Psychological and Neuropsychological Tests

Key Words
MM5204, CR5204, R85BP, Psychological, Neuropsychological

Provider Types Affected
Providers who bill Medicare Carriers or Fiscal Intermediaries (FIs) for the provision of diagnostic psychological and neuropsychological tests

Note: MLN Matters article MM5204 was revised on March 3, 2008, to reflect a revision made to Change Request (CR) 5204. The article was changed to correct a reference in the first paragraph of the Background section to state, "Section 1861 (s)(3)(c) of the Social Security Act." The CR release date, transmittal number, and Web address for accessing CR5204 were also changed.

Key Points
- The effective date of the instruction is January 1, 2006.
- The implementation date is December 28, 2006.
- Medicare Part B coverage of psychological tests and neuropsychological tests is authorized under Section 1861(s)(3) of the Social Security Act.
- Payment for these tests is authorized under Section 1842(b)(2)(A) of the Social Security Act.
- The Current Procedural Terminology (CPT) codes for these tests are included in the range of codes from 96101 to 96120 and are covered and indicated as active codes under the Medicare Physician Fee Schedule (MPFS) database.
  - The appropriate codes when billing for psychological tests are: 96101, 96102, 96103, 96105, 96110, and 9611; and
  - The appropriate codes when billing for neuropsychological tests are: 96116, 96118, 96119, and 96120.
• CR5204 provides that (effective January 1, 2006) the CPT codes for psychological and neuropsychological tests include tests performed by technicians and computers (CPT codes 96102, 96103, 96119, and 96120) in addition to tests performed by physicians, clinical psychologists, independently practicing psychologists, and other qualified nonphysician practitioners.

• These changes, which were made in accordance with the final physician fee schedule regulation, were published in the Federal Register on November 21, 2005, at 70 Federal Register 70279 and 70280 under Table 29 (American Medical Association, Relative Value Update Committee and Health Care Professional Advisory Committee Recommendations and the Centers for Medicare & Medicaid Services (CMS) Decisions for New and Revised 2006 CPT Codes).

Supervision Requirements for Diagnostic Psychological and Neuropsychological Tests

• Under the diagnostic tests provision, all diagnostic tests are assigned a certain level of supervision.

• Regulations governing the diagnostic tests provision allow only physicians to provide the assigned level of supervision for such tests.

• However, for diagnostic psychological and neuropsychological tests, there is a regulatory exception that allows either a clinical psychologist (CP) or a physician to perform the assigned general supervision.

• Nonphysician practitioners such as nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs), who personally perform diagnostic psychological and neuropsychological tests are excluded from having to perform these tests under the supervision requirements of the diagnostic psychological and neuropsychological tests benefit. That is, under the general supervision of a physician or a CP.

• Rather than providing them under the requirements for diagnostic psychological and neuropsychological tests, NPs and CNSs must perform such tests under the requirements of their respective benefit.

• NPs and CNSs must perform them in collaboration (as defined under Medicare law at Section 1861(aa)(6) of the Act) with a physician.

• PAs must perform these tests under the general supervision of a physician as required for services furnished under the PA benefit.

• Physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) are authorized to bill three test codes (96105, 96110, and 96111) as “sometimes therapy” codes. However, when PTs, OTs and SLPs perform these three tests, they must do so under the general supervision of a physician or a CP.

Payment for Diagnostic Psychological and Neuropsychological Tests

• Expenses for diagnostic psychological and neuropsychological tests are not subject to the outpatient mental health treatment limitation, which is the payment limitation on treatment services for mental, psychoneurotic and personality disorders as authorized under Section 1833(c) of the Social Security Act.

• The payment amounts that are billed for tests performed by a technician or a computer reflect a site of service payment differential for the facility and non-facility settings.
• CPs, NPs, CNSs and PAs are required by law to accept assigned payment for psychological and neuropsychological tests.
• Although Independently Practicing Psychologists (IPPs) are not required to accept assigned payment for these tests, they must report the name and address of the physician who ordered the test on the claim form when billing for tests. (An IPP is any psychologist who is licensed (or certified) to practice psychology in the state or jurisdiction where furnishing services or, if the jurisdiction does not issue licenses, if provided by any practicing psychologist.)
• Examples of psychologists (other than CPs) whose psychological and neuropsychological tests are covered under the diagnostic tests provision include, but are not limited to, educational psychologists and counseling psychologists.
• Additionally, there is no authorization under Medicare law for payment for diagnostic tests when performed on an “incident to” basis.

Providers that May Bill for Diagnostic Psychological and Neuropsychological Tests
• CPs - See qualifications under Chapter 15, Section 160 of the Medicare Benefits Policy Manual.
• NPs – to the extent authorized under State scope of practice - See qualifications under Chapter 15, Section 200 of the Medicare Benefits Policy Manual.
• CNSs – to the extent authorized under State scope of practice - See qualifications under Chapter 15, Section 210 of the Medicare Benefits Policy Manual.
• PAs – to the extent authorized under State scope of practice - See qualifications under Chapter 15, Section 190 of the Medicare Benefits Policy Manual.
• IPPs
• PTs, OTs and SLPs - See qualifications under Chapter 15, Sections 220-230.6 of the Medicare Benefits Policy Manual.

Some Other Important Things that Providers Should Know
• The technician and computer CPT codes for psychological and neuropsychological tests include practice expense, malpractice expense and professional work relative value units. Therefore, CPT psychological test code 96101 will not be paid if providers include it in the bill for the same tests or services performed under psychological test codes 96102 or 96103.
• Similarly, CPT neuropsychological test code 96118 will not be paid when included in the bill for the same tests or services performed under neuropsychological test codes 96119 or 96120.

Note: CPT codes 96101 and 96118 can sometimes be paid separately, when billed on the same date of service for different and separate tests from 96102, 96103, 96119, and 96120.

• Under the MPFS, there is no payment for services performed by students or trainees. Accordingly, Medicare does not pay for services represented by CPT codes 96102 and 96119, when performed by a student or a trainee.
• However, the presence of a student or a trainee while the test is being administered does not prevent a
physician, CP, IPP, NP, CNS, or PA from performing and being paid for the psychological test under
96102 or the neuropsychological test under 96119.

• FIs will continue to pay claims from providers of outpatient Part B therapy services (including physical
therapy, occupational therapy, and speech-language pathology) for CPT codes 96105, 96110, and
96111 with revenue codes and corresponding therapy modifiers (42X with GP, 43X with GO, and 44X
with GN, respectively).

• Finally, carriers and FIs do not have to search their files to either retract payment for claims already
paid, or to retroactively pay claims to January 1, 2006. They will adjust claims that providers bring to
their attention.

Important Links

The related MLN Matters article can be found at

The official instructions (CR5204) issued regarding this change may be found at

The Medicare Benefits Policy Manual is available at
http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage on the CMS website.