

**PSYCHIATRY AND PSYCHOLOGY SERVICES
(INCLUDING PSUCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING)**

Date of origin: Aug. 2024

Review dates: None yet recorded

APPLIES TO

- Commercial and Medicare
- For Medicaid, refer to the Medicaid manual for billing and coding guidelines

DEFINITION

Psychiatry and Psychology are specialized fields for the diagnosis and treatment of various mental health disorders and/or diseases.

Psychological and Neuropsychological testing are diagnostic procedures that must be used as an important tool in making specific diagnoses or prognoses to aid in treatment planning and to address questions regarding treatment goals, efficacy and patient disposition.

References to providers include physicians and non-physicians, such as clinical psychologists, independent psychologists, nurse practitioners, clinical nurse specialists and physician assistances when the services performed are within the scope of their state license and clinical practice/education.

MEDICAL POLICY

[Neuropsychological and Psychological Testing](#) (#91537)

POLICY SPECIFIC INFORMATION

Priority Health follows CMS specific guidelines. Consult specific LCD for additional information. Various mental disorders and/or disease may be evaluated in the following methods (may not be an all-inclusive listing)

Psychiatric diagnostic evaluation (90791, 90792)

- Assessment including history, mental status and recommendations may include additional components where applicable
- Cannot be reported with an E/M service on the same day by same provider
- Allowed 1x per day
- May be reported more than 1x for a patient when separate evaluations are done with the patient and family members, guardians or significant others on different days. This service is only allowed 1x per every 6 months per episode of illness.

Interactive complexity (90785)

- Add-on code
- May be reported for increased work intensity of the psychotherapy service which could include (not an all-inclusive listing. See LCA for specific criteria)
 - Lack of ability to interact through normal communicative channels
 - Communication with emotionally charged family members
- **Doesn't** change the time spent for the psychotherapy service
- Documentation must support/describe increased work intensity

Psychotherapy (90832-90838)

- Time based codes, time must be documented
- For therapy sessions exceeding 90 minutes, documentation must include face to face time spent with patient and the medical necessity of the extended time

Family Psychotherapy (90846-90847)

- Time based codes, time must be documented
- Don't use for service performance of taking a family history or E/M counseling services. An E/M counseling service should be coded with the appropriate E/M code that supports the service documented
- Doesn't include supervision of therapy with caretakers or staff

Psychotherapy for Crisis (90839-90840)

- Time based codes, time must be documented
- CPT 90839 code description states first 60 minutes. However, CPT code lay description states must meet 74 mins before billing the add-on code for additional time.

Neurobehavioral Status Examination (96116, 96121)

- Includes test administration
- Scoring
- Interpretation and Report
- Time based code, time must be documented

Psychological Testing (96136 – 96139)

Developmental/behavioral screening and testing (96110, 96112, 96113, 96127)

Assessment of aphasia and cognitive performance testing (96105, 96125)

- Time based codes, time must be documented.
- If testing is performed over several days, all time should be combined with the total time reported on the last day of the service.
- Self-administration or self-scored inventories such as the Holmes and Rahe Social Readjustment Rating Scale or screening tests of cognitive function such as the Folstein Mini-Mental Exam (or similar tests) is not separately reimbursable. These inventories/tests are included in the clinical interview or E/M service.

Documentation requirements

Psychological and Neuropsychological Testing

- Report must contain information to support medical necessity for testing being performed. This documentation should include (not limited to):

- Medical history
- Physical examination
- Diagnostic testing and procedures
- Suspected mental illness, neuropsychological abnormality or CNS dysfunction
- Clinical findings that determined the need for testing
- Testing that was indicated
- Time spent in testing and if initial testing or follow up testing
- Any previous testing performed
- Tests performed include scoring, interpretation and treatment recommendations.
- A minimum of 31 minutes must be provided to report a per hour code.

Psychiatry and Psychology Services

- The documentation should include the goals of therapy
- Methods for monitoring outcomes
- Reason why the chosen therapy is the appropriate treatment.
- Relevant medical history, physical examination and results of diagnostic tests or procedures
- Patient’s capacity to participate, benefit from treatment. Including expectations for improvement of health status or function of the patient
- Estimated number of sessions should be specified
- A minimum of 31 minutes must be provided to report a per hour code

Modifiers

Priority Health follows standard coding rules and guidelines. Modifiers should only be applied if appropriate and supported by documentation.

REFERENCES

- [LCD - Psychiatry and Psychology Services \(L34616\)](#) (CMS)
- [Article - Billing and Coding: Psychiatry and Psychology Services \(A57480\)](#) (CMS)
- [LCD - Psychological and Neuropsychological Testing \(L34646\)](#) (CMS)
- [Article - Billing and Coding: Psychological and Neuropsychological Testing \(A57481\)](#) (CMS)

CHANGE / REVIEW HISTORY

Date	Revisions made