

Please see the latest about the updated language excerpted from the APA Practice Website (apapractice.org):

Clarification about the Testing Codes

Earlier this year, the APA Practice Organization (APAPO) asked the CPT Editorial Panel to add clarifying language to the CPT codes for psychological and neuropsychological testing. APAPO made this request to resolve confusion among billers, compliance officers and insurers about appropriate use of the 96101 and 96118 codes for psychological (96101) and neuropsychological (96118) testing by the psychologist, with interpretation and report.

New language in *CPT 2008* clarifies that the 96101 and 96118 codes also can be billed for time the psychologist spends integrating other sources of clinical data, including previously interpreted results and information from tests that were administered by a technician or computer, into a report. In asking for the clarification, APAPO asserted that integration of test results and other sources of clinical data is a different service than administering, interpreting and reporting on individual tests.

Importantly, this clarification does not represent a Medicare or other policy change nor does it change the way that these testing codes are intended to be used. The new language does not change any existing Medicare billing rules such as the need to append modifier 59 to the technician and computer-based testing codes when they are billed with the professional code for the same patient on the same date of service.

The 2008 coding book also makes it clear that the time a psychologist spends interpreting and reporting on each individual test administered by a technician or computer is still paid for under the relevant technician- or computer-administration codes (96102/96119, and/or 96103/96120).