Professional., add 30 min.	Unit = 30 Minutes, 3 Units Authorized. Must be authorized concurrent or after 96136.



96130 and 96131 Service Definition

- 96130 – Psychological Testing Evaluation Services by Physician or other Qualified Health Professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
- 96131 – Psychological Testing Evaluation by Physician or other Qualified Health Professional, for each additional hour.

96130 and 96131 Service Exclusions

- These services are not intended for:
 - Psychometrician/Technician Work
 - Computer – Scoring
 - Self-Administered Assessments
 - Computer Interpretation

96136 and 96137 Service Definition

- 96136 – Psychological or Neuropsychological Test Administration and Scoring by Physician or other Qualified Health Care Professional, two or more tests, any method; first 30 minutes.
- 96137 – Psychological or Neuropsychological Test Administration and Scoring by Physician or other Health Professional, each additional 30 minutes.

96136 and 96137 Service Exclusions

- These services are not intended for:
 - Time for evaluation services (e.g., integration of patient data or interpretation of test results)
 - Psychometrician/Technician Work
 - Computer – Scoring
 - Self-Administered Assessments
 - Computer Interpretation
 - Administration of Single Test

96112 and 96113

- Developmental Test Administration by Professional, first hour
- Developmental Test Administration by Professional, additional 30 minutes

96111 Developmental Testing, Extended Code Changes

Previous Code	2019 CPT Code	Duration & Auth Requirements
96111 – Developmental Testing, Extended	96112 – Developmental Test Administration by Professional with Interpretation & Report, first hour	Unit = 1 Hour; 1 Unit Authorized. Must be requested prior to or concurrent with 96113.
	96113 – Developmental Test Administration by Professional with Interpretation & Report, additional 30 minutes	Unit = 30 Minutes. 6 Units (3 Hours) Authorized. Must be authorized concurrent or after 96112.

96112 and 96113 Service Definition

- 96112 – Developmental Test Administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour.
- 96113 Developmental Test Administration by Professional, additional 30 minutes should be used after the first hour.

96112 and 96113 Service Exclusions

- Extensive developmental testing is provided under this code; limited developmental testing should be provided using 96110 Developmental Screening. Limited and general psychological testing should be provided utilizing 96130, 96131, 96136, and 96137 Psychological Testing procedure codes.

- These services are not intended for:
 - Psychometrician/Technician Work
 - Computer – Scoring
 - Self-Administered Assessments
 - Computer Interpretation

96132, 96133, 96136, 96137

- Neuropsychological Testing Evaluation, First Hour
 - Neuropsychological Testing Evaluation, Additional Hour
- Psychological or Neuropsychological Test Administration and Scoring, First 30 Min.
- Psychological or Neuropsychological Test Administration and Scoring, Addt'l 30 Min.

96118 Neuropsychological Testing Battery Code Changes

Previous Code	2019 CPT Code	Duration & Auth Requirements
96118– Neuro- psychological Testing Battery	96132– Neuropsychological Testing Evaluation by Professional, first hour	Unit = 1 Hour; 1 Unit authorized.
	96133– Neuropsychological Testing Evaluation by Professional, add 1 hour	Unit = 1 Hour; 9 Units authorized. Must be authorized concurrent or after 96132.
	96136 – Psychological or Neuropsychological Test Admin. and Scoring by Professional, first 30 min.	Unit = 30 Minutes, 1 Unit Authorized.
	96137– Psychological or Neuropsychological Test Admin. and Scoring by Professional, add 1 30 min.	Unit = 30 Minutes, 3 Units Authorized. Must be authorized concurrent or after 96136.

96132 and 96133 Service Definition

- 96132 – Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s), caregiver(s), when performed; first hour.
- 96133 – Neuropsychological testing evaluation services by physician or other qualified health care professional, additional hour is used for each additional hour.

96132 and 96133 Service Exclusions

- These services are not intended for:
 - Psychometrician/Technician Work
 - Computer – Scoring
 - Self-Administered Assessments
 - Computer Interpretation

96136 and 96137 Service Definition

- 96136 – Psychological or Neuropsychological Test Administration and Scoring by Physician or other Qualified Health Care Professional, two or more tests, any method; first 30 minutes.
- 96137 – Psychological or Neuropsychological Test Administration and Scoring by Physician or other Health Professional, each additional 30 minutes. This code would be listed separately in addition to the code for the primary procedure (96136).

96136 and 96137 Service Exclusions

- These services are not intended for:
 - Time for evaluation services (e.g., integration of patient data or interpretation of test results)
 - Psychometrician/Technician Work
 - Computer – Scoring
 - Self-Administered Assessments
 - Computer Interpretation
 - Administration of Single Test

96146 Psychological or Neuropsychological Test Administration with Automated Results

96120 Neuropsychological Testing Administered by Computer Changes

Previous Code	2019 CPT Code	Duration & Auth Requirements
96120 – Neuropsychological Testing Administered by Computer	96146 – Psychological or Neuropsychological Test Administration, with Single Automated Instrument via Electronic Platform, with Automated Result Only	Unit = Event; 4 Events/Per Member/Per Year from start date of initial service.



96146 Service Definition

- 96146 - Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated results only.

*This service is intended for a single test.

96146 Service Exclusions

- 96136 and 96137 (Psychological or Neuropsychological Testing Administration & Scoring) procedure codes should not be billed for the same tests or services performed under this procedure code.
- This service should not be performed for multiple tests. It is a single automated test.
- This service is not intended for:
 - Psychometrician/Technician Work
 - Psychologist Test Administration & Scoring
 - Self-Administered Assessments

Psychological Testing Documentation Requirements

Documentation Requirements For All Codes

- ▶ Documentation/Report must contain the following and be completed in 15 calendar days from the date of service:
 - Date of Service
 - Location of Service
 - Time Spent (Start/Stop Times)
 - Signature with Credentials
 - Purpose of the Evaluation—[must meet medical necessity]
 - Documentation that Medicaid Member was present for the evaluation
 - Report must contain results (score and category) of the administered tests/evaluations
 - Report must contain interpretation of the administered tests/evaluations
 - Report must contain documentation of mental status exam
 - Report must contain a rendering of the Medicaid Member's diagnosis within the current DSM or ICD methodology
 - Report must contain recommendations consistent with the findings of administered test/evaluation

Documentation Requirements, Cont.

- ▶ WV Medicaid has established the following minimum requirements that must be documented as part of the Mental Status Exam within the report:
 - ▶ Appearance
 - ▶ Behavior
 - ▶ Attitude
 - ▶ Level of consciousness
 - ▶ Orientation
 - ▶ Speech
 - ▶ Mood and affect
 - ▶ Thought process/form and thought content
 - ▶ Suicidality and homicidality
 - ▶ Insight and judgment

Psychological Testing Review Tool

Psychological Evaluation Retrospective Review Tool

1.	Does the purpose of the evaluation meet medical necessity criteria? (NOTE: If Question #1 scores a 1.5, then the purpose does not meet medical necessity but the documentation demonstrates medical necessity. If Question #1 scores 0, then all remaining questions score 0.)	3	1.5	0	
2.	Is it clearly documented that the member was present for the evaluation? (NOTE: If Question #2 is scored 0, then all remaining questions will be scored 0.)	1	0		
3.	Does the evaluation meet service definition? (NOTE: If question #3 scores 0, then all remaining questions score 0.)	3	1.5	0	

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Psychological Evaluation Retrospective Review Tool (cont.)

4.	<p>Does the report contain the following:</p> <ul style="list-style-type: none"> • Date of the service • Location of the service • Clinician's signature with appropriate credentials? • Service Code/Descriptor • Signature with appropriate credentials <p>(Note: if there is no signature with appropriate credentials within 15 days of the start of the service, all questions score 0.)</p>	3	1.5	0	
5.	Is there sufficient testing administered related to the presenting problem?	3	1.5	0	
6.	Was the administered tests/evaluations congruent to the purpose of the evaluation?	3	1.5	0	
7.	Does the report contain the results (scores and category) of the administered tests/evaluations?	3	1.5	0	

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Psychological Evaluation Retrospective Review Tool (cont.)

8.	Does the report contain the interpretation of the administered tests/evaluations?	3	1.5	0	
9.	Does the report contain the documentation of a mental status exam that contains the following: <ul style="list-style-type: none">• Appearance• Behavior• Attitude• Level of Consciousness• Orientation• Speech• Mood & Affect• Thought Process/Form & Thought Content• Suicidality & Homicidality• Insight & Judgment	3	2	1	0

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Psychological Evaluation Review Tool (cont.)

10.	Does the report contain the rendering of the re me r s diagnosis within the DSM or ICD methodology?	3	2	1	0
11.	Was an analysis of testing interpretations incorporated in the rationale for diagnosis?	3	1.5	0	
12.	Does the report contain reco m a n d a t i o n s consistent with the findings of the administered tests/evaluations?	3	1.5	0	

Total Score Possible is 43

* The scoring for these questions are as follows:

- 3– 100% of the documentation meets this standard
- 2– 99% to 75% of the documentation meets this standard
- 1– 74% to 50% of the documentation meets this standard
- 0– Under 50% of the documentation meets this standard

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Psychological Evaluation Retrospective Review Tool (cont.)

BEST PRACTICE QUESTIONS (do not factor into the scoring)

Is the time claimed congruent to the manufacturer's standard times?

1 - YES 0 - NO

Does the documentation indicate that the results of the testing were reviewed with the consumer and/or family when appropriate?

1 - YES 0 - NO



QUESTIONS AND ANSWERS

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